

2.2.2.3 Communicate nuclear power program direction, goals, management expectations, and the importance of employee involvement.

Information from internal surveys, exit interviews, employee concerns, and SALP reports indicates that the nuclear power program work environment does not uniformly engender trust, confidence, and open communication. This situation has evolved over a long period of time.

The actions detailed below will lay a solid base for reestablishing the trust and confidence so essential to the success of the nuclear power program. In this environment, employees will participate with their supervisor and fellow employees in (1) understanding the overall goals and objectives of the nuclear power program, (2) identifying and solving problems, (3) finding more effective ways of doing their jobs, and (4) improving organization performance.

Organizational direction is being determined by the P&E (Nuclear) senior management team. Discussions regarding directional decisions (e.g., goals, policies, expectations) are

conducted and revisions made as necessary based on those discussions and commitments secured from the team.

This direction will be implemented by the team throughout P&E (Nuclear) using the following:

- (1) Written communication to provide a structured, formal communication channel that works its way through the organization.
- (2) Face-to-face communications supported by a newsletter focusing not only on the content of the decision but also explaining the reasons behind the decision. Meetings will be held frequently between supervisors and their subordinates at each level of the organization to cover management expectations of the supervisors. All supervisors will be expected to have face-to-face discussions and to be prepared to answer employee questions. These supervisor/subordinate discussions can be the cornerstone to our success.

Feedback and questions that are generated in these meetings will be given to the appropriate organizational level to be addressed.

- (3) The communication of specific goals and performance standards will flow from the senior nuclear team through levels of supervision as described in Section 2.2.2.5.
- (4) Progress in the achievement of organization and individual goals will be reviewed regularly through Monthly Top Management (MTM) meetings and performance appraisal systems.
- (5) We will formally track feedback from employees regarding effectiveness of communications through (a) managers visiting work locations and talking to employees and (b) the periodic use of an assessment questionnaire.

2.2.2.4 Establish priorities so that activities are limited to those that we have the capability to execute in an excellent manner.

P&E (Nuclear) has established its immediate priorities using as its focal point its major goals. We have committed to the establishment of a work environment that will produce nuclear power safely, reliably, and efficiently. Focusing on the priorities listed below, we believe we can meet that commitment.

Our priorities are:

- (1) Develop the senior management team.
- (2) Achieve regulatory compliance in our nuclear power program.
- (3) Improve communication as a first step toward rebuilding trust and confidence.

(4) Limit the scope of what we are trying to do in order to keep our resources focused. As an example, we are focusing our limited resources in getting our Environmental Qualifications Program on track. The order of priority is (1) SQN, (2) WBN unit 1, and (3) BFN unit 2.

These priorities will continually be evaluated and additional priorities identified as the work progresses.

2.2.2.5 Achieve continuing incremental improvements in regulatory performance and operational performance.

Accomplishment of this goal is essential if we are to have and be perceived as having a nuclear program second to none. We will set and monitor objectives based on indicators including those recommended by the Institute of Nuclear Power Operations (INPO); for example, we plan to use the following indicators for the monitored plant performance area:

- (1) Regulatory performance area
 - (a) Overall NRC noncompliance
 - (b) Overall SALP rating
 - (c) SALP functional area rating
 - (d) Unplanned challenges to safety systems
(from INPO)
 - (e) Safety system unavailability (from INPO)

(f) Unplanned reactor trips/unit while
critical (from INPO)

(g) Quality problem resolution timeliness

(2) Radiological performance area

(a) Total man-rem exposure/unit (from INPO)

(b) Solid radwaste shipments/unit (from
INPO)

(3) Health and safety performance area

Lost-time injury case incident rate (from
INPO)

(4) Power generation performance area

(a) Net heat rate (from INPO)

(b) Availability factor (from INPO)

(c) Forced outage rate (from INPO)

(5) Other

Fuel reliability (from INPO) - dependent on the development of quantifiable indicators

Based on industry averages, objectives for incremental improvement in INPO-based indicators will be set by corporate management for each plant considering input received from the plant. These objectives will be discussed with each site director and documented in the Management Appraisal System (MAS).

The site directors will discuss with their subordinate managers (e.g., Mechanical Maintenance Supervisor, etc.) their portion of the responsibility for each objective. This will also be documented in their MAS. Individual manager performance is reviewed on a continuing basis.

Each plant's performance will be monitored at MTM meetings and through other routine reporting. Overall P&E (Nuclear) performance will be reviewed with the Board of Directors during detailed monthly briefings.

We will evaluate overall performance on an annual basis, set new objectives for the next year, and continue the process.

We believe that this clear communication of direction, expectations, and performance evaluation will result in steady, incremental improvements in our entire nuclear power program.

We are also evaluating INPO's Performance Objectives and Criteria for Corporate Evaluations (INPO 85-029) and will establish performance objectives for those nuclear program organizations other than the plants, i.e., the Office of Engineering, Office of Construction, Project Management Offices, staffs, etc., with quantifiable performance indicators. The same MAS process as described above will be used to define each manager's responsibility for the performance objectives and the MTM meetings will be used to address corporate performance with respect to those performance objectives.

SECTION 3.0

PROGRAMMATIC ISSUES

PROGRAMMATIC ISSUES

3.1 INTRODUCTION

Many of the root causes of our programmatic problems relate to issues identified in Section 2.0. The action outline in that section to strengthen both the management and organization will in turn improve our performance in programmatic areas. In addition to the previously identified changes, we will be using the technical project manager approach more extensively.

In terms of programmatic issues, we would expect the senior management team to do the following:

- (1) Establish priorities based on staff input
- (2) Provide the required resources
- (3) Establish a unified position on issues common to two or more sites.

The technical project manager would be responsible for:

- (1) Establish a multidiscipline team

- (2) Being responsible for cost-effective and timely project completion
- (3) Providing guidance and direction to the team
- (4) Addressing total project scope including long-term compliance

Recent project work within TVA has utilized this concept (i.e., Appendix R and EQ). Using Appendix R as an example, the following will illustrate how the concept has and will continue to function.

Once it was identified that our compliance with Appendix R was in question at WBN, a program was initiated to determine the nature and extent of our problem (establish priorities based on input from the staff). A team was assembled from OE, OC, and NUC PR and provided with all necessary facilities (provide the required resource). Since Appendix R was common to all sites, teams were formed at each site (unified position on issues common to two or more sites).

The project manager assumed the position on a full-time basis. Using a multidiscipline team, an assessment was made of the plant's condition and an action plan was developed (establish a team and provide project direction and guidance). Following the options provided in the action plan, modifications were proposed and implemented (responsible for cost-effective and timely

completion). The project is currently being followed to completion which includes a long-term compliance plan.

The project manager approach, when used from the beginning before significant issues develop into crises, can be a logical extension of the senior nuclear management team concept to the working project level. This approach will be used where significant issues are identified that would require multisite or multidiscipline involvement on large-scale projects.

The same general principles of project management will be applied to those continuing programs that require daily attention, i.e., physical security, radiation health, fire protection and chemistry. Program manager (project managers) will resolve programmatic deficiencies and maintain excellence in their respective program.

In addition to the action outlined above for a major project, the following two sections will outline the actions being taken to address two areas of concern from Enclosure 2, 10 CFR 50.54(f) information request:

Integrated Commitment Tracking System

Escalation of Quality Assurance Audit Findings

completion). The project is currently being followed to completion which includes a long-term compliance plan.

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Integrated Commitment Tracking System

Escalation of Quality Assurance Audit Findings

3.2 INTEGRATED COMMITMENT TRACKING SYSTEM

Over the years, each organization within the TVA nuclear program has tracked NRC commitments for which it was responsible with its own managerial and system tracking capability. This has been a recognized concern for some time, and a concentrated effort was begun in late 1984 to combine all NRC commitments into one integrated tracking system.

In a recent policy memorandum the Manager, P&E (Nuclear), designated the Corporate Commitment Tracking System (CCTS), a computerized data base administered by the Nuclear Licensing Staff (NLS), as the integrated data base for tracking all formal commitments made to NRC.

The policy defined a commitment as "a written and docketed statement of TVA actions taken or to be taken by some future date (milestone or calendar date)." In order to maintain management control over commitments and ensure that all commitments are documented and tracked, the policy requires all commitments to be documented in formal correspondence and/or LERs to NRC. Once the commitment is formally transmitted, NLS will make the initial entry on the CCTS and assign the commitment control number.

The responsible organization will maintain the status of the commitment on the CCTS until its completion. After completion, NLS will close the item upon receipt of adequate documentation providing appropriate concurrence for closure. NLS will

periodically issue reports showing numbers of commitments made, completed, and closed by each organization.

SNQ is now working toward full implementation of the policy for maintaining all NRC commitments on the CCTS. The plant Commitment Action Tracking System (CATS) and CCTS are being reviewed to define the complete set of open/incomplete commitments. When all open/incomplete items have been identified and entered on CCTS, each item will be assigned lead coordination and implementation responsibility.

The process for implementing the CCTS at WBN is underway. This effort is to ensure that all incomplete and subsequent commitments made to NRC are incorporated into the CCTS. The various tracking systems (plant, engineering, construction, and licensing) are being utilized to define the complete set of open/incomplete commitments. These commitments are being reviewed, status updated, and then placed into the CCTS.

BFN has begun the process to transfer, verify, update, and maintain commitment status of their NRC commitments on the CCTS database.

Full implementation will be achieved when the actions (i.e., updating the CCTS data base for each facility and implementing procedures for proper use) are complete and procedures are in place.

The schedule for completing these actions is as follows:

Sequoyah - December 31, 1985

Watts Bar - January 10, 1986

Browns Ferry - March 15, 1986

Bellefonte - June 1, 1986

NLS will continue to administer the CCTS. It will be NLS's responsibility to assist in identifying commitments when they are transmitted to NRC and to ensure that they have appropriate management review and approval. NLS will make the initial entry into the CCTS and assign the tracking number. Commitments having multiple independent parts or applicability to multiple units will be entered as separate commitment items; however, commitments which require multiple tasks or actions to complete will be entered as one item and remain open/incomplete until all actions are complete. The implementing organization will maintain and provide status updates on the CCTS. NLS

will be responsible for closing the item after it is completed and adequate provisions (such as NRC closure) are provided to justify closure. H. G. Parris will require a performance objective of each implementing organization regarding meeting commitment dates.

A method of independent verification of closure of TVA commitment actions is being formulated. We envision this verification process to entail utilizing TVA's Quality Assurance organization to independently verify (as a review by an independent person) that the work performed meets the intent of the original (or revised) NRC commitment. The Manager, Nuclear Licensing, will ensure that the independent verification system is established.

Copies of the policy statement and guidance are included in Appendix 6.3.

3.3 ESCALATION OF QUALITY ASSURANCE (QA) AUDIT FINDINGS

Since the reorganization of TVA's nuclear programs in April 1984 and the establishment of the Division of Quality Assurance (DQA) in August 1984, progress has been made in achieving more timely and effective resolution of QA audit findings. In order to accelerate improvement, further steps involving both organizational structure and improved escalation procedures will be taken.

At the present time, programs have been established through written procedures in each major organizational element in a manner which is consistent with TVA's organizational philosophy. These programs provide a systematic, documented method of involving successively higher level QA and line managers in a process to achieve corrective action.

The procedure for operating organizations is formalized in DQA Instruction No. DQAI-104 (Appendix 6.3). The latest revision was issued on September 25, 1985, and endorsed by the Manager, P&E (Nuclear). This procedure provides for escalation of corrective action reports (CARs), as well as internal audit findings, and requires the Director of QA to promptly involve the Manager of P&E (Nuclear) if an attempt to resolve a deviation at the division director/site director level is unsuccessful.

An Office of Engineering (OE) procedure has been issued to formalize a previously informal process for escalating audit findings of OE's Quality Management Staff (QMS). When agreement on timely or effective correction measures or action to prevent recurrence is not achieved with lower levels of line management in the OE organization, the final step involves the Manager of OE in providing resolution for QMS and the line organization.

Office of Construction (OC) escalation provisions for resolving deviations identified by OC's Quality Audit Branch (QAB) are contained in a Quality Engineering Staff procedure. A revision to this procedure has been completed and will be issued by November 12, 1985. The final step in OC escalation process involves elevation of unresolved issues or conditions to the Manager of OC or the Director, DQA.

An overview of the effectiveness of the resolution process is accomplished through recently instituted Nuclear Safety Monthly Top Management (NS MTM) meetings where site directors, office managers, and division directors report to the Manager, P&E (Nuclear), concerning the types, significance, and quantity of open conditions adverse to quality in their respective organizations.

Plans are presently being formulated to transfer additional responsibility for portions of the operational QA program to

the site directors by mid-fiscal year 1986. One of the major objectives is to provide sharper focus on line management's responsibility for timely and effective corrective action. The escalation procedure is consistent with the organizational philosophies for management of TVA's nuclear facilities and will be described in detail in a forthcoming revision to the QA topical report. The site directors, who are corporate representatives of the Manager, P&E (Nuclear), and are responsible for safety and quality, will then also each have the authority to define their site QA programmatic requirements, as well as to perform the technical specification audits necessary to assure themselves of program implementation and effectiveness. A transition plan has been developed in order to ensure an orderly assumption of programmatic responsibilities. Experienced program and audit personnel will be transferred from the DQA to the QA staffs at each site where the entire staff will report both administratively and functionally directly to the site director.

The Manager, P&E (Nuclear), will continue to issue corporate QA policy directives to supplement regulatory requirements. He will also monitor, through the Director of Quality Assurance, the operational quality program through overview audits similar to those which are now conducted by the DQA with respect to TVA OE and OC quality program activities.

A uniform and cohesive method is needed throughout P&E (Nuclear) for escalating unresolved quality issues. In order to ensure continuing and more consistent emphasis on timely and effective resolution of conditions adverse to quality, a policy directive will be issued by December 31, 1985, to address the elevation of significant safety-related problems to successively higher management levels in P&E (Nuclear) organizations. Compliance with this directive will require modification of some existing procedures to include more specific trigger criteria and time limits for escalation. It will also bring additional types of findings under the escalation umbrella and ensure consistency among the P&E (Nuclear) organizations procedures for escalation.

Additional activities which may be necessary to enhance resolution of conditions adverse to quality will be facilitated by membership of the Manager, Quality Assurance, on the corporate team described in Section 2.2.1. Working with this team will ensure continued progress in the development and implementation of an integrated QA program through the definition of other program policies and requirements applicable to the design, construction, services, and operation of TVA's nuclear facilities.

SECTION 4.0

SUMMARY OF NRC CONCERNS

SUMMARY OF NRC CONCERNS

4.1 Introduction

TVA examined the September 17, 1985 letter from William Dircks to C. H. Dean and noted each NRC concern. The SALP Matrix (Section 4.2) lists these concerns and provides an index for quick location of the associated TVA response. This ensured that TVA responded to all NRC concerns--both those from the 10 CFR 50.54(f) letter and the SALP report itself.

Column one of the matrix provides a synopsis of each NRC concern as described in the 10 CFR 50.54(f) letter or the SALP report. Column two provides a reference to the associated section of the September 17, 1985 letter to TVA. Column three provides the location of the TVA response by volume number and section number. Column four shows the TVA organization responsible for the corrective actions identified in the response.

SALP MATRIX

NRC Reference		TVA Reference			Responsible Organization
SALP Page	50.54(f) Page	Vol. No.	Part No.	Section No.	

NRC CONCERN

- | | | | | |
|--|----------------|---|---------------------------|--|
| 1. TVA programmatic and management deficiencies have contributed to the continued poor direction and control of nuclear activities. | pg-2 | 1 | 1.2
2.2.2.1 | TVA Board
Manager,
P&E(N) |
| | | | 3.1
3.2 | Manager,
Licensing
Manager,
Licensing |
| | | | 3.3 | Director, QA |
| 2. Plant-specific deficiencies for BFN, SQN, and WBN that have contributed to weaknesses in each of the SALP functional areas evaluated as "Category 3." | pg-2 | 2 | III 3.0
6.0 | SQN Site
Director |
| 3. A lack of confidence in TVA management expressed to the NRC by TVA employees regarding the adequacy of construction of WBN. | pg-2 | 1 | 2.2.2.3* | Manager,
P&E(N) |
| 4. Describe actions planned by the TVA Board of Directors to remain informed and involved in improving nuclear plant performance at TVA, including actions to improve corporate oversight, direction and support of nuclear activities. | Encl.2
pg-1 | 1 | 1.2 | TVA Board |
| 5. Describe management changes made subsequent to the SALP period to strengthen your regulatory performance, including experience and qualifications of new assignees. | Encl.2
pg-1 | 1 | 2.2.2.1
2.2.2.2
6.2 | Manager,
P&E(N) |
| 6. Provide a detailed description of your corporate controls to assure an integrated commitment tracking system. Demonstrate that the various headquarters office tracking systems (construction, engineering, licensing, and nuclear power) are included in the integrated commitment tracking system such that plant operational and licensing requirements will be met. | Encl.2
pg-1 | 1 | 3.2 | Manager,
Licensing |

*A separate submittal will be made on our employee concerns program.

<u>NRC Reference</u>		<u>TVA Reference</u>			<u>Responsible Organization</u>
<u>SALP</u>	<u>50.54(f)</u>	<u>Vol. No.</u>	<u>Part No.</u>	<u>Section No.</u>	

NRC CONCERN

- | | | | | | |
|--|-------------|-----------------|---|------------------------------|--|
| 7. Provide a description of your program for escalating Quality Assurance Audit Findings to assure timely resolution of those findings. | | Encl. 2
pg-1 | 1 | 3.3 | Director,
QA |
| 8. Licensee continues to experience difficulty in focusing and directing staff to address potential safety issues (IEN, IEB, or within TVA). | C-1
pr-1 | | 1 | 1.2.2
1.2.4
2.2.2.1 | TVA Board
TVA Board
Manager,
P&E(N) |
| 9. Fundamental Corporate problems that are continually not acted upon and, therefore, uncorrected. | C-1
pr-3 | | 1 | 1.2
2.2.2.1
3.2
3.3 | TVA Board
Manager,
P&E(N)
Manager,
Licensing
Director, QA |
| 10. Lack of Corporate attention to control of operating activities . . . lower SALP ratings in maintenance @ SQN, BFN; construction BLNP & WBN. . . lack of feedback of operating experience to each site of those events that occur at TVA and other sites. | C-1
pr-6 | | 1 | 2.2.2.5
3.1 | Manager,
P&E(N)
Manager,
Licensing |
| | | | 2 | III 4.16 | SQN Site
Director |
| 11. The TVA organization is comprised of four separate companies with little central direction. | C-2
pr-1 | | 1 | 2.2.2.1 | Manager,
P&E(N) |

NRC Reference		TVA Reference			Responsible Organization
SALP Page	50.54(f) Page	Vol. No.	Part No.	Section No.	

NRC CONCERN

18. Address Limitorque valve pinion gear problems and describe training and other corrective actions since partial sampling was inadequate (BFN).	C-4 pr-3	1		3.1	Manager, Licensing SQN Site Director
		2	III	6.1.2	
19. Correct modification control program to provide adequate PMT for modifications.	C-5 pr-2	2	III	4.12	SQN Site Director
20. Provide update, "recently established, specific procedures to promptly resolve problems identified during QA audits."	C-5 pr-7	1		3.3	Director, QA SQN Site Director
		2	III	3.5	
21. Significant management attention will be required to develop systems to assure . . . escalation of audit findings.	C-5 pr-7	1		3.3	Director, QA SQN Site Director
		2	III	3.5.1	
22. Address "lack of sensitivity to the concerns being raised by NRC and inconsistent involvement by upper TVA management."	C-6 pr-5	1		2.2.2.3*	Manager, P&E(N)
23. Corrective actions education, "most of these intermediate level line managers were resigned to the Employee Response Team Program. . . felt removed from the process."	C-7 pr-2	1		2.2.2.3*	Manager, P&E(N)
24. Employee Concerns reports and files do not address 10 CFR 21 reportability.	C-7 pr-3	1		2.2.2.3*	Manager, P&E(N)

*A separate submittal will be made on our employee concerns program.

<u>NRC Reference</u>		<u>TVA Reference</u>			<u>Responsible Organization</u>
<u>SALP</u>	<u>50.54(f)</u>	<u>Vol. No.</u>	<u>Part No.</u>	<u>Section No.</u>	

NRC CONCERN

- | | | | | | |
|---|-------------|----------------|---|----------|----------------------|
| 25. Address slow progress in resolution of Employee Concerns. | C-7
pr-5 | | 1 | 2.2.2.3* | Manager,
P&E(N) |
| 26. Convince NRC the ECP will resolve concerns effectively. | C-8
pr-1 | | 1 | 2.2.2.3* | Manager,
P&E(N) |
| 27. Detailed description of (a) the program being implemented to demonstrate compliance with 10 CFR 50.49 and (b) the long term program to assure continued compliance with regulations. Affirm that the list of equipment required to meet 10 CFR 50.49 is complete. | | Encl.2
pg-4 | 2 | I | SQN Site
Director |
| 28. Identify any equipment not qualified or lacking documentation of qualification prior to restart. | | Encl.2
pg-4 | 2 | II | SQN Site
Director |
| 29. Provide a detailed description of the operational readiness plan developed by you to assess the readiness for resuming operation of either of the SQN units. In addition to the five areas identified by you on September 6, 1985 (emergency preparedness, quality assurance, regulatory improvements, management involvement, operating experience) you should provide the details of your plans to address maintenance activities. (See attached SALF evaluation for staff evaluation of performance in the area of maintenance.) | | Encl.2
pg-4 | 2 | III | SQN Site
Director |

*A separate submittal will be made on our employee concerns program.

<u>NRC Reference</u>		<u>TVA Reference</u>			<u>Responsible Organization</u>
<u>SALP</u>	<u>50.54(f)</u>	<u>Vol. No.</u>	<u>Part No.</u>	<u>Section No.</u>	

NRC CONCERN

- | | | | | | |
|--|----------------|---|-----|--------|-------------------|
| 30. Provide analyses that demonstrate that the cable tray supports in the diesel generator buildings and the cable tray seismic support base plates in the auxiliary building comply with the seismic design criteria, or provide technical justification for interim operation and a schedule for completing any necessary modifications. | Encl.2
pg-4 | 2 | IV | | SQM Site Director |
| 31. Provide a detailed description of the design control survey which you are conducting, including a discussion of any generic implications on plant design. | Encl.2
pg-4 | 2 | V | | SQM Site Director |
| 32. Increased management attention is needed in the maintenance area to delete procedure interdependencies, apply stronger quality maintenance procedure controls, and correct post-maintenance testing weaknesses. | S-3
pr-2 | 2 | III | 6.1.1 | SQM Site Director |
| 33. Inadequate management controls for implementation of fire protection commitments. | S-3
pr-2 | 2 | III | 4.15.3 | SQM Site Director |
| 34. Address "several weaknesses" in training programs. | S-3
pr-3 | 2 | III | 4.13 | SQM Site Director |
| 35. Correct QA failure to promptly initiate, process, and evaluate NCRs. | S-3,
pr-4 | 2 | III | 3.5.2 | SQM Site Director |
| 36. Corrective actions to ensure adequate PORC reviews of operations (to preclude a thimble tube type event). | S-3
pr-4 | 2 | III | 4.21.2 | SQM Site Director |

NRC CONCERN

	<u>NRC Reference</u>		<u>TVA Reference</u>			<u>Responsible Organization</u>
	<u>SALP</u>	<u>50.54(f)</u>	<u>Vol. No.</u>	<u>Part No.</u>	<u>Section No.</u>	
37. Several operations staff personnel errors and failure to follow procedures . . . indicate a lack of attention to detail.	S-2		2	III	4.1.1	SQN Site Director
	pr-3					
38. Update on corrective actions taken to ensure that "good communication practices" would be emphasized throughout the operations staff.	S-3		2	III	4.1.2	SQN Site Director
	pr-1					
39. Address corrective actions taken to reduce number of Auxiliary Building isolations.	S-3		2	III	4.3	SQN Site Director
	pr-3					
40. Update on status of sixth operational shift and degree of SROs.	S-3		2	III	2.4.3	SQN Site Director
	pr-4				4.13.2	
41. LER abstracts were too brief; supplemental LERs were not always timely.	S-3		2	III	4.17.1	SQN Site Director
	pr-5				4.17.2	
42. Trip reduction program.	S-3		2	III	4.2	SQN Site Director
	pr-6					
43. Inadequate evaluation of related reportable events.	S-4		2	III	4.17.3	SQN Site Director
	pr-2					

<u>NRC Reference</u>		<u>TVA Reference</u>			<u>Responsible Organization</u>
<u>SALP</u> <u>Page</u>	<u>50.54(f)</u> <u>Page</u>	<u>Vol. No.</u>	<u>Part No.</u>	<u>Section No.</u>	

NRC CONCERN

44.	Management attention should continue to be focused on reducing the number of unplanned reactor trips.	S-6 pr-1	2	III	4.2	SQN Site Director
45.	Provide an update on contaminated area elimination program.	S-6 pr-5	2	III	4.8.1	SQN Site Director
46.	Improve record keeping of quality control and review of results from cross-check program for environmental monitoring. Direct supervision in review and implementation of QC for laboratories was lacking.	S-7 pr-4	2	III	4.7.1	SQN Site Director
47.	Organization and cleanliness of laboratories were poor.	S-7 pr-4	2	III	4.7.1	SQN Site Director
48.	Provide update of steam generator tube degradation and secondary chemistry control programs (good practice).	S-7 pr-4	2	III	4.7.2	SQN Site Director
49.	Personnel dosimetry violation; corrective action was inadequate to prevent recurrence. Provide update.	S-7 pr-5	2	III	4.8.8 4.8.9	SQN Site Director
50.	Inadequacies in construction procedures and engineering PMT requirements resulting in miswired PORVs.	S-8 pr-4	2	III	4.11.3 4.12	SQN Site Director

NRC CONCERN

	<u>NRC Reference</u>		<u>TVA Reference</u>			<u>Responsible Organization</u>
	<u>SALP</u>	<u>50.54(f)</u> <u>Page</u>	<u>Vol. No.</u>	<u>Part No.</u>	<u>Section No.</u>	
51. Corporate senior management had not established strong controls for PMT of OE initiated modifications.	S-9		2	III	4.10 4.12	SQN Site Director
52. Resolution of technical issues with regard to prompt and accurate NCR identification and evaluation was weak.	S-9		2	III	3.5.2	SQN Site Director
53. Failure of SQN management to ensure safety-related maintenance was performed properly (seal table, PORVs, PZR level inst., PRT pressure, etc.).	S-9		2	III	4.11.3 4.21 6.1.1	SQN Site Director
54. Cause of maintenance and modification problems was chiefly due to inadequate OE design package development and NUC PR preimplementation review . . . quality of maintenance has been erratic . . . poor to good.	S-9		2	III	2.0 4.10 4.11.3	SQN Site Director
55. Maintenance instructions were weak or nonexistent . . . TVA committed to evaluate procedure requirements in the mechanical maintenance area.	S-10		2	III	6.1.1 6.3	SQN Site Director
56. Address procedure cascading and interdependencies.	S-10		2	III	6.4	SQN Site Director
57. Address reliance on "skill of the craft" in light of increased personnel errors.	S-10		2	III	6.3	SQN Site Director

NRC CONCERN

	<u>NRC Reference</u>		<u>TVA Reference</u>			<u>Responsible Organization</u>
	<u>SALP</u>	<u>50.54(f)</u>	<u>Vol.</u>	<u>Part</u>	<u>Section</u>	
	<u>Page</u>	<u>Page</u>	<u>No.</u>	<u>No.</u>	<u>No.</u>	
58. Prepare corrective actions for failure of foreman level supervisors to ensure proper control of work and adherence to procedures.	S-10 pr-5		2	III	6.1.1 6.3	SQN Site Director
59. Prepare corrective action for potential weakness in training for in-service electrical maintenance.	S-11 pr-1		2	III	6.1.4	SQN Site Director
60. Management should devote additional attention to development of maintenance procedures and supervision of maintenance technicians.	S-12 pr-1		2	III	6.1.1 6.3.1 6.4	SQN Site Director
61. Several procedures were found to be deficient. Management control of TIs was weak.	S-12 pr-3		2	III	4.6.4	SQN Site Director
62. Failure to perform surveillances caused by full credit being taken for partially completed surveillance tests.	S-13 pr-3		2	III	4.6.3	SQN Site Director
63. Update NRC on Appendix R program.	S-16 pr-1		2	III	4.15.1	SQN Site Director
64. Corrective action to ensure fire brigade members will be respirator qualified.	S-16 pr-3		2	III	4.15.2	SQN Site Director
65. Address omission of strainers for fire protection from maintenance program.	S-16 pr-3		2	III	4.15.3	SQN Site Director

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	<u>SALP</u>	<u>50.54(f)</u>	<u>Vol. No.</u>	<u>Part No.</u>	<u>Section No.</u>	
66. Management should vigorously pursue Appendix R corrective actions.	S-17	pr-3	2	III	4.15.1	SNQ Site Director
67. Improve coordination of offsite monitoring teams for emergency preparedness drills.	S-18	pr-2	2	III	5.2.4	SNQ Site Director
68. Improve Accident Classification.	S-18	pr-2	2	III	5.2.3	SNQ Site Director
69. Improve coordination of radiological assessment information and data with the State.	S-18	pr-2	2	III	5.2.4	SNQ Site Director
70. Respond to 1979 IE Bulletin on emergency alarm audibility.	S-18	pr-4	2	III	5.2.2	SNQ Site Director
71. Provide update of status of major revision to REP plan and procedures.	S-18	pr-6	2	III	5.1 5.2	SNQ Site Director
72. High percentage of violations relative to access controls . . . the root cause of most was personnel failing to perform their security-related responsibilities. - Provide update since scope was broadened.	S-19	pr-3	2	III	4.9	SNQ Site Director
73. Direct management attention to negative trend in security performance.	S-20	pr-1	2	III	4.9	SNQ Site Director

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74. Adequate management attention was not provided. Thimble tube cleaning was not completed during refueling outage due to inadequate scheduling.	S-21	pr-1	2	III	4.14.1	SQN Site Director
75. Several weaknesses (unspecified) were identified in various areas of training.	S-22	pr-1	2	III	4.13	SQN Site Director
76. Update NRC on lesson plan development status.	S-22	pr-1	2	III	4.13.1	SQN Site Director
77. Low pass-rates indicated a need for evaluation and corrective action to improve candidate performance.	S-22	pr-4	2	III	4.13.2	SQN Site Director
78. Define and upgrade (as needed) engineering training for maintenance and modification engineers.	S-22	pr-6	2	III	4.13.6	SQN Site Director
79. In-service electrical maintenance training facility appeared to be overextended.	S-23	pr-2	2	III	6.1.4	SQN Site Director
80. Inadequate mechanical M&TE training on evaluation of outstanding equipment report findings.	S-23	pr-3	2	III	6.1.1	SQN Site Director
81. GET on proper wearing of dosimetry appeared inadequate.	S-23	pr-4	2	III	4.8.9	SQN Site Director

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82. Management attention should be devoted to an evaluation of the operator training program to determine the causes for the relatively low pass rate.	S-23	pr-5	2	III	4.13.2	SQN Site Director
83. Timely resolution of audit findings . . . was deficient resulting in a repeat violation.	S-24	pr-4	2	III	3.5.1	SQN Site Director
84. M&TE poorly controlled in mechanical maintenance.	S-24	pr-6	2	III	6.1.1	SQN Site Director
85. Failure to perform timely evaluations of out-of-calibration M&TE in mechanical maintenance.	S-25	pr-1	2	III	6.1.1	SQN Site Director
86. Failure to perform timely evaluations of out-of-calibration M&TE in instrument maintenance.	S-25	pr-1	2	III	6.1.1	SQN Site Director
87. SQN management did not review (thimble tube cleaning) activities in sufficient detail to determine the adequacy of administrative controls and the hazards involved.	S-25	pr-2	2	III	4.21 6.1.1	SQN Site Director
88. A programmatic breakdown in management controls governing prompt evaluation and processing of NCRs.	S-25	pr-3	2	III	3.5.2	SQN Site Director
89. Failure of the licensee to take timely and adequate corrective actions (escalation of QA findings).	S-26	pr-1	2	III	3.5.1	SQN Site Director

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90. Management provided only limited participation in most licensing activities.	S-26	pr-2	1		2.2.2.1	Manager, Licensing
91. Management participation on (EQ) was evident only after it became a significant problem.	S-26	pr-2	2	III	4.17.5	SQN Site Director
92. Two problem areas (thimble tube & NCR) were an indication that management was not applying control.	S-27	pr-1	2	III	4.21 3.5.2 6.1.1	SQN Site Director
93. Improve responses to generic letters (timely).	S-27	pr-2	1		2.2.2.1	Manager, Licensing
94. Improve technical support at physical security plan meetings.	S-27	pr-3	1		3.1	Manager, Nuclear Operations
95. Clear up safeguards issues.	S-27	pr-5	1		3.1	Manager, Nuclear Operations

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|--|--------------|---|------------------|---------------------------------|
| 96. Reduce delays on generic responses. | S-27
pr-5 | 1 | 2.2.2.1 | Manager,
Licensing |
| 97. Generic letters should be given a higher priority. | S-28
pr-1 | 1 | 2.2.2.1 | Manager,
Licensing |
| 98. Address high frequency of change in Site Director manning. | S-30
pr-1 | 1 | 1.2.6
2.2.2.2 | TVA Board
Manager,
P&E(N) |

SECTION 5.0

**SUMMARY OF
COMMITMENTS**

SUMMARY OF COMMITMENTS

5.1 INTRODUCTION

A commitment to NRC means "a written and docketed statement of TVA actions taken or to be taken by some future date (milestone or calendar date)."

The attached list of commitments to the NRC will be entered into the Corporate Commitment Tracking System (CCTS). Commitments necessary for startup at SQN are listed in Volume 2.

Commitments will be handled on a higher priority than action items.

LIST OF COMMITMENTS

	ITEM	SCHEDULE	TVA RESPONSE REFERENCE
1.	Browns Ferry Plant Performance Plan	1/1/86	1.1
2.	Watts Bar Plant Performance Plan	1/1/86	1.1
3.	Establish Senior Nuclear Advisor	12/31/85	1.2.1
4.	NSRS Responsible for Investigation of Nuclear Safety Problems - Quality Affecting Activity	11/1/85	1.2.5
5.	NSRS Weekly Formal Briefings to TVA Board	06/03/85	1.2.3
6.	NSRS Site Representatives	11/15/85	1.2.3
7.	Corporate Commitment Tracking System Sequoyah Implementation	12/31/85	3.2
8.	Corporate Commitment Tracking System Watts Bar Implementation	1/10/86	3.2
9.	Corporate Commitment Tracking System Browns Ferry Implementation	3/15/86	3.2
10.	Corporate Commitment Tracking System Bellefonte Implementation	6/1/86	3.2
11.	Corrective Action Escalation Procedure for Division of Quality Assurance - Quantitative Escalation Criteria	9/25/85	3.3
12.	Assign QA Site Representatives to Site Directors	3/31/86	3.3

LIST OF COMMITMENTS

ITEM	SCHEDULE	TVA RESPONSE REFERENCE
13. New Corporate Policy Directive on QA Escalation	12/31/85	3.3
14. Submit Organizational Changes to NRC (SQM Technical Specifications)	12/01/85	2.2.2.1
15. Obtain INPO Accreditation for All Training Programs	12/31/87	2.2.2.2