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June 11, 1993  
IPN-93-060

Mr. James T. Wiggins  
Acting Director  
Division of Reactor Projects  
475 Allendale Road  
King of Prussia, PA 19406

Subject: Indian Point 3 Nuclear Power Plant  
Docket No. 50-286  
Performance Improvement Plan  
Response to NRC Questions and Comments

- References:
1. NYPA letter from W.A. Josiger to T.T. Martin, dated January 14, 1993.
  2. NRC letter from J.T. Wiggins to J.H. Garrity, dated April 12, 1993.
  3. NYPA letter from J.H. Garrity to J.T. Wiggins, dated April 29, 1993.
  4. NYPA letter from J.H. Garrity to J.T. Wiggins, dated June 2, 1993.

Dear Mr. Wiggins:

On January 14, 1993, the New York Power Authority (NYPA) submitted the IP3 Performance Improvement Plan (PIP) to the NRC. In an April 12, 1993, letter, the NRC provided NYPA with several questions on the PIP. The NRC questions generally requested additional information on PIP topic areas or further discussion of PIP methodologies. NYPA's responses to the NRC questions are provided herein. The structure of NYPA's responses tracks the format of NRC questions. Responses to general comments correspond to NRC question numbers. Specific comment responses correspond to the PIP page number.

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NYPA and the NRC have previously discussed in detail the objectives of the PIP. PIP provides the methodologies that will be used by NYPA to develop policies, programs, and processes that will correct problems which resulted in a decline in performance at IP3. This comprehensive self-assessment effort will result in significant improvements in all aspects of IP3 operation, including management effectiveness, communications, teamwork, personnel performance, leadership, accountability, and prioritization/planning.

In addition to providing a structured plan for continuous improvements in the future, the PIP also provides a uniform approach for assessing and correcting the effects of previous inadequate performance. In this regard, the PIP is forward and backward looking. This broad scope presents a significant, but achievable, challenge to NYPA management. As such, the success of the PIP is greatly dependant upon effective implementation of PIP methodologies. Effective implementation is greatly dependant upon clarity, accountability and feedback. Accordingly, the PIP is concise, assigns specific personnel as being responsible for the implementation of each action item, and incorporates employee feedback regarding its implementation. In addition, many of the methodologies utilized in the PIP have been successfully implemented at the FitzPatrick plant to correct deficiencies which, in hindsight, are similar to deficiencies that have been identified at IP3. Improvements at FitzPatrick that have resulted from the use of these methodologies provide additional confidence that the PIP will be similarly effective at IP3.

NYPA will continue to keep the NRC apprised of progress regarding the PIP and the completion of actions necessary for IP3 restart. As you are aware, actions necessary for restart may extend beyond the focus of the PIP. The scope of restart activities has already been discussed by NYPA in a March 26, 1993, letter to the NRC, and during meetings on April 20, 1993 and June 7, 1993. In sum, approximately 45 action items must be completed prior to restart. Restart action items focus in four primary areas: (1) assurance of compliance, (2) resolution of open issues, (3) program improvements, and (4) organizational improvements. Other necessary, but less urgent actions may be implemented subsequent to restart. In no case will NYPA/IP3 delay until after restart actions that are necessary to ensure safe operation of the plant. NYPA anticipates that restart action items will be discussed further with the NRC during upcoming meetings.

If you have questions regarding restart activities or NYPA's response to NRC questions on the PIP, please call me.

Very truly yours,



John H. Garrity  
Resident Manager

Attachment

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**RESPONSE TO NRC COMMENTS ON THE  
INDIAN POINT 3 PERFORMANCE IMPROVEMENT PLAN (PIP)**

**I. GENERAL COMMENTS**

1. The PIP does not have clearly defined success criteria for all action items. Specifically, performance result measurements for some action items could be defined in more quantitative terms. How will NYPA know if the corrective actions achieved the intended results?

Success criteria for some action items are better defined with subjective standards. For example, Action Item II.C, "Personnel Issues, " notes that hiring practices will be reassessed to ensure that they are fair, equitable and enhance the credibility of the hiring and promotion process. In this case, a subjective standard is appropriate. In regard to quantitative performance result measurements, NYPA will strive to be as specific as possible. In many cases performance indicators will be utilized. In other cases, although performance indicator information is available, it may be too soon to determine the appropriate acceptance threshold.

NYPA management will know if corrective actions achieved the intended results by performing a comprehensive PIP project completion verification. General success criteria are contained within the problem statement, solution strategy, and individual tasks of each project action plan. The Quality Assurance Department will perform the completion verification and will focus on the following:

- a) Problem statement - is problem clearly stated so that solution can be verified?
- b) Strategy used - does strategy ensure comprehensive solution to the real problem?
- c) Individual tasks - have tasks been completed to implement strategy?
- d) Documentation - do documents verify task completion?
- e) Problem solution - has the real problem been solved?
- f) Completeness - do documents provide objective evidence that the problem has been completely solved?

Following the completion of the QA review the NLT appoints a group to perform semi-annual assessments of the effectiveness of the PIP in addressing issues critical or essential to the success of the IP3 nuclear program and in ensuring communication and cooperation exists between departments and levels of the organization.

The PIP Advisory Team will also assess the effectiveness of the program from the perspective of station staff. The PIP Advisory Team will meet periodically and provide a report (consisting of minutes and any recommendations) to the Plant Leadership Team.

Each department manager shall independently perform a self-assessment of department performance as measured against the department improvement plan and identify additional improvements and enhancements.

2. **The PIP lacks specific assignments for who is responsible/accountable for various action items. Is this captured in some other document which will be cross-referenced?**

Management assigns specific tasks for each PIP project to responsible managers. This information is captured in the PIP data base. For example, the data base for a large project such as No. 129.1, Improve Surveillance Test Program, contains 28 separate tasks that have been assigned to individuals who are accountable for completion. The database, showing task assignments was provided to the NRC during the April 20, 1993 meeting at IP3.

3. **Following the Diagnostic Evaluation (DET) at FitzPatrick, NYPA planned to establish higher standards of performance and an enhanced self-assessment program for the entire**

**Nuclear Generation Department. Were these commitments implemented at IP3 and if so, when?**

Higher standards of performance have been implemented through several ongoing efforts. The PIP represents one of the methods selected. Additional broader efforts will be included in other corporate-wide documents such as the Nuclear Generation Business Plan. While several of these plans/programs have been issued, actual implementation dates may depend on resources, organizations, or other scheduling priorities. The PIP, the Business Plan, and site specific action item lists provide more specific implementation dates. For example:

- The Integrated Program for Self Assessment, implemented at IP3 in February of 1992, established a method for combining quantitative indicators of institutional performance in a way that provided feedback on recent accomplishments and suggested operational areas open to potential improvement.
- The Nuclear Programs Assessment section of NYPA's Nuclear Operations and Maintenance Division was created in May of 1992 and initial staffing commenced in August. Although primarily a corporate initiative, implementation was clearly directed toward operations at the two plants. Recent personnel realignments to support IP3 have delayed the initial operational status of this section and some organizational aspects of the section may yet be modified. The implementation of this initiative is proceeding under the personal direction of senior NYPA management.
- Consistent with the evolving emphasis on standards of performance, an independent assessment of management effectiveness was conducted. This formal evaluation, conducted under the auspices of the corporate Management and Organizational Development office, began in September and was completed in November 1992. The results of this assessment provided significant information that was factored into the Performance Improvement Plan that was implemented in January of 1993.

4. **Several of the root and contributing causes are similar to those identified in the FitzPatrick RIP. Were the lessons learned during development and implementation of the**

**FitzPatrick RIP evaluated for applicability to IP3 before the identified performance decline?**

A side-by-side comparison of root and contributing causes for FitzPatrick and IP3 follows:

<u>J.A.FitzPatrick</u>	<u>Indian Point 3</u>
ROOT CAUSES	ROOT CAUSES
Management failed to:	Management has been ineffective:
A) Provide adequate oversight, direction and support	1. Fostering an atmosphere that promotes communication and teamwork.
B) Utilize available and allocate necessary resources	2. Providing leadership that involves management in the real problems and issues in the field.
AND	3. Managing the many changes.
C) Establish a policy which promoted and enforced standards for performance.	4. Establishing, communicating, and enforcing standards to promote accountability.
<u>CONTRIBUTING CAUSES</u>	<u>CONTRIBUTING CAUSES</u>
D) Communications and teamwork within JAF, and between JAF and HQ, was ineffective.	Management of resource utilization, and long-term planning, has been ineffective.
E) Industry operating experience was not effectively used nor was appropriate corrective action taken to help solve long standing problems.	Programs such as surveillance testing, corrective action/work control, engineering, material procurement, and outage control are cumbersome, have been poorly implemented, lead to performance constraints, and contribute to widespread loss of individual accountability.
F) Management was not effective in providing leadership and monitoring performance through self-assessments.	Leaders have been inappropriately involved in
G) Attention was not properly focused to establish accountability,	

and responsibility, and to ensure attention to detail.

- H) Ineffective planning resulted in poorly scheduled maintenance and uncoordinated engineering projects.

employees' performance. Some have been detached, while others have been involved at the micro level.

Cross-functional relationships between departments have not been effectively developed.

While not identical the FitzPatrick and IP3 findings are very similar, especially if each set of findings is reviewed in total rather than Root Cause vs. Root Cause or Contributing Cause vs. Contributing Cause.

Problems at FitzPatrick became evident after an incident of high visibility - an uncontrolled release of radioactivity. Management subjected FitzPatrick to intense scrutiny and in early 1992 implemented the Results Improvement Program (RIP). Shortly thereafter, problems began to surface at IP3. In most cases, remedies had not been in place at FitzPatrick long enough to evaluate their effectiveness. The management assessment of IP3 that began in September 1992, was the first step in determining the cause of IP3 problems. In late 1992, when the IP3 PIP was developed, personnel involved in the development of the FitzPatrick RIP provided assistance.

During the development of PIP, many FitzPatrick lessons learned from the RIP were evaluated for applicability to IP3, including action items that were known to be effective. Although several RIP lessons were included in the PIP, it did not occur in time to prevent the decline in IP3 performance. In retrospect, NYPA's management now believes that the decline in performance at IP3 occurred during the same time it was occurring at FitzPatrick.

5. The FitzPatrick RIP described the need for "cultural changes" to foster continuous improvement. Based on recent performance at IP3, does NYPA consider that similar cultural

**changes need to be made to foster improvement at IP3?**

Yes. Management considers it necessary to make cultural changes at IP3 so that substandard performance does not reoccur. Some key cultural elements requiring change include: management taking responsibility for establishing standards and expectations of how people are held accountable, requiring personnel to assess their own performance, personnel recognition of deficiencies, and personnel taking responsibility for the success or failure of programs. Many of the improvements included in PIP promote these cultural changes.

6. **The FitzPatrick RIP is a living document that will be implemented and assessed for the life of the plant. The "Evaluation and Feedback" section of the IP3 PIP infers that the assessment efforts will be relaxed after the first few years. What are NYPA's long-term PIP maintenance and assessment plans?**

Similar to FitzPatrick, the PIP is a living document that will be implemented and assessed for the life of the plant in some form. Assessment efforts may be relaxed only after it is concluded that the objective of those efforts have been satisfied. Long-term PIP maintenance and assessment may be performed through Nuclear Generation Business Plan objectives.

7. **Please explain how the Nuclear Generation Business Plan, the FitzPatrick Results Improvement program (RIP) and the IP3 PIP are related and integrated?**

The Business Plan provides senior management direction for the nuclear organization, FitzPatrick, IP3 and the Corporate office. It was first issued in January 1992. The FitzPatrick Results Improvement Program (RIP) was developed and issued in December 1991, and the IP3 PIP in January 1993 -- both independent of the Business Plan. When these documents were developed, their relationship had not been defined. However subsequently, the need for doing so was identified by the management groups formed to develop and maintain the Business Plan. In the near term, the Nuclear Generation Business Plan, the RIP and the PIP will be evaluated by the implementing managers for consistency. However, it is not anticipated that these documents will be merged in the near future. After the majority of the PIP or RIP has been completed, remaining items will be subsumed into the Nuclear Generation Business Plan for resource

allocation purposes. Improvements will be grouped according to the Business Plan's five key objectives of safety, professionalism, performance, regulatory compliance, and cost management.

8. **What criteria has NYPA established for measuring the effectiveness of the 1992 and 1993 Nuclear Generation Business Plan? It appears that a significant number of action items in the 1992 Business Plan were not effectively implemented at IP3 and appear again as action items in the PIP. What is NYPA management doing to ensure that the PIP is effectively implemented and managed?**

The NRC's observation is correct. Several items contained in the 1992 Business Plan were not effectively implemented. Candidly speaking, for some of the activities the Business Plan was not the appropriate mechanism to ensure implementation. Accordingly, the PIP and its Action Items will better ensure effective implementation. The overall criteria for measuring the effectiveness of the 1993 Business Plan is captured by the performance indicators provided in the annual and monthly plan. In addition the percentage of targeted, completed, overdue and coming-due action items and subtasks are reported (started the end of May) to the Nuclear Leadership Team (NLT). This process and criteria will be refined over the next few months. Several of the Business Plan items will be the same items presented in the PIP. Action items and management direction will be developed and assigned at these meetings by the Executive Vice President (EVP) or NLT, as appropriate. These assignments also will be consistent with the PIP. Action items and assignments identified at NLT meetings are tracked and accounted for in the meeting minutes. In June, the format for the business plan monthly report will be modified to include a narrative section that provides the status of business plan "action items".

Weekly meetings are held with responsible managers to review the status of PIP projects. Startup projects are reviewed daily on a rotating basis (four projects per day) with the respective responsible managers. Projects managers are required to clearly define the problem that each PIP project is intended to correct. Project files for completed projects are required to pass a Quality Assurance review to validate that the identified problem has been corrected. A progress chart, posted in the administrative building, is updated daily allowing management awareness of project status. Additionally, startup projects have been added to the site's scheduling program by the Planning and Scheduling group to accurately track progress along with other station

activities.

9. **What role does QA have in ensuring the PIP is effective and what changes are being made to ensure that QA audits are effectively used? How will audit findings be tracked and with whom will findings be resolved?**

Besides taking an active role in verification of PIP project completion, QA will verify management resolution of problems by monitoring plant activities. Also, QA will track audit findings using the Station Tracking System and verify resolution with the responsible action party. Untimely resolution of problems will be escalated up through the management chain of command as necessary to achieve increased focus on the reason for the delay.

Changes being made in QA effectiveness include aggressively driving problem resolutions by:

- a) Improving the trending of issues.
  - b) Presenting issues directly to responsible action parties.
  - c) Meeting with the Nuclear Leadership and Plant Leadership Teams to air concerns.
  - d) Stopping work and escalating concerns to reach resolution.
  - e) Adoption of a management effectiveness section in all audits.
10. **Many of the action items in the PIP involve assessments or studies which are expected to lead to recommendations for improved programs or processes. When the original task is completed and closed-out, how will the follow-on tasks be tracked? Will they be added to the PIP?**

Management will assign follow-on tasks that result from PIP projects to responsible managers. These follow-ons will normally be included as expanded scope in the original project by adding additional tasks to the original file. When there are multiple follow-on tasks they will be

incorporated into a new PIP project, rather than being added to a current project.

## II. PLAN DEVELOPMENT

### Page No.

2. Please discuss the PIP Team in more detail. What was the size of the team? What organizations were represented? How was the team organized? If available, how many person-hours were utilized by the team to develop the plan? Will team members have other non-team responsibilities? Will team activities have priority?

The PIP Advisory Team consists of the following:

- Chairperson (General Manager-Support Services)
- Vice Chairperson (PIP Coordinator)
- Recorder (assigned case-by-case)
- Consultants (as required)
- Members (15 to 20 comprising a diversified cross-section of IP3 employees and representatives of the corporate staff)- A listing of the current members is provided as Attachment A.

The PIP team composition was based, not only on organization representation, but also on personnel that could provide insight into problem areas.

Members are nominated by the General Manager-Support Services and are approved by the Resident Manager. A PIP Advisory Team quorum consists of at least eight members one of whom shall be either the Chairperson or Vice Chairperson. Team members and the Chairperson serve on a part time basis. The Vice Chairperson serves full time as the PIP Coordinator.

It is estimated that the Team spent approximately 1600 person hours in developing the PIP. The Team's primary activities, now that PIP is in the implementation phase, is to monitor the overall effectiveness of PIP and provide

feedback from the IP3 employees to management. These activities are performed as part of a team member's day-to-day function. Team meetings are held monthly when practicable, and are considered priority activities. Managers are encouraged to allow Team members time to attend.

2. A "symptom" is defined as "subjective evidence of a problem at the plant." Please explain, by way of example, how symptoms were grouped together as a means of identifying issues.

The root cause analysis technique of symptom classification was used to organize, analyze and identify categories of problems. The PIP Team gathered information from fellow employees and identified approximately 70 symptoms of problems that were adversely affecting IP3. The PIP Team discussed the symptoms during meetings and initially grouped them into eight related categories: communications, planning, resources, accountability, teamwork, performance constraints, people issues, and leadership.

These groupings were subsequently narrowed to the five major categories described in the next response. For example, some of the symptoms identified by plant personnel that fell into the category of performance constraints were:

- We're hung up on form, not results
- Timeliness and adequacy of corrective actions is poor
- Procedures are too complicated and many are conflicting
- Material requisition system takes too long
- People have too much work - for the whole station
- Responsibilities are not assigned within organizations

A complete listing of the symptoms arranged by group was included in the updated version of the PIP provided to the NRC at the April 20, 1993 meeting.

3. According to the PIP, five major categories of "issues" emerged from the PIP Team review and these five categories

serve as the initial basis for the action plan outline. The PIP also states that the PIP team examined inspection reports from industry sources and the regulator and that symptoms were found to occur in four major issue categories. Please explain the relationship of the "five major categories" and the "four major issue categories." How were these "issues" factored into the root cause analysis?

#### Issue Categories

The five categories that emerged from the PIP Team efforts were as follows:

- 1) Communications, teamwork and personnel issues
- 2) Leadership and management
- 3) Accountability
- 4) Performance constraints
- 5) Prioritization and planning-utilization of resources

Assigned members of the PIP Team reviewed industry and regulatory inspection reports to characterize the findings and determine which programmatic areas resulted in the greatest number of findings. These reports were considered to be objective since findings were identified by outside observers.

The reviewers determined that the findings could be classified into the following four programmatic areas (major issue categories):

Safety/Regulatory - findings concerning meeting commitments, sensitivity to regulatory issues, recognition of operability concerns, and awareness of safety system status. Since these findings were related to leadership and management, they were grouped together with category 2) above, and were considered part of the root cause related to management's lack of involvement in the real problems and issues in the field.

Corrective Action - findings concerning identifying, reporting, and correcting plant hardware and process deficiencies. Since these findings were related to process problems, they were grouped under category 4) above, and were considered part of the contributing cause related to cumbersome programs.

Surveillance and Oversight - findings concerning

surveillance tests development, conduct, review and oversight. Since surveillance test development, conduct, and review are related to process deficiencies, these items were grouped with the performance constraints under category 4) above, and were considered part of the contributing cause related to cumbersome programs. Oversight which was related to accountability, in that management was not enforcing standards through adequate oversight, was grouped under category 3) above, and was considered part of the root cause related to management's lack of promoting accountability.

Standards - findings concerning low management expectations and inadequate communication of existing standards to personnel. These were related to accountability, were grouped under category 3) above, and were considered part of the root cause related to inadequate establishment of standards.

These four major issue categories that resulted from the inspection report review were considered subsets for each of the five categories (listed 1 through 5 above). Also, the issue categories were factored into the root cause analysis by utilizing Management Attribute Analysis (which considered management method deficiencies) and a Programmatic Review (which considered programs and process breakdowns).

4. The Plant Leadership Team has made the observation that there is a widespread loss of individual accountability for items and issues and that contributing to this is a system of cumbersome and complex processes. The PIP includes a number of general actions that might serve to address this issue; however, the PIP appears to lack a strong focus on this problem. What specific actions are intended to correct this problem?

Managers have been instructed that being held accountable means "being able to explain" and take responsibility for what is being done, why it's being done and assuring that it is being done correctly. Management added a new PIP startup project to address the widespread loss of accountability due to complex and cumbersome processes. A Total Quality Management (TQM) program will be initiated to make improvements in twelve key processes. The TQM program calls for taking a comprehensive look at how work is accomplished at the plant. It will identify the supplier/customer relationships for each of the key processes, establish quality indicators (QIs) for measuring real time performance, provide problem solving mechanisms, develop a new procedure format and content guide, establish QI usage without procedures, and place emphasis on feedback and tracking of procedures changes. TQM primarily addresses department-related accountability. However, this should also result in better accountability for individuals that work in the departments. Individual accountability will also be emphasized through enforcement of personnel performance standards. Additionally, a format for reporting events at the morning meetings has been implemented. This is discussed in the answer to question IV.B.5. Finally, the TQM approach should result in the simplification of the process.

5. Please explain in detail the process used to develop the "Root Causes" and "Contributing Causes." What was the role of the PIP Team in development of the root and contributing causes? Does the PIP team agree with each of these?

In addition to Symptom Classification described in the response to Page 2 questions, cause determination involved a variety of techniques such as the following:

Event and Casual Factor Charting (ECFC) - This technique involved reconstructing events using block diagrams to graphically display sequences of events and related causes. This was used to analyze several incidents at the plant that resulted in findings.

Trending Analysis - This technique involved compilation of information and sorting of the major concerns voiced during personnel interviews conducted for the management assessment.

Management Attribute Analysis - This technique involved an examination of concerns and findings to look for breakdowns in the classic management areas of planning, organizing, staffing, directing and controlling.

Programmatic Review - This technique involved an examination of inspection reports to determine which work programs and processes resulted in the highest number of findings.

The PIP Team was directly involved in the development of the root and contributing causes. The Team gathered information from employee discussions, review of inspection reports, a management assessment, and observations by the Plant Leadership Team to make the cause determinations.

Applying the above techniques provided information for drafting the causes for the initial outline of the PIP Action Plan. They supplied answers to the "What" and the "How" questions. The PIP Team asked the "Why" question in group discussions during a series of meetings. "Why are these problems occurring at IP3?" was the general theme. The final cause determination was an iterative process involving the drafting of "strawman" causes, subjecting these causes to Team scrutiny, and continually asking the "Why" question until the Team agreed that the root and contributing causes were accurately identified.

### III IMPLEMENTATION

#### Page No.

8. Each department at IP3 has its own "departmental improvement plan." How are the departmental improvement plans related to the PIP?

In late 1992 the Resident Manager directed that 1993 department improvement programs be initiated for each department. The PIP Team reviewed these programs and selected items for inclusion in the PIP action plan for station tracking. These selected 1993 department items included generic issues that cut across department lines,

items of high interest to management, and items related to root and contributing causes.

Management assigned initial PIP projects and subsequently new projects, such as the startup items, to the appropriate department that then developed an action plan. The PIP Coordinator currently tracks these action plans using the PIP data base. Departments also have other improvements underway that are not included in PIP. Initiating, scheduling and tracking of these department improvements are controlled by the department manager.

The use of department improvement plans to determine PIP action items was a one-time event. As such, it is not anticipated that another comparison will be made, although department managers will continue to ensure that department and PIP objectives are consistent.

9. **Who has been assigned the role of IP-3 PIP Coordinator? Is this an additional duty or is it a full time position? Is PIP coordinator the same as the performance improvement coordinator discussed in paragraph 5.6 of ADM-SD-05, "Administration of Performance Improvement Program?"**

Management has assigned the PIP Coordinator position to Mr. J. Macchiarulo as a full time function with no collateral duties. The PIP Coordinator is the same as the Performance Improvement Coordinator. ADM-SD-05, Administration of Performance Improvement Program, has been revised to more accurately reflect functions of the coordinator, which include the following:

- Assisting the development of project initiatives
- Assisting the development of action plans
- Maintaining PIP data base
- Distributing PIP information
- Maintaining PIP manuals
- Serving as vice-chair of PIP Advisory Team

9. What is the continuing role of the PIP Team? According to the PIP, the PIP Team will remain active and meet periodically to discuss changes to the plan and make recommendations and serve as an input vehicle for employees. Draft Station Directive ADM-SD-05 states on page 3 that the PI Committee "...facilitates the PI plan by defining its mission and managing its implementation." However, the only role defined for the PI Committee appears on page 3 of ADM-SD-05. That portion of the Station Directive states, "The Resident Manager may utilize the PI Committee for assistance in evaluating action items."

The continuing role of the PIP Team is to act in an advisory capacity to monitor the overall effectiveness of the PIP and provide continuous feedback to plant staff and the Plant Leadership Team. This may include periodic meetings to assess PIP implementation and action items. Management has revised ADM-SD-05, Administration of Performance Improvement Plan, to more completely describe activities associated with this role.

11. According to the current schedule, 112 of the 120 PIP action items are scheduled for completion in 1993. Are there any expected safety-related impacts associated with implementation of the PIP on other previously scheduled safety-related tasks? Are any previous commitments to the NRC impacted by implementation of the PIP? Does NYPA expect all these items to be completed satisfactorily in 1993?

There are no expected safety related impacts associated with implementation of the PIP on other previously scheduled safety related tasks. Impacts that are not currently evident and subsequently become apparent during the PIP task implementation process will be assessed on a case-by-case basis. For example, if a PIP task should identify a modification of plant hardware, the implementation of that modification will receive the same rigorous safety evaluation and impact review required by modification procedures before installation.

It does not appear that previous commitments to the NRC will be impacted by the implementation of PIP. Management

expects all of the PIP items to be completed satisfactorily on schedule. However, as new restart items are included, IP3 will have to reassess schedules and priorities.

**IV. ACTION PLAN**  
**Item No.**

- I.A.3** This action item pertains to establishing an employee feedback program. Who will be responsible for running the employee feedback program? How will anonymous feedback forms be answered?

The Resident Manager controls and administers the employee feedback program. Personnel who wish to have their concerns answered directly must identify themselves on the feedback form. Also, the Resident Manager may from time to time publish feedback items of general interest in the employee newsletter. Personnel who wish to remain anonymous will only know that their feedback item was implemented by seeing it discussed in the employee newsletter or by observing an implementing action in progress. All anonymous feedback forms may not be specifically addressed in the newsletter. Forms may be grouped under subject matter and generally responded to in the newsletter.

- I.B.3** This action item pertains to establishing support teams to assist facility personnel as needed. What is the impact on scheduled training if training department personnel are assigned to support teams particularly during outages?

IP3 does not anticipate a significant impact of training department personnel support responsibilities as a result of outage duties. During routine outages, the time that trainers spend providing support team services will be monitored to ensure that scheduled training is not significantly impacted. Support team personnel will establish better communications with plant personnel so that plant staff problems will be better appreciated by support team/training personnel. Concurrent with support team obligations training staff will maintain proficiency in duty areas relating to their assigned programs. A significant benefit of this effort is that staff will better understand changes to equipment and procedures. Benefits outweigh the

cost so long as the duration of the support is limited in length and scope, and the impact on training programs is measured periodically and found to be positive.

- I.B.4** This action item establishes a training program review committee to replace the existing curriculum committees. One aspect of the systems approach to training (SAT) process is that student and immediate user feedback is incorporated to refine training curriculums. It appears that a training program review committee approach to line department involvement in training does not provide all elements of the SAT process. Please Explain.

The training program review committee approach to training includes all of the elements of a SAT training process.

For example, student and user feedback is derived through a variety of mechanisms. Course critique sheets solicit immediate student feedback after initial and continuing training courses. Independent phase evaluations are conducted to solicit student feedback at discrete intervals during initial training programs. A post training customer satisfaction evaluation is performed between 3 and 6 months following the completion of initial training and incumbent job assignment.

To correct training program deficiencies and ensure the proper level of line management ownership and support of training, a proposal was made and adopted by the Steering Committee to revise the Training Program Review Committee Charter to require Line Manager and Training Manager participation in quarterly committee meetings. This participation may not be delegated. Additionally, line managers will be required to periodically assess the current status of their programs against the INPO Accreditation criteria and present their findings to the Steering Committee. The Training Program Review Committees are intended to be the decision making body regarding program structure and implementation and require manager participation.

The Training Program Review Committee will also establish working groups (curriculum committees), consisting of trainers and subject matter experts, to review program content and feedback, and make recommendations to the Training Program Review Committee for program changes. Additional examples of how the current program approach

continues to satisfy SAT elements can be provided upon request.

**I.B.6 Please explain the purpose of the Nuclear Generation Support Services Committee?**

The purpose of the committee will be to determine the most efficient way to implement the support functions and to coordinate common methods and approaches between IP3 and JAF. The primary members of the committee are the Vice President Nuclear Support, and the General Managers - Support Services. The support committee will consider licensing activities, procedure philosophies and operating experience activities.

**II.A.4 This action item discusses revisions to the NuAP procedures. It was the NRC's understanding that the NuAPs were to be developed for the entire Nuclear Generation Department and that some are still being developed. It is not clear why these procedures are being revised. Please explain.**

Nuclear Administrative Policy (NuAP) development and improvement is an ongoing project. The NRC's understanding that NuAPs were developed for the entire Nuclear Generation Department and that some are still being developed is correct. Nuclear Generation management initiated a major effort in 1992 to update NuAPs. There is also an effort underway to establish a hierarchy of policies and procedures from the top corporate level to the plant working procedures. PIP Project # 24 was created to track implementation of both efforts. Completion of this project is scheduled for December, 1995. IP3 is coordinating review of the NuAPs against the Administrative Policies (APs). All NuAPs have been reviewed to determine their impact on the APs, and appropriate actions are currently being determined.

II.B.1

II.B.2

The action items regarding regulatory policy and regulatory commitments appear confusing. What is the focus of the issue? In this context, what is the connection between compliance with NRC commitments and resolving engineering issues?

The focus of these PIP items is to improve IP3's ability to meet commitments and to ensure a proactive response capability to regulatory issues. In the past, the process used to ensure that commitments were properly assigned or tracked for action and for resolving engineering issues was inadequate. Many NRC commitments involve resolving engineering issues. On occasion commitments have been made to the NRC that may not have been appropriate. Efforts will be made to correct the habit of reacting to regulatory concerns in an untimely or impractical manner, and to increase the sensitivity to issues raised by outside agencies. The focus of their effort will include:

- Evaluate & improve compliance related to regulatory policies
- Strengthen controls for timely compliance
- Strengthen controls of IP3 design & licensing configuration
- Identify commitments in station procedures
- Improve Tech Specs
- Improve resolution of operability issues
- Develop design basis documents
- Establish a standard for documenting compliance
- Improve compliance validation process
- Improve communications with the NRC
- Improve LER development process

- II.B.2** The action item for "Regulatory Commitments" does not identify the tracking of regulatory commitments. How is that currently done? Will the method for tracking commitments be changed when the Nuclear Generation Action Tracking System is developed?

Tracking of regulatory commitments is presently performed by using the OERG group's tracking system. This system is being modified to merge it with the Station Tracking System. The intent is to merge all action tracking into a single Nuclear Generation Tracking System. It is expected that the Nuclear Generation Tracking System will improve management's ability to meet commitments primarily because of the single location for all commitments.

- II.B.4** The action item for "Licensing Configuration" calls for establishment of controls that identify and maintain the IP3 facility design and licensing configuration. How is this task related to the Actions Plans for "Design Basis Documents" (II.B.9), "Documentation Standard" (II.B.11), "Compliance Verification" (II.B.12), and "System Descriptions" (II.B.13). Aren't there already controls in place that maintain facility design and licensing configuration? Please explain the basis for this being a Priority II item.

As clarification of this action item, its efforts will improve existing controls, not establish controls for identifying and maintaining facility design and licensing configuration. Controls of the design and licensing configuration presently exist in the form of Modification and Design Control procedures, procedures for FSAR changes, Technical Specification changes, Nuclear Safety Evaluations, a licensing commitment tracking system, etc. This item (II.B.4) establishes additional controls which better ensure the license conditions and regulatory requirements are incorporated in changes to plant design and incorporated in changes to plant operation (including maintenance, etc). The level II action plan to implement this item includes identifying those documents that constitute the

configuration base line and performing a change control evaluation. Implementation of recommendations resulting from the change control evaluation will form the basis for additional action plans.

The Action Plan Item for "Design Basis Documents" is for the consolidation of the plant's design as per NuMARC 90-12.

The Action Plan Item for "Documentation Standard" is for developing criteria for outgoing regulatory correspondence that assures compliance with regulatory requirements.

The Action Plan Item for "Compliance Verification" is for developing and implementing a plan for how regulatory compliance will be verified.

The Action Plan for "System Descriptions" is used for training. This PIP item is to bring the System Descriptions up to date.

These are Priority II items because associated activities are enhancements, and not immediately necessary since present processes can achieve design and configuration control objectives.

II.B.4

II.B.6

II.B.7

II.B.9

The licensing configuration, FSAR upgrade, technical specifications upgrade, and design basis document initiatives are major endeavors. What is the basis for the target dates?

Management established the target dates for licensing configuration, FSAR upgrade, Tech Specs upgrade, and design basis document initiatives at the time PIP was developed based on need and estimated resource requirements. All of the dates are under review because of the current plant shutdown condition. It should be understood, however, that their target dates refer to when a decision must be made regarding whether these programs will be implemented. They do not necessarily represent completion of program implementation.

**II.B.8** What changes are being made to the surveillance program at IP3 to ensure that operability concerns raised during surveillance testing are immediately brought to the attention of station management and the shift supervisor?

Management initiated PIP project No. 129.1, "Improve Surveillance Test Program," to address surveillance testing issues. Tasks were included in the project to promptly address operability issues at the appropriate Station Management Level. Specifically, AP-19 Surveillance Test Program has been revised to require all surveillance test operability reviews be completed by the Senior Reactor Operator or Shift Supervisor (SS) before the end of the shift during which the peer review of the test was completed. If there is an operability concern, such as a test failure, the SS (station management) will direct the immediate initiation of a Significant Occurrence Report (SOR) which will inform other management of the issue.

**II.B.18** The action item for "SALP Board Information" calls for establishing a formal policy to communicate to the SALP Board members on a semi-annual basis the status of regulatory issues for IP3 and the progress being made in the PIP. Periodic management meetings to communicate such information is beneficial to both NYPA and the NRC; however, participants from the NRC should be the Headquarters & Region I line organizations responsible for IP3 regulatory matters and/or the NRC's NYPA Assessment Panel and not specifically "SALP Board members."

The NRC, as a whole, will receive PIP status updates through docketed correspondence. NYPA anticipates that the IP3 SALP Board members will be added to correspondence distribution lists to insure that NRC personnel that monitor IP3 performance are aware of PIP projects and current performance progress. The manager responsible for the PIP item has been informed of the NRC's position. He will ensure that communications with the NRC regarding progress

made in the PIP are through the proper channels.

**II.B.18** This item calls for semi-annual communication with SALP Board members on PIP programs. How will this item improve plant safety/performance?

The purpose of this project is to improve the plant's communications with the NRC. Providing information on plant performance improvements and receiving feedback to better ensure that prompt corrective actions are taken to resolve NRC concerns should further improve plant performance, and as a result, plant safety.

**III.A.1** This action item, which pertains to the development of standards of performance does not clearly indicate what the key standards are? Please clarify.

Procedure ADM-SD-07, "Plant Standards Preparation and Implementation," has been prepared reviewed and approved and will be issued on June 14, 1993. The following key standards also will be issued on this date:

PS-01.01 Teamwork

PS-01.02 Periodic All-employee Information Meetings

PS-01.03 Plant Leadership Team

PS-03.01 Conduct of Meetings

PS-05.01 Radiation Protection Responsibilities

Management anticipates developing other plant standards in the following areas:

- 1) Management and Supervision
- 2) Job Performance
- 3) Administration
- 4) Employee Practices

5) Radiological Work Practices

**III.A.3** Please explain the basis for this action pertaining to the communication of standards to the staff and monitoring and enforcing these standards being considered by NYPA to be a Priority II action item. In addition, please define the acronym "PPRs" used in the action item.

During PIP development, the PIP Team assigned priorities to major projects as a means of highlighting the task. After implementation of PIP began, the actual method of establishing priorities has changed. Now that the plant is in a shutdown condition, priority based on need and the date required for completion are better indicators of importance.

The PIP Team and management concurred that communicating and enforcing standards should be a Priority II, not because its importance was not recognized but because, from a timing standpoint, these actions could not be accomplished until project III.A.1, Standards Development, was underway. After the standards are developed they will be communicated to plant personnel, and monitoring and enforcement will begin.

The acronym "PPR" stands for Personnel Performance Review. This is a program that provides an annual evaluation of management personnel performance and includes setting goals and objectives for individuals.

**III.B.2**

**III.B.4**

**III.B.5** The Business Plan oversight program, the corporate assessment, and the assessment information action items are all the same as RIP items on items on pg. 49 and 50 and are all closed in the RIP. The RIP items were assigned to a corporate individual. Why are these items being addressed again in the PIP?

The FitzPatrick RIP items MO10.1 and MO10.2 (formerly on pg. 49 and 50) refer to establishment of the Business Plan and the Integrated Self-Assessment Program (also known as the "Windows" program) for the Nuclear Generation Department. All of these RIP items except for MO10.2.4, Self-assessment

Program Training, have been closed. PIP item III.B.2, Business Plan Oversight Program was created as an enhancement to the "Windows" program.

The enhancement currently in progress is a Corporate effort and will revise data collection requirements for the "Windows" program because much of the data currently collected is not compatible with INPO and NRC format requirements. Even though the RIP is closed, these enhancements will essentially further modify the activity. As such, PIP items III.B.4 and 5 are not duplicates of FitzPatrick RIP items. They involve development of a program to evaluate plant performance by establishing a corporate assessment group.

**III.B.7** It is not clear if department involvement in QA audits is an existing policy or one which IP3 wishes to develop. Please clarify.

There is existing NYPA policy that requires participation in QA audits by Nuclear Generation Department technical personnel. This policy is contained in NuAP 3.6, Audit Participation, dated May 6, 1992. Associated procedures will be revised as appropriate to support implementation of this policy by June 18, 1993.

**IV.A.1** Please explain the action item for Task Force Recommendations. It appears that the action called for is to incorporate the surveillance testing reorganization and improvement plan (STRIP) recommendations into the PIP. Please explain.

The Surveillance Testing Reorganization and Improvement Plan (STRIP) committee recommendations were labeled as PIP projects No. 123 through No. 127. Management subsequently determined that the recommendations from the STRIP committee did not adequately address surveillance testing deficiencies. Therefore, new comprehensive PIP Project No. 129.1, "Improve Surveillance Test Program," was created as a startup project. The PIP will be reviewed and duplicate projects (such as No. 123 through No.127) will be deleted following the completion of 129.1.

**IV.A.1 This action item which calls for improving the surveillance testing program, does not include any quantitative improvement measurements or any direction with respect to what specifically needs improving. Please clarify.**

Quantitative improvement measurements are included in the Surveillance Test Program as part of the Total Quality Management (TQM) approach. The mission for this action item is to produce the necessary and sufficient objective test information that will enable Operations to regularly review and affirm the operability of important components and systems. The entire surveillance testing process from the identification of a surveillance test commitment to control of records of completed tests will be the object of improvement.

Each process block of the Surveillance Test Program will be monitored using objective Quality Indicators (QIs). Each "customer" and "supplier" involved at each step of the process will be responsible to assess QIs such as acceptance rate and cycle time, identify improvements, and institute necessary changes. The Surveillance Test Program TQM process is being used as a pilot project to establish TQM in other important plant programs. For the Surveillance Test Program TQM, five Quality Indicators (QIs) have been developed. These QI's are quantitative in nature and are attached for your convenience as Attachment B. An Acceptable Quality Level (AQL) is determined for each QI. The individual steps of the Surveillance Test Programs are charted on "Process Pipeline Diagram" where the QIs are compared to the AQLs. The current report of the results for the Surveillance Test Program also is provided as Attachment C to this document.

**IV.B.1**

**IV.B.2** The relationship between the action items for Work Process Assessment and Work Control Implementation is not clear. The action under item IV.B.1 is to investigate and recommend improvements in the work control process using the ROME User Group (RUG). The due date for this item is 03/15/93. Action item IV.B.2 calls for incorporating the work control recommendations of the RUG task force in the PIP by 01/31/93. It appears that IV.B.2 is a follow-on task to IV.B.1; however, the due dates appear out of sequence.

Actually, the numbers assigned to these tasks are out of sequence. PIP item IV.B.1 is a follow-on task to item IV.B.2. PIP item IV.B.2, Work Control Implementation, references existing recommendations of the ROME User Group (RUG) and the incorporation of recommendations into the work control process. Item IV.B.1, Work Process Assessment, requires a re-assessment of the work control system. Work control is one of the programs to which TQM is being applied and is currently being evaluated for improvements.

**IV.B.4**

**IV.B.6** The action item for Operating Experience Review and Root Cause Analysis calls for a review of the OERG function and the root cause analysis program resulting in recommendations for improvement. Such reviews were completed for FitzPatrick. Is it NYPA's intention that these programs be the same at IP3 and FitzPatrick?

It is not management's intention that the FitzPatrick and IP3 OERG programs be the same. However, IP3 management will review FitzPatrick OERG and root cause analysis improvements. Actions taken at FitzPatrick will be incorporated at IP3 as appropriate.

- IV.B.5** Please explain the basis for this action item pertaining to improvements to the occurrence identification and reporting process being considered by NYPA to be a Priority II action item.

The PIP Team assigned Priority II to this item during the development of PIP because it was an enhancement to an existing program. IP3 currently has a system in place to identify operating occurrences through the Significant Occurrence Report (SOR) system. Management is reviewing the recently instituted Deficiency/Event Report (DER) process at FitzPatrick for applicability to IP3. A "Format For Reporting at the Morning Meeting" is provided as Attachment D. Also, formal critique process for SOR's and LER's has been implemented. Notwithstanding the assignment of Priority II to this issue, in reality, it is receiving Priority I attention due to the potential impact of recommendations.

- IV.B.7** The action item for "Action Tracking" calls for the consolidation for several corrective action tracking programs and merging them into one system. Is this item related to action item II.B.3, "Nuclear Generation Action Tracking?" Both due dates are 6/30/93.

This item is essentially the same as item II.B.3, Nuclear Generation Action Tracking since both intend that in the future, all action tracking will be merged into a single Nuclear Generation Tracking System.

- IV.B.9** It is not clear if this action item, which pertains to the Human Performance Enhancement System (HPES) program, calls for the development of a new program or the enhancement of an existing program. Please explain.

This item requires the development of a new Human Performance Enhancement System (HPES) program. This program will be designed to address procedural, supervisory, and

training issues.

- IV.B.10** This action item which pertains to conducting an assessment of the effectiveness of engineering and technical support, is similar to the one in the FitzPatrick RIP (p. 24, item MO1.6) which was due 12/31/92. The FitzPatrick assessment should have identified some issues common to FitzPatrick and IP3 via the corporate office. Please provide an assessment summary, if completed. In addition, please explain the basis for this action item being considered to be a Priority II action item.

The Corporate Nuclear Engineering Department (NED) conducted an assessment in accordance with the FitzPatrick RIP. A report was issued in December, 1992 and is summarized as follows:

Three functional areas were assessed:

- 1) Modification process
- 2) Engineering support of operations and maintenance
- 3) Management of emerging issues from external agencies

The following causes of NED performance problems were identified:

- 1) Organizational breakdowns:
  - a) Inadequate work prioritization
  - b) Inadequate attention to emerging problems
  - c) Inadequate vertical communications
  - d) Weakness in work practices/work skills
- 2) Organization to organization interface deficiencies:
  - a) Inadequate teamwork/trust between organizations
  - b) Inadequate overlap in organizational functions

The following general areas for improvement were recommended:

- 1) Develop self-improvement culture
- 2) Improve mission and goals
- 3) Strengthen lateral integration
- 4) Improve work processes/procedures
- 5) Strengthen knowledge and skills

The task of reviewing the FitzPatrick recommendations was assigned by PIP Item No. 104. This review was completed on June 1, 1993. The recommendations for implementation of appropriate FitzPatrick recommendations at IP3 will be completed prior to June 30, 1993. These recommendations will identify which issues if any, should be completed prior to plant startup.

When the PIP was developed, NED's rationale for assigning a Level II priority was not related to the potential significance of this activity. It was more related to the fact that the NED assessment of the FitzPatrick was nearly complete. The next step will be evaluating the appropriate PIP implementation approach.

**IV.C.4**

**IV.C.5**

These action items, which pertain to modification control manual (MCM) and design control manual (DCM), and the FitzPatrick RIP action items SE 13.3 and SE 13.4, which also pertain to the MCM and DCMs, do not appear to compliment each other. Please explain.

The Modification Control Manual and the design Control Manual and the Design Control Manual for IP3 and FitzPatrick are different due to the basic difference in how each site has structured its programs. As previously discussed, the two plant sites are working towards similar processes, however, this has not yet occurred in these areas.

**IV.C.6** The action item for Configuration Management calls for developing a Configuration Management Information System Plan with HSI and PEDB data base enhancements. Please explain the acronyms "HSI" and "PEDB."

The two acronyms, HSI and PEDB, stand for Hierarchical System Index, a unique number assigned to each component within all sub-systems/systems in the plant and Plant Equipment Data Base, a master equipment list, respectively.

**IV.C.7** How does this action item, which pertains to a design basis document effort for feedwater, containment, seismic structures, condensate, and fire protection relate to the design basis document effort described in II.B.9?

The effort to develop Design Basis Documents for the specific systems listed in IV.C.7 is part of the DBD project described in II.B.9.

**IV.D** The Outage Management Section is focused on better control of outage work. What consideration was given to management of shutdown risk or safety improvement?

The PIP items focus on better control of Outage Work. Risk assessment is an integral part of our Outage Management and Control process, as detailed in AP-9.2, Outage Risk Assessment. Therefore, as IP3 improves the control and management of outages, our management of risk and safety also will improve.

**IV.E.1** This action item, which pertains to backlog reduction, does not appear to address the need for safety significance prioritization for the reduction of backlog items. Please explain.

Essentially IP3 is utilizing a two category prioritization. (1) Those backlog items that must be completed prior to startup (due to safety significance or other reasons) and (2) these that may be completed after startup. A vigorous program for the review of backlog items to determine if they are safety significant and should be a startup issue has been implemented at IP3. A documented history of the review of all items not judged to be startup issues will be maintained. Following completion of the review by the IP3 staff an independent audit of the findings will be conducted by a team from the FitzPatrick plant.

**IV.E.2**

**IV.E.3** These action items establish a Plant Model System and a Plant Model Area. Are there plans for extending the program beyond one system and one area if the program is satisfactory?

There is only one "Model" system and area and other systems/areas are not being considered to serve as models. The model system concept holds that operators and maintainers should refer to the attributes of the model system (from an operability and material condition standpoint) when seeking information as how to best operate and maintain a plant system. The ultimate goal is to be unable to discern the difference between the model and other plant systems. Likewise, the model area should be referred to (from a housekeeping and appearance standpoint) and used as an example of how to maintain all areas throughout the plant. The Model Area is the Instrument Air and Fire Systems Deluge Valve rooms and the Model Systems in the Instrument Air and 480 V AC switchgear.

**IV.E.3 This action item pertains to the system engineer program. How many system engineers are to be hired and what is the current status of the program?**

There are seventeen System Engineer positions. Currently, eleven of these positions have been filled and there is a concerted effort to fill the six vacant positions. It is anticipated that all positions will be filled by August 1, 1993.

**IV.E.4 This action item pertains to the training and certification of systems engineers and indicates that the program for accomplishing this will be in place 6/30/94. When will the engineers be trained and certified?**

The System Engineers will be trained and certified by June 30, 1994. Prior to plant startup critical elements of the training program will be selected and training on these elements will be completed. Selection of these pre-startup items will be accomplished by June 19, 1993.

## **V. CONTROL OF PERFORMANCE IMPROVEMENT PLAN (ADM-SD-05)**

### **Para No.**

**6.2 Section 6.2 of ADM-SD-05 discusses "Initiation of Action Items." What is the threshold and criteria that will be used for adding items to the PIP? In addition, what is the relationship of the PIP to other IP3 Corrective Action Systems?**

The Resident Manager approves activities recommended by others for inclusion in the PIP. The threshold and criteria used for adding these projects are that they should be significant activities that are important to the success of the plant or require close management monitoring of progress.

PIP projects generally are of broad interest across the organization, are longer term, and solve high interest management issues. Other plant corrective action systems typically respond to specific commitments, resolve equipment problems, and are concerned with day-to-day activities.

- 6.5 Section 6.5 of ADM-SD-05 discusses "Program Changes" and states that significant changes to the PIP will require concurrence of the Plant Leadership Team and Executive Vice President Nuclear Generation. Is a "significant change" defined somewhere?**

"Significant change" is not defined. This question refers to a statement in the original draft of ADM-SD-05 submitted to the NRC on January 14, 1993. ADM-SD-05 has changed considerably since that time (currently Revision 3) and no longer contains a section entitled "Program Changes." Section 7 of ADM-SD-05, Revisions 3, entitled "Procedure," explains how changes to the plan are implemented. What is defined is what does not have to be approved by the Plant Leadership Team (PLT) and Executive Vice President of Nuclear Generation (EPNG).

New projects are initiated at the discretion of the Resident Manager, or via a Project Initiation Form when the request is generated by another staff member. Project Initiation Forms require General Manager and Resident Manager Approval.

Changes to project action plans and project due date extensions maybe made by project managers. The Plant Leadership Team is kept informed of these changes by weekly status reports and a posted schedule on the third floor of the IP3 administration building.

- 6.7 Section 6.7 of ADM-SD-05 discusses "Status Reports." Will NRC be sent copies of Monthly or Quarterly Status Reports? If not, NYPA should consider developing a periodic status report that it considers appropriate for sending to NRC.**

Yes. NYPA is developing a periodic status report appropriate for sending to the NRC. NYPA will be discussing this issue in the near future.

- 6.8 Section 6.8 of ADM-SD-05 discusses "Assessment of Effectiveness." What criteria will be used to assess PIP effectiveness. Will these assessments verify completion of Action Plan items or will they assess the effectiveness of the plan with respect to correcting the root and contributing causes identified in the PIP.**

Assessment of PIP effectiveness will verify the completion of specific action items and more broadly evaluate projects effectiveness regarding previously identified root causes. This issue has been described previously in responses to questions regarding QA's assessment role and the criteria used to verify completeness.

- 6.9 Section 6.9 of ADM-SD-05 discusses "Submittal to NRC" and states that there is no intention to submit subsequent revisions of the PIP to the NRC. The subsequent revisions will be available for inspection and review by the NRC at the site. It is requested that NYPA reconsider its position on this matter. The NRC's NYPA Assessment Panel will not be able to efficiently perform its review and overview function unless it has available to it up-to-date copies of the PIP.**

NYPA has reconsidered this issue, and updates appropriate for the NRC will be submitted. NYPA will be discussing this issue with the NRC in the near future.

ATTACHMENT A

**Membership  
PIP Advisory Team**

R. Burns	Consultant
R. Carrucci	Manager of Mgmt. and Org. Development Group
K. Chapple	Director Nuc. Ops.
R. Converse	V.P. Nuc. Support
J. DiChiara	Maintenance Gen. Supervisor
C. Embry	Nuc. Training Specialist
N. Eng	IP3 Finance Mgr.
W. Griffin	Security Officer
L. Kelly	OERG Engineer
M. Kelly	Director Corporate Training & Development
C. Mackay	Operations
C. Metzger	Secretary
J. Piteo	Performance Tech.
J. Polasko	Mechanic
R. Ruzicka	Nuc. Training Specialist
P. Saunders	Waste Mgmt. Gen. Supervisor
S. Traditi	Mechanic
T. Weber	Security Coordinator

ATTACHMENT B

# ***QUALITY INDICATORS***

- **ACCEPTANCE RATE (AR)**
  - **A Ratio of the Number of Acceptable Tasks per the Tasks Performed.**
  
- **CAPACITY UTILIZATION (CU)**
  - **A Ratio of Actual Resources Used per the Planned Resources Used.**
  
- **CYCLE TIME (CT)**
  - **A Ratio of the Actual Time to Perform a Task per the Planned Time to Perform a Task.**
  
- **RATE OF PROCESS IMPROVEMENT (RPI)**
  - **Number of Process Improvements Per Process Per Unit Time.**
  
- **CUSTOMER SATISFACTION (CS)**
  - **Comprehensive Assessment of the Output Quality by the User.**

## SURVEILLANCE TEST PROGRAM

### Executive Summary

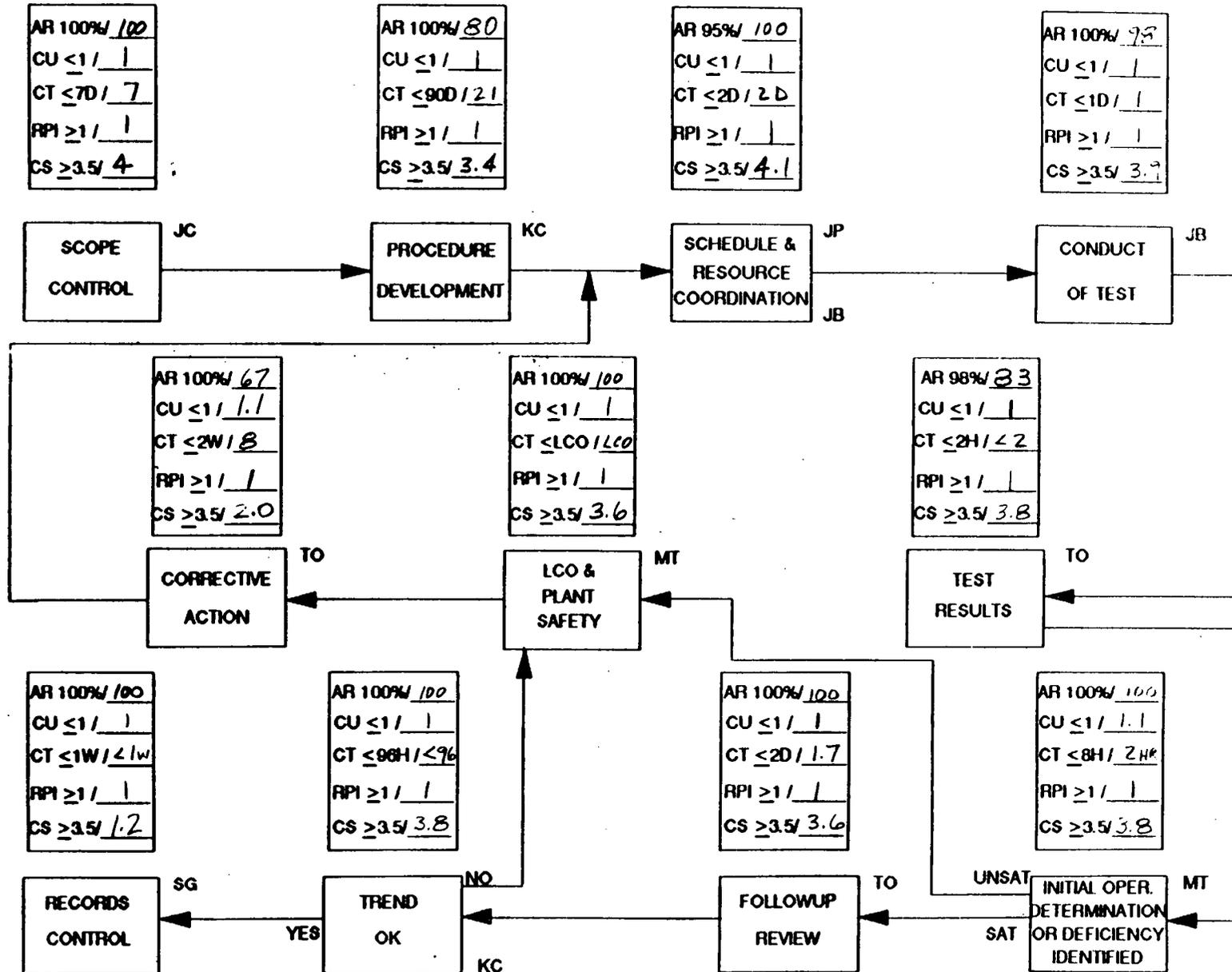
The program measured 55 of 55 process block AQI's. Of these, 46 of 55 met the AQL. Corrective Action continues to be the worst performer. Other noteworthy information:

- ***Procedure Development*** - A continuing slow and steady improvement has been noted, however, the results are inconsistent from week to week. Generally, the major reason for the marginal results are refueling procedures that are not current. For biennial reviews, the numbers are actually worse if the 2 year review time is utilized versus the 2 year plus 6 month tolerance.
- ***Customer Satisfaction*** - The major issue is with procedure quality, especially dealing with Acceptance Criteria. Procedure revisions should help this AQL along with higher standards in our Administrative Procedures that are currently being revised.
- ***Corrective Action*** - This process block needs stronger commitment from the I&C and Maintenance departments. Surveillance related PID's/WR's are not being corrected in a timely manner. Some tests are failing each time they are done because corrective maintenance is not being done to resolve the problems encountered.
- ***Test Results*** - Radiation Monitors are still responsible for over 50% of all test failures. Two oil tank problems (TSC and HSB) are repeat failures, and plant conditions caused 2 manual valve stroking procedures to fail.

SURVEILLANCE PROCESS PIPELINE DIAGRAM

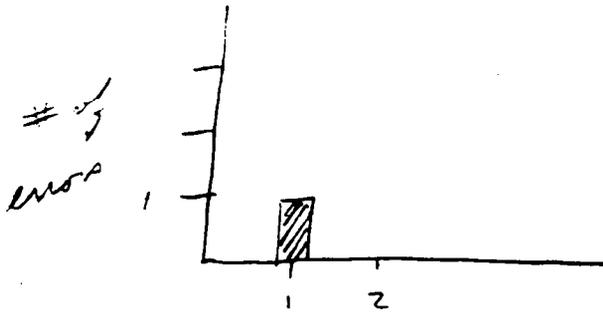
ISSUED BY: T. ORLANDO

WEEK of: 5/25/93 to 6/1/93



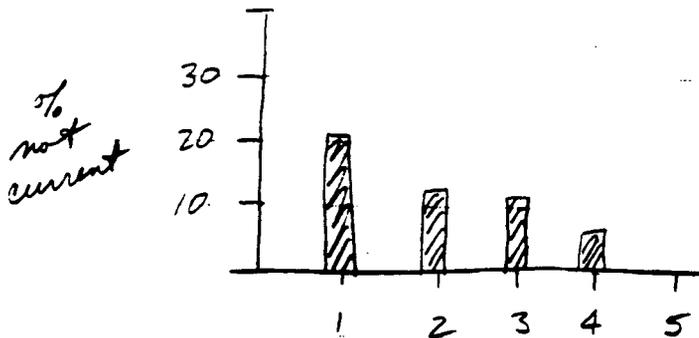
## II ANALYSIS :

### • Conduct of Tests



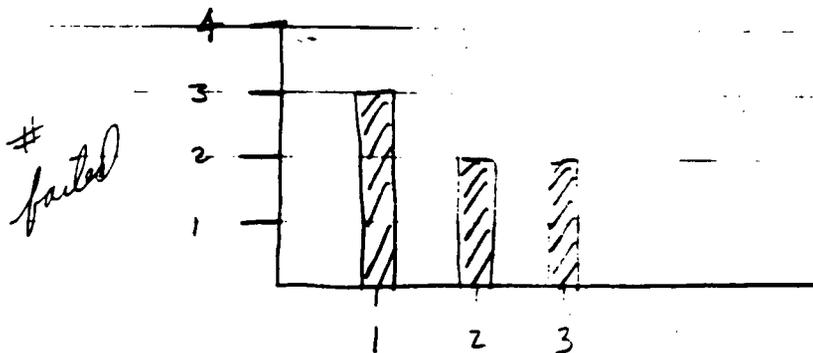
Reason  
1) Performance Group  
bad transcription  
error.

### • Procedure Development



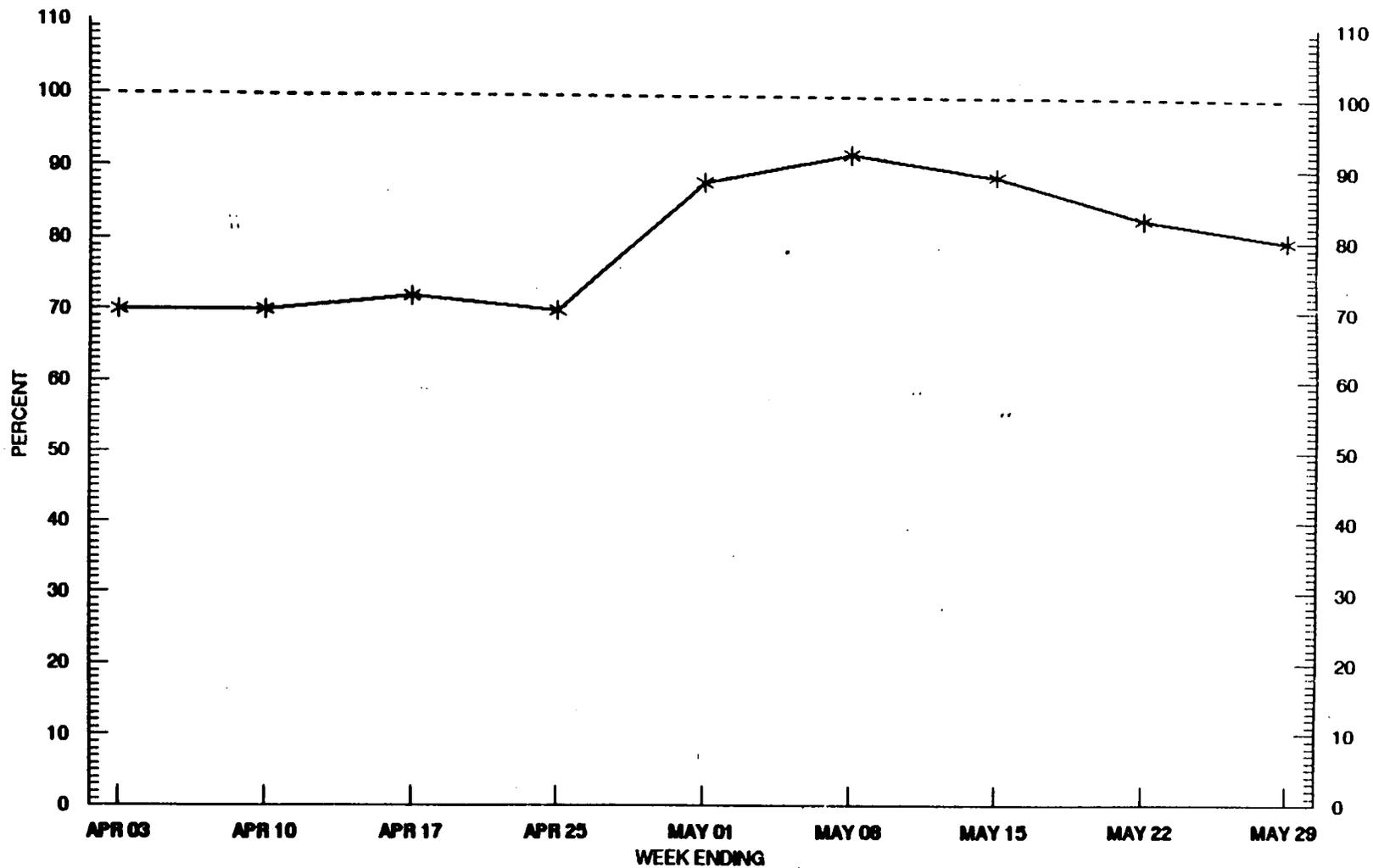
Reason  
1) IC procedures  
2) Performance Group  
3) Operations Dept.  
4) Fire + Safety Group

### • Test Results



Reason  
1) Rad Monitor tests  
2) Tank tests  
3) Manual Valve  
sticking not  
done due to  
plant condition.

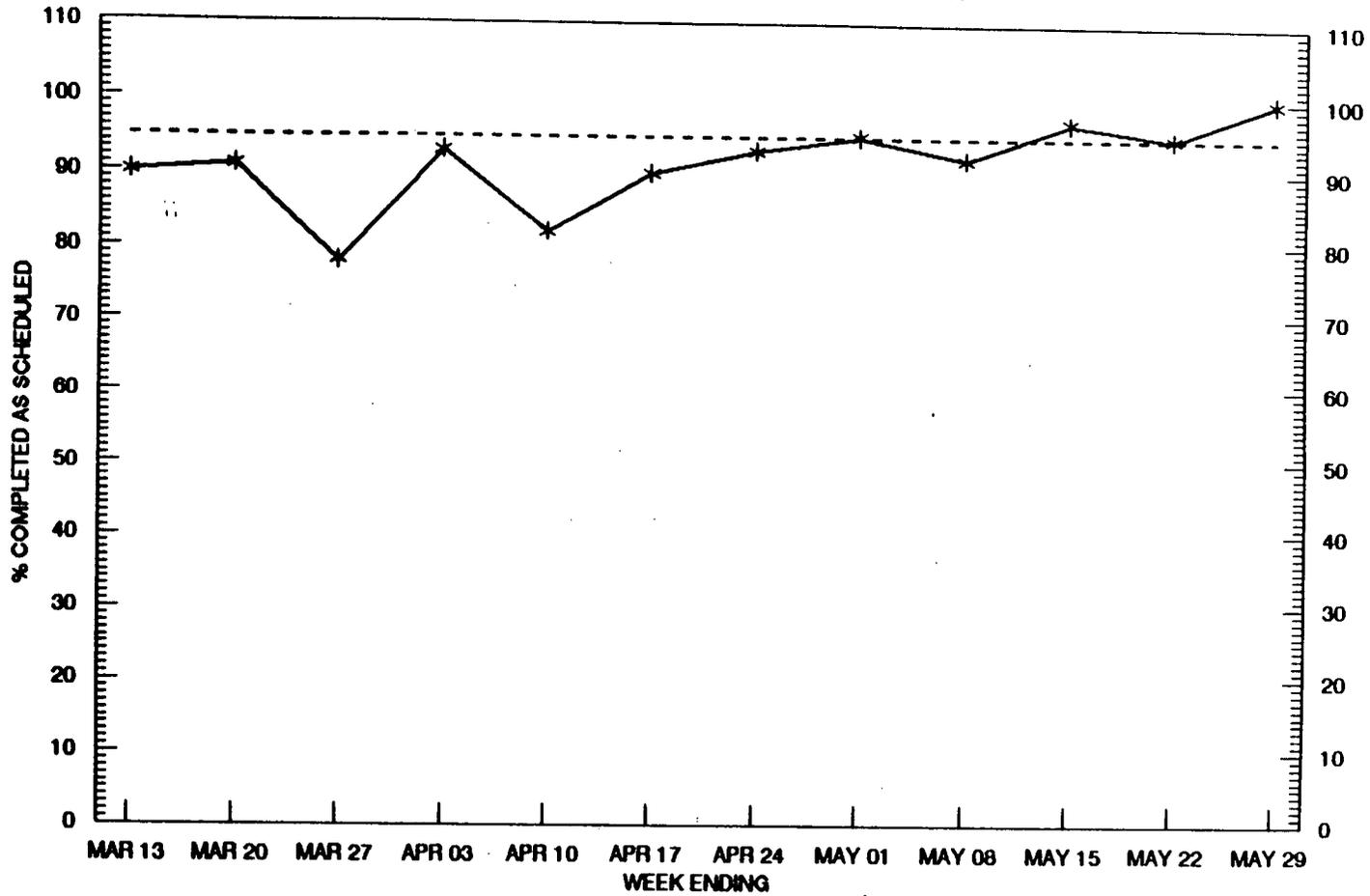
# SURVEILLANCE PROCEDURE DEVELOPMENT



ACCEPTANCE QUALITY  
LEVEL = 100%

PD.DRW

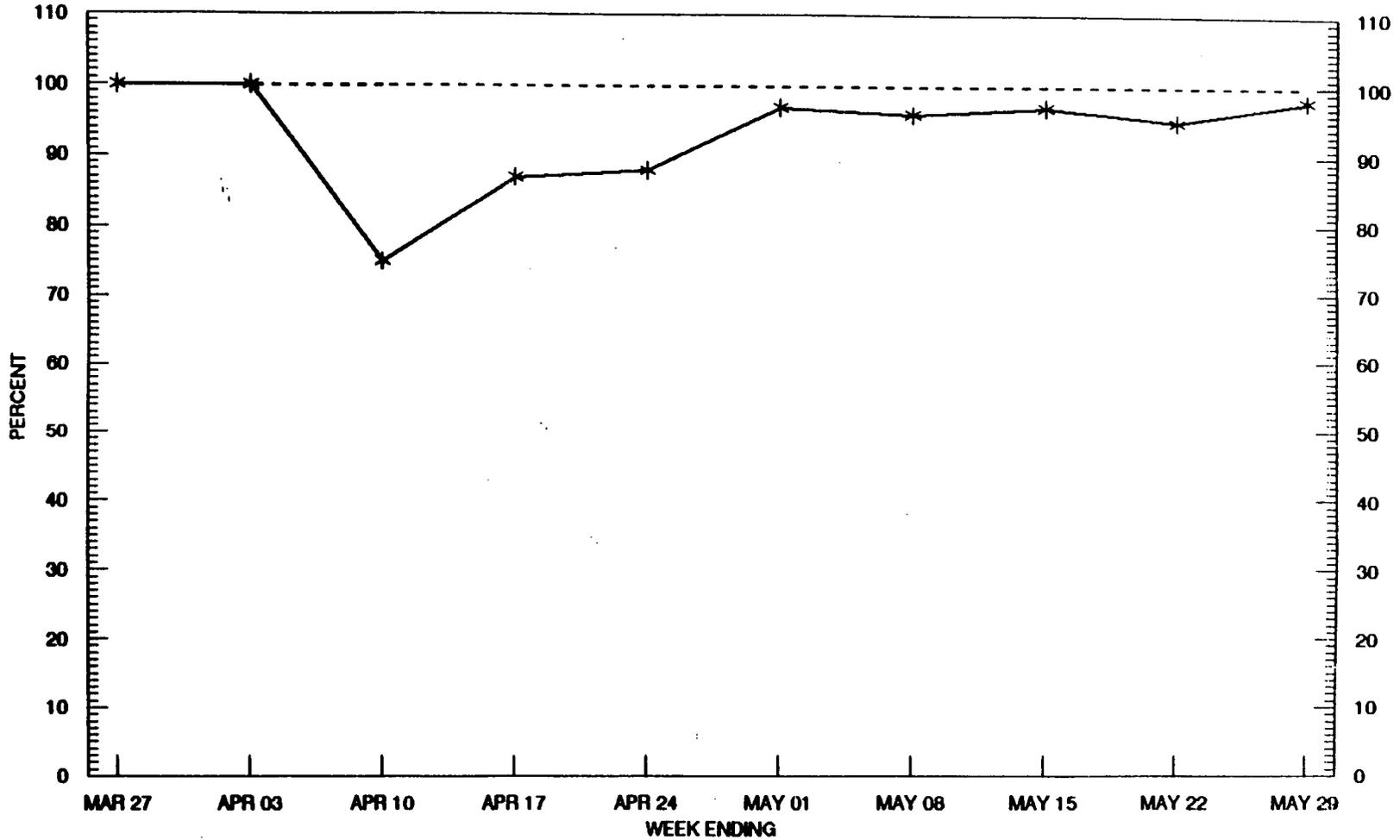
# SCHEDULE & RESOURCE COORDINATION



ACCEPTANCE QUALITY  
LEVEL = 95%

S&RC

SURVEILLANCE TEST, PROCEDURE ADHERANCE,  
CONDUCT OF TEST

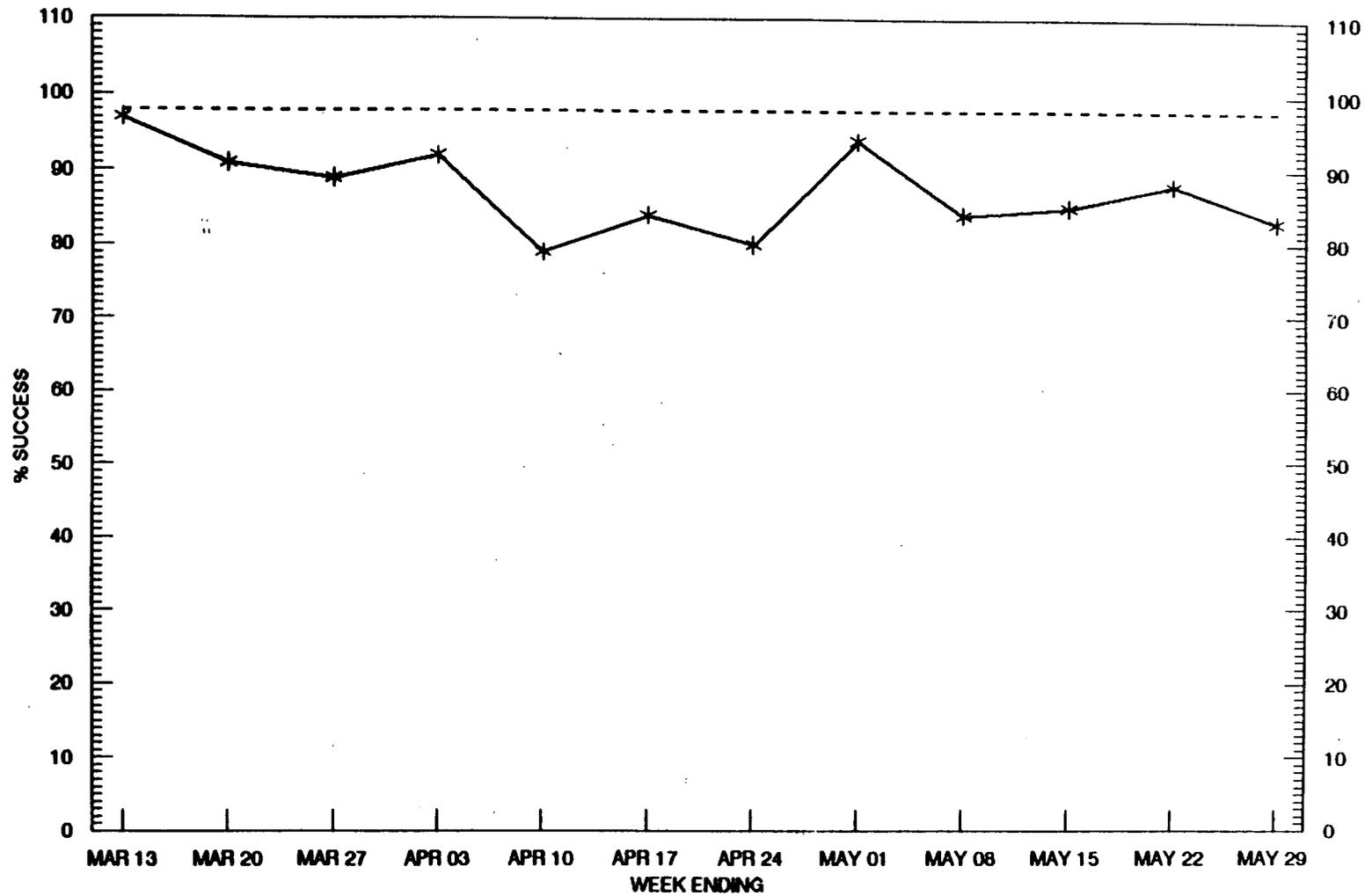


ACCEPTANCE QUALITY  
LEVEL = 100%

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COT.DRW

# TEST RESULTS

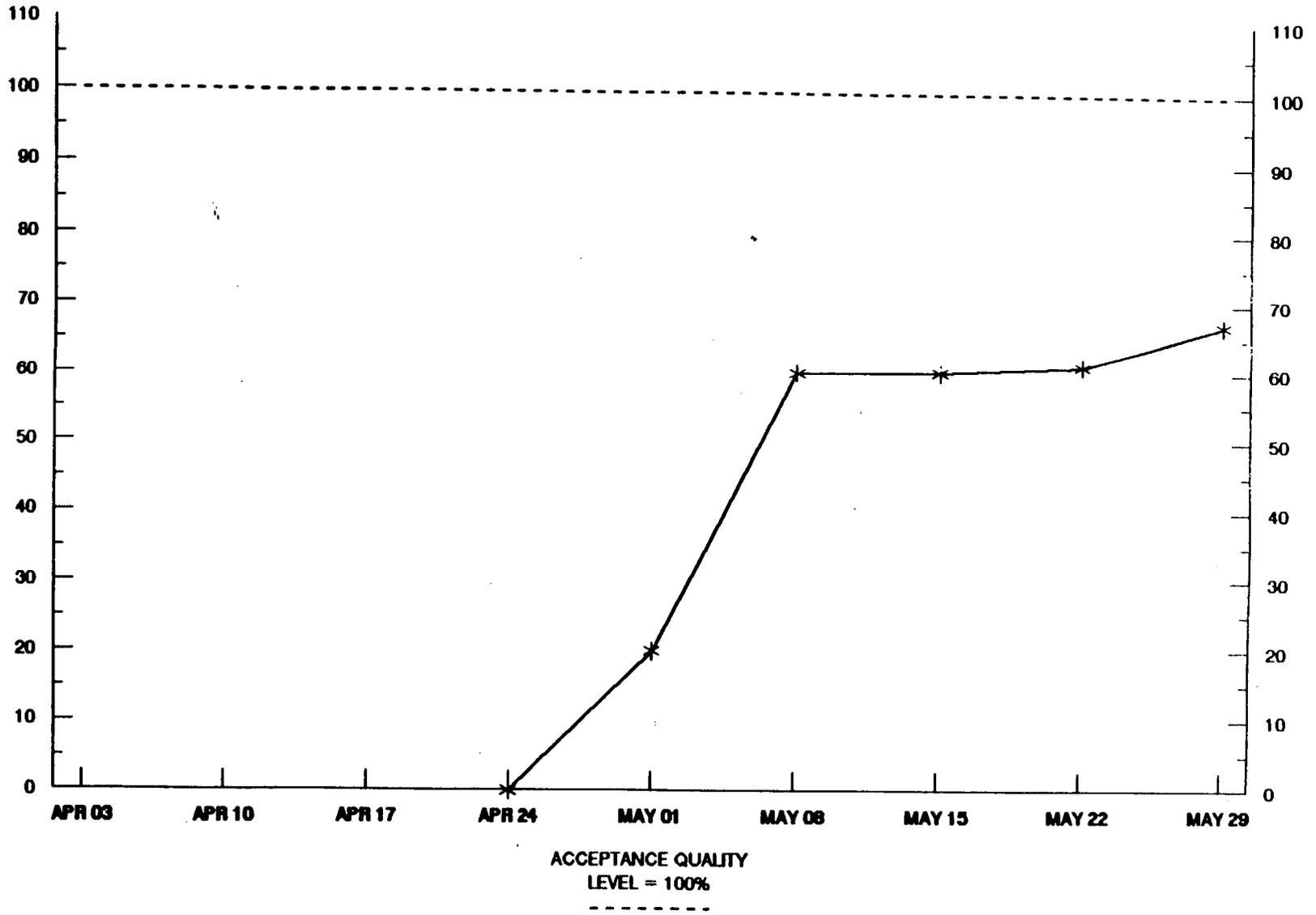


ACCEPTANCE QUALITY  
LEVEL = 98%

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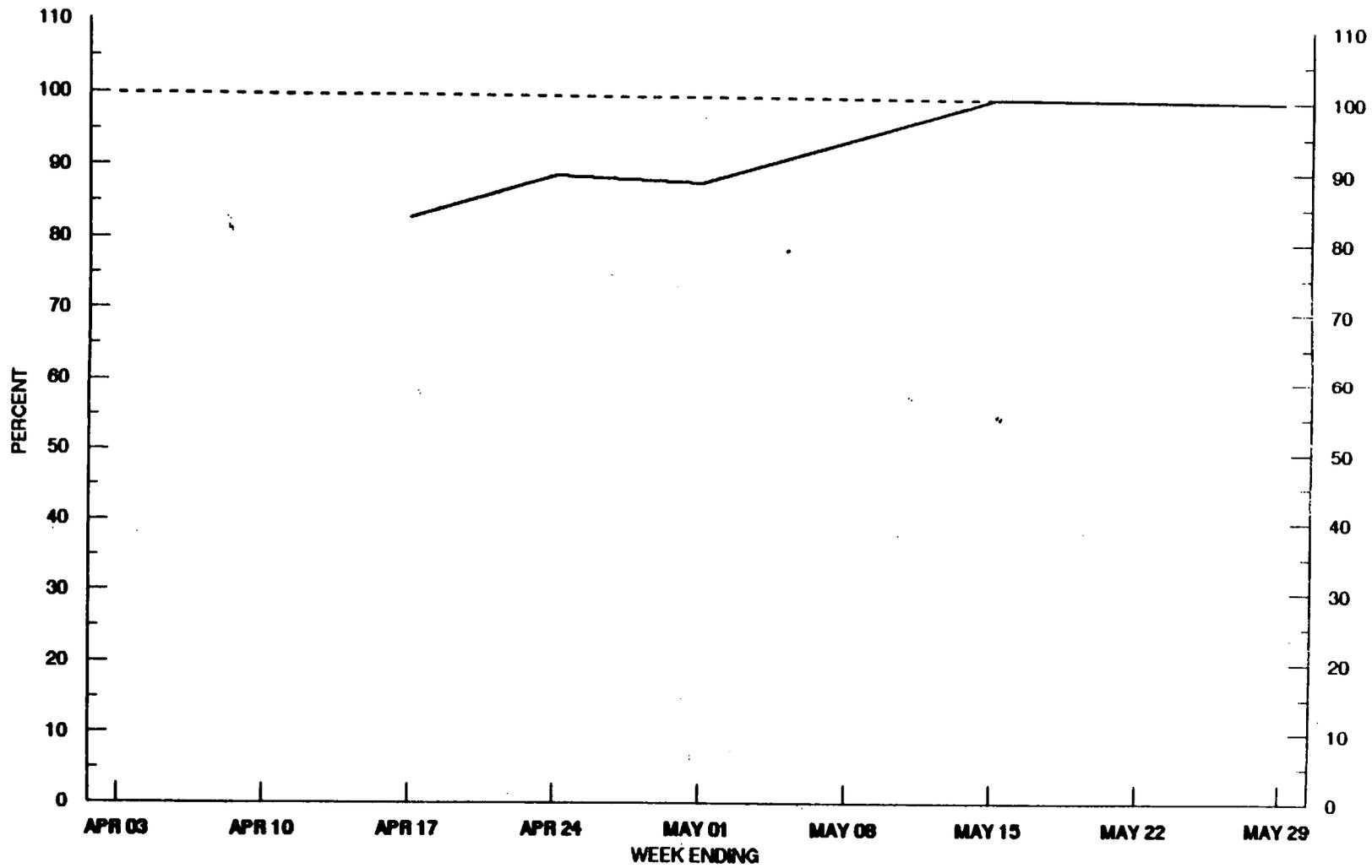
TR.DRW

# CORRECTIVE ACTION



CA.DRW

# FOLLOWUP REVIEW



ACCEPTANCE QUALITY  
LEVEL = 100%

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FR.DRW

ATTACHMENT D

**Format For Reporting At The Morning Meeting**

**TITLE:** (include reference if applicable, e.g., SOR number, NRC inspection report number, etc.)

**AUTHOR:**

**DATE:**

**PROBLEM STATEMENT:** (Concise statement of the event of issue)

**IMMEDIATE CORRECTIVE ACTION:** (If applicable. Should consider compensatory actions, reportability, and any immediate actions to place plant or people in a safe condition. If not applicable, just put N/A. Be concise.)

**ROOT CAUSE:** (Ask why 5 times! or use some other technique. Be prepared to defend your statement. Be concise.)

**CONDITIONS/FACTORS CONTRIBUTING TO ROOT CAUSE:** (If relevant to your discussion)

**EXTENT OF CONDITION:** (What other system, process, etc. could be affected?)

**CORRECTIVE ACTION:** (Other steps actually taken to correct the root cause or contributing factors.)

**PLANNED ACTION:** (If applicable. List action, person, and due date.)

**RECOMMENDATIONS:** (If you cannot take action without approval, add recommendations with action, person, and due date.)

**Note:** It is the author's job to verify the facts and support the conclusions and recommendations which are written. Writing style should be succinct, bullet style if appropriate. Minimize adverbs and adjectives. Use the active voice (e.g., people do things, not, it was found that...). This report is designed for the morning meeting and should be brief - one or at most two pages. It does not substitute for other required reports. Also, remember to keep your background material and other documentation in case you need it for other purposes.