

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
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**New York Power
Authority**

William A. Josiger
Resident Manager

March 17, 1988
IP3-88-022

Docket No. 50-286
License No. DPR-64

William V. Johnston
Acting Director
Division of Reactor Safety
U.S. Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

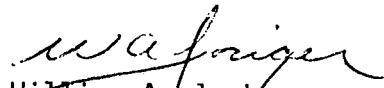
Subject: INSPECTION NO. 50-286/87-27
AND NOTICE OF VIOLATION DATED FEBRUARY 16, 1988

Dear Mr. Johnston:

This letter and the attachment provide the Authority's response to NRC Inspection Report No. 50-287-27 and the associated Notice of Violation dated February 16, 1988.

Should you or your staff have questions regarding this matter, please contact Mr. J. A. Schivera of my staff.

Sincerely,


William A. Josiger
Resident Manager
Indian Point Unit 3
Nuclear Power Plant

Attachments

WAJ:JAS:1h

cc: Document Control Desk (original)
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

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ATTACHMENT 1

New York Power Authority response to Notice of Violation dated February 16, 1988.

Part A

10 CFR Part 50, Appendix B Criterion XVI, "Corrective Action" requires that conditions adverse to quality are promptly identified and corrected. The Quality Assurance Program Manual Section 17.2.16 commits to a program that assures that conditions adverse to or affecting quality are promptly corrected according to approved written procedures.

QAP 16.1, Rev. 2, "Corrective Action Control - Plant" Section 6.2 requires that in the event responses to QA findings are not received by the required date or actions are not completed as previously scheduled, the following actions will take place:

Within ten working days after the due date, the Quality Assurance Superintendent (QAS) shall transmit an escalation memorandum to the Resident Manager.

If the response to the above memorandum is not received within the specified time, the QAS will notify the QA Director. Within ten working days the QA Director shall transmit a second escalation memorandum to the Executive Vice President - Nuclear Generation.

Contrary to the above, as of December 4, 1987, certain QA findings were not promptly corrected in accordance with the above requirements in that, for twelve open QA findings, the due date of completion of action or receipt of response has been exceeded by more than ten working days without a first level escalation memorandum having been sent. Four of the twelve findings were as much as 135 to 460 days overdue.

Response

The Authority's corrective action program at Indian Point 3 has proved to be an effective tool in the resolution of both programmatic and material deficiencies. Over the past two years, the Quality Assurance program resulted in the identification and documentation of 67 Non-Conformance and Corrective Action Reports (NCAs), 38 Findings, and 455 Deficiency and Corrective Action Reports (DCARs). The open NCAs, Findings, and DCARs are tracked in an automated tracking system which also provides management reports.

Upon review of the violation and associated information provided in the inspection report, the Authority has concluded that improvements in the corrective action program are warranted. While the program, and particularly the escalation provisions of QAP 16.1, have been generally effective, improvements are needed in the management reports which provide the information regarding the status of corrective actions. This management report is also utilized in the application of the escalation provisions of QAP 16.1. The instances cited in the inspection report where

corrective action was overdue did not represent safety concerns. In this regard, the simple listing of overdue actions and due dates provided in the inspection report does not portray an accurate picture of the program effectiveness.

The following information is provided to clarify the nature and current status or disposition of the findings cited by the inspector in the body of Report 87-27.

NCA's 146 and 148 required new QA Procedures and Instructions to be written and approved at both Authority nuclear sites. Both were written and issued before the start of Inspection 87-27, however, neither NCA had been appropriately closed out. Findings 87-25-1, 86-24-6 and NCA's 245 and 235 dealt with Environmental Qualification. A special task force, including a dedicated QA Engineer had been formed by the Authority to address various EQ issues. The QA Superintendent had decided not to further escalate any EQ items but rather to track them to completion via the assigned QA Engineer. This decision is within his authority as the QA Superintendent.

NCA 147 dealt strictly with an interpretation problem of a QA Procedure as it applied to the Authority's nuclear plants. The intent of the QAP was subsequently resolved by memorandum from the Director of Quality Assurance on December 21, 1987.

To prevent recurrence of similar events, the following actions have been taken or are planned:

1. The escalation process as outlined in QAP 16.1 was reviewed by the entire Indian Point 3 QA department. The importance of following the escalation process was stressed. This action was completed on December 8, 1987.
2. The Authority has reviewed all open NCAs and Findings. As of March 8 there are no open items that require escalation per QAP 16.1.
3. A status sheet has been developed for use with NCAs and Findings. This sheet will provide a focal point for documenting changes in status of individual NCAs and Findings.
4. A weekly report directed to the QA Superintendent has been implemented. The weekly report will list the status of all open NCAs and Findings and identify those items scheduled for escalation in the following week.
5. AP-30, "Resolution of Deficiency and Non Conformance Items" will be revised by April 15, 1988 to require Department Heads to notify the QA Department of completion of corrective action to facilitate QA review and close-out.

The Authority is confident that these actions will strengthen the escalation process and prevent future situations of this kind.

Part B

10 CFR Part 50, Appendix B, Criterion XVII, "Quality Assurance Records" states that requirements be established related to record retention which are consistent with applicable regulatory requirements. The Quality Assurance Program Manual, Appendix 17.2.5, Section B and the Final Safety Analysis Report, Appendix 17.2B, "Conformance with NRC Regulatory Guides" commits to Regulatory Guide (RG) 1.88, Revision 2, October 1976. RG 1.88 endorses the use of NSI N45.2.9-1974 for complying with the requirements of 10 CFR 50, Appendix B, Criterion XVII.

ANSI N45.2.9-1974, Section 5.3, requires that written record storage procedures be prepared that include the following:

1. A description of the area where the records are to be stored;
2. A description of the filing system that is to be used; and
3. A description of the system used for verifying that records received are in agreement with the transmittal document or a pre-established check list.

Contrary to the above, as of December 4, 1987, Quality Assurance program procedures for record storage and retention did not include:

1. A description of the record storage area;
2. A description of the filing system being used; or,
3. A description of the system used for verifying that received records were in agreement with the transmittal document or a pre-established check list.

Response

Quality records at Indian Point 3 are stored in a vault with walls, floor and ceiling constructed with a minimum fire rating of four (4) hours. Fire detection is provided by smoke detectors which alarm in the Control Room and locally. The fire detection system is cross-zoned to activate the Halon 1301 fire extinguishing system. The suppression system contains a primary and reserve bank of Halon with each bank containing 300 Lbs. of extinguishing agent. The system can also be activated manually.

Contained within the Records Vault is a high density filing system consisting of moveable file shelving. Indices of the stored records are maintained by computer and describe each record location in terms of cabinet, section and shelf number location in the vault.

Administrative Procedure 18 (AP-18) outlines the Indian Point 3 program for record receipt and storage. The revision of this procedure which the inspector reviewed did not contain detailed information describing the records vault, filing system, or record receipt verification. AP-18 will be revised to include the following:

1. A description of the Indian Point 3 Records Vault;
2. A description of the filing system being used; and
3. A description of the system used for verifying that the correct records are being received at the records storage area.

These actions will be completed by April 15, 1988.