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 SCHROCK, C.A. Wisconsin Public Service Corp.
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SUBJECT: Responds to NRC 910826 ltr re violations noted in insp rept
 50-305/91-15. Corrective actions: individuals will perform
 review of safety-related procedures prior to use if not
 reviewed within two yr requirement.

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WISCONSIN PUBLIC SERVICE CORPORATION

600 North Adams • P.O. Box 19002 • Green Bay, WI 54307-9002

October 9, 1991

10 CFR 2.201

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Gentlemen:

Docket 50-305
Operating License DPR-43
Kewaunee Nuclear Power Plant
Inspection Report 50-305/91-015 (DRP)

Reference: 1) Letter from R.C. Knop (NRC) to K.H. Evers (WPSC) dated August 26, 1991.

The referenced letter provided Wisconsin Public Service Corporation (WPSC) with the results of an inspection conducted by the Nuclear Regulatory Commission at the Kewaunee Plant. The inspection evaluated Kewaunee's safety assessment and quality verification programs. As a result of the inspection, one violation was issued because inadequate corrective actions were taken to prevent repeated failures to perform biennial reviews of safety-related procedures. The attachment to this letter provides WPSC's response to this violation.

Based on discussion with Mr. R. L. Hague of NRC Region III this letter is being transmitted on October 9, 1991.

Please contact me if you have any questions concerning this matter.

Sincerely,

for C. A. Schrock
Manager-Nuclear Engineering

TJW/car
Attach.
cc - Mr. Patrick Castleman, US NRC
US NRC, Region III

LIC/NRC/N519

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Attachment

To

Letter from C.A. Schrock (WPSC) to Document Control Desk (NRC)

Dated

October 9, 1991

Re: Inspection Report 91-015

Notice of Violation

As a result of the inspection conducted on July 29 through August 8, 1991, and in accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," 10 CFR Part 2, Appendix C (1991) the following violation was identified:

10 CFR 50, Appendix B, Criteria XVI, "Corrective Action," states, in part, that "measures shall be established to assure that conditions adverse to quality, such as failures, malfunctions, deficiencies, deviations, defective material and equipment, and non-conformances are promptly identified and corrected...."

Contrary to the above, the licensee performed inadequate corrective action to repeated identification of failure to perform documented biannual reviews of safety-related procedures as required by Technical Specification 6.8.3. QA Audit No.'s 87-669, 89-016, 89-035, 90-035 and 91-030 all documented this recurring deficiency and, despite a programmatic review performed by plant management, on August 2, 1991, approximately 100 safety-related procedures were identified as having exceeded the biannual review requirement.

This is a Severity Level IV violation (supplement I).

Pursuant to the provisions of 10 CFR 2.20I, you are required to submit to this office within thirty days of the date of this Notice a written statement or explanation in reply, including: (1) the corrective steps that have been taken and the results achieved; (2) the corrective steps that will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Consideration may be given to extending your response time for good cause shown.

Wisconsin Public Service Corporation's (WPSC's) Response

Based on discussions with J. W. McCormick - Barger of NRC Region III, the violation should reflect biennial reviews and the following QA audits: 87-065, 89-016, 89-035, 90-035, 91-030.

In mid 1990, WPSC recognized that the staffing level at the Kewaunee plant was not commensurate with the increasing workload. Increased demands placed on the staff's time to support activities such as additional training requirements and the vendor interface program taxed resources to capacity. As a result, individual departments placed a lower priority on procedure review. Exacerbating this problem was the ever increasing number of procedures and

implementation of a writers guide. The writers guide provides for uniform formatting and wording of all procedures. Implementation of the writers guide resulted in a longer review and approval process because extensive revisions were required of procedures that were technically correct. The increased workload and the subsequent re-prioritization of procedure reviews resulted in this violation.

Contributing to this event were weaknesses in the current method of identifying and tracking adverse trends that cross organizational lines. Currently, separate quality assurance audits are performed on each Technical Specification line item or on groups of similar line items. In order to determine if an adverse trend has developed, the auditor reviews past audits of these line items. However, the auditor does not review past audits of unrelated line items and is therefore unable to identify adverse trends that may develop across organizational lines. As a result, a number of audits identified problems with procedure reviews. However, those items were closed based on the resolution of the individual items.

The Quality Assurance Group summarizes all open items and non-conformances issued for the previous year in the Quality Assurance Trend Report. The open items and non-conformances are sorted by department, cause, functional area, and criteria and are compared to the open items and non-conformances issued for the preceding 4 years. Although the report sorts the open items and non-conformances by cause, the cause designations are general in nature. For example, failure to perform biennial reviews is not an existing cause designation. As a result, it is difficult to identify adverse trends or to track the effectiveness of actions taken to address

a generic trend. As stated in the inspection report, Plant Management had performed a programmatic review of the problem and had taken corrective actions to address it. However, the existing trending program made it difficult to trend the effectiveness of these actions. Furthermore, since the trend report is issued for information only, it does not provide a method to track the resolution of potential concerns.

In the short term the following corrective actions have been taken to ensure the adequacy of plant procedures:

1. The operations procedures identified in QA audit 91-030 have been reviewed. The review did not identify any technical deficiency which could have adversely affected safety. The Operations department has re-assigned resources such that procedures will now be reviewed within the two year requirement plus or minus six months ($\pm 25\%$).
2. In other departments, individuals will perform a review of safety-related procedures prior to use if it has not been formally reviewed in the last two years. The review will include reviewing past procedure performance.
3. Approximately three years ago the Maintenance Department and the Instrument and Control Department developed a method to identify procedures which required revision for technical reasons but had not yet been formally reviewed.

If technical deficiencies are identified in a procedure, either in the normal review process or during the performance of the procedure, a note is placed in the procedure file. The note states that the procedure is under revision and that the changes should be reviewed prior to using the procedure.

In the long term, the following actions will be taken to address the weakness identified in this report.

1. In September of 1990, the Nuclear Department received corporate approval to significantly increase staffing in 1991 and 1992. It is estimated that it will take approximately six more months to fill all the positions associated with procedure review and another six months (October, 1992) to reach full compliance. Since past experience has shown that there are very few technical inadequacies associated with plant procedures and since the short term corrective action will ensure that plant personnel are alerted to technical changes, there are no safety concerns associated with this schedule.

2. In order to provide for more accurate trending, the following actions will be taken:
 - A. The cause designation in the trend report will be reviewed and revised as necessary to provide for more comprehensive trending. As a minimum, failure to perform biennial reviews will be included as a cause code or will be included in a related audit.

- B. The Trend Report will be incorporated into a quality assurance audit. The audit will specifically look for adverse trends that have developed within organizations and across organizational lines. Identification of an adverse trend would result in an open item or non-conformance being issued to senior management.

These actions will be completed prior to the issuance of the 1992 Trend Report.

LIC\NRC\N519