Iowa Electric Light and Power Company
February 18, 1982
LDR-82-037

LARRY D. ROOT
ASSISTANT VICE PRESIDENT
NUCLEAR GENERATION

DESIGNATED ORIGINAL

Certified By Marcia Phillips

Mr. James G. Keppler
Regional Administrator
Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Dear Mr. Keppler:

This letter and the attached reply statement constitute our response to your letter dated January 11, 1982 and the attachments thereto. The statements attached hereto contain our responses to the specific items discussed in the attachments to your letter.

In this letter we would like to emphasize the dedication of Iowa Electric Light and Power Company management to assure compliance with NRC requirements and safe plant operation. This was discussed between members of your staff and this writer on February 16, 1982 and will be further discussed between yourself and our Dr. Sam Tuthill on February 22, 1982. To assist in achieving these objectives, we have during the past several years, among other things, reorganized management of our nuclear engineering, operations and quality assurance staffs in order to provide more unified upper level management supervision, initiated preparation of a comprehensive revision of our quality assurance program and improved our design change procedures. We have also continued to reemphasize to all personnel our company management commitment to safety and to compliance with regulatory requirements.

The attachment to this letter describes the additional improvements taken or being taken to correct the deficiencies or nonconformities described in your letter.

We want to reiterate the commitment of our company management to assure the safety of the DAEC, and our recognition of the very meaningful aid we receive when, as in the present case, your staff identifies an area where our own efforts have not been fully successful.

IOWA ELECTRIC LIGHT AND POWER COMPANY

BY Larry D. Root
Larry D. Root

Subscribed and sworn to Before Me on this 19th day of February 1982.

Kathleen M. Heslin
Notary Public in and for the State of Iowa

LDR/RFS/dmh*
Attachment

cc: D. Arnold
L. Liu
S. Tuthill
R. Salmon
J. VanSickel
NRC Resident Office

Noncompliance (50-331/81-25-09(B))

Technical Specification 6.8.1.10 requires adherence to fire protection program implementing procedures. Administrative Control Procedure 1406.6, Control of Combustibles requires the following:

(1) Combustible materials resulting from a work activity shall be removed from the work area at the completion of each shift or the completion of the work, whichever is sooner;

(2) Flammable and combustible liquids shall be removed from the area when not in use and stored in a designated room or safety cabinet;

(3) Flammable gases and aerosols shall be removed from the area at the completion of work.

The licensee designated the Reactor Building Railroad Airlock (Elevation 757'6") for storage of flammable and combustible liquids.

Contrary to the above, on November 4, 1981, between the hours of 1630 and 1830 the inspectors observed combustible materials, combustible and flammable liquids and flammable gases and aerosols improperly stored and left unattended after completion of work on the normal day shift. Examples of violation of Administrative Control Procedure 1406.6 are listed below:

(1) Sixty 55 gallon barrels (approximate) of waste lubricating oil was stored in the Turbine Building Elevation 757'6" outside the Emergency Diesel Generator Rooms;

(2) Wood planking was stored in the Division II, 125 Vdc Battery Room and in the 250 Vdc Battery Room;

(3) Fyrquel Electro Hydraulic Fluid and an oxyacetylene gas torch unit was stored outside the safety-related battery rooms;

(4) Cardboard shipping containers had accumulated at Reactor Building Elevation 796', and

(5) Non-fire retardant wooden benches were located in the Reactor Building Elevations 757'6", 786' and 812'.

Response

1. Corrective action taken and the results achieved:

The materials described in Items 1 through 4 above were removed from the power block buildings. The matter of the benches discussed in Item 5 above was reviewed and those benches which were determined to be unnecessary were removed from the power block buildings. Those that

remain were evaluated in accordance with the Fire Hazards Analysis for the combustible loading they represent and were found to be acceptable.

2. Corrective action to be taken to avoid further noncompliance:

A new Administrative Control Procedure for control of combustible materials is presently being developed. The purpose of this procedure will be to provide a mechanism to control the ingress and egress of combustible materials to and from the power block buildings and to control the levels of combustible loading in each fire zone. This procedure is expected to preclude the recurrence of the types of problems noted above.

Two additional measures have been taken to avoid further noncompliance. First, a full time assistant Fire Marshall has been assigned at DAEC. This person will have a significant role in implementing the new Administrative Control Procedure, interpreting the Fire Hazards Analysis, reviewing the plant Fire Protection Program to identify weaknesses, and conducting fire brigade training. Secondly, the Fire Protection Program weaknesses highlighted by this Inspection Report were reviewed with plant supervisors. Plant management has emphasized to all supervisors that the Fire Protection Program must be managed and implemented with the same level of concern and attention to detail which is afforded systems and equipment that are directly safety-related.

3. Date when full compliance will be achieved:

Full compliance was achieved by removal of the items as described in Response Item 1. We presently expect to have the new Administrative Control Procedure developed and implemented by March 15, 1982. The instructions for plant supervisors was given on December 9, 1981.

Noncompliance (50-331/81-25-09(A)

Technical Specification 6.8.1.10 requires the adherence to the fire protection program implementing procedures. The Duane Arnold Energy Center Fire Plan, Attachment IV, Fire Brigade Equipment, requires that the following equipment be available at the Fire Brigade Assembly Area:

7 Fire Extinguishers: CO_2
15 Auxiliary Air Bottles for MSA Respiratory Equipment

Contrary to the above, on November 5, 1981, the inspector observed only five carbon dioxide fire extinguishers and eleven auxiliary air bottles available at the fire brigade assembly area. Additionally, the air bottles available at the fire brigade assembly area were from five to ten percent below the full charge level.

Response

1. Corrective action taken and the results achieved:

   The missing CO_2 fire extinguishers were replaced and the missing air bottles were replaced. The four air bottles which were missing had been removed to be recharged and were replaced on November 10, 1981. Radiation Protection Procedure 8.1 defines a fully charged air bottle as one having a 2200 psig charge. Subsequent to the NRC inspection, it was confirmed that the lower limit for use is 1900 psig. The noncompliance description provided above indicates that this acceptance criterion was met.

2. Corrective action to be taken to avoid further noncompliance:

   Surveillance Test Procedure NS 13E004, "Fire Cart and Fire Brigade Inspection," has been modified to require the charge level of the air bottles in the Fire Brigade Assembly Area be checked and the bottles replaced if the charge level is found to be less than 1900 psig. This procedure modification also required that fully charged replacement bottles be placed in the Fire Brigade Assembly Area prior to any bottles being removed for recharging.

   Since it appears likely that the missing CO_2 extinguishers were removed for fire watch purposes, all site supervisors have been reminded to direct their personnel establishing fire watches to obtain fire extinguishers from the warehouse outside the power block, and from the tool crib in the Turbine Building when inside the power block.

3. Date when full compliance will be achieved:

   Full compliance was achieved by replacing the equipment which was missing from the Fire Brigade Assembly Area by November 10, 1981. The surveillance test procedure modification described above has been completed. Site supervisors have been reminded concerning fire watch establishment procedures.

Noncompliance (50-331/81-25-02)

Technical Specification 3.13.A.1 requires that fire detection instrumentation be operable in fire detection zones when safety-related equipment in that zone is required to be operable. If the number of operable instruments in a fire detection zone is less than the minimum required number of instruments, Specifications 3.13.A.2 and 3.13.A.3 require the following actions:

a. Within one hour, establish an hourly fire watch patrol of the zone; and

b. Restore the instruments to operable status within fourteen days or submit a special report within 30 days.

Specification 4.13.A.1.a requires a calibration of each ionization smoke detection instrument at least once per year to demonstrate that the

instrument is operable. These requirements became effective on June 1, 1978 through the issuance of Amendment No. 43 to License No. DPR-49.

Contrary to the above, the ionization smoke detectors listed below which protect the indicated safety-related equipment were not demonstrated operable by performance of a detector calibration in the required time period:

Detector Number	Zone and Location	Last Date Calibrated
1	Zone 1 - Control Room	March 4, 1980
10	Zone 3 - Control Room	March 4, 1980
14	Zone 1 - Control Room	April 10, 1979
15	Zone 1 - Control Room	June 1, 1978

The licensee has been operating outside the limiting condition for operation for Fire Detection Zone 1 since July 10, 1980, but has not implemented the action statement requirements while the operability demonstrations have been overdue.

Response

1. Corrective action taken and the results achieved:

   Upon identification of this problem a fire watch was formally established in the control room. A vendor representative was called to the site and detectors 1, 10, 14, and 15 were calibrated and functionally tested. The detectors were found to be functioning properly and in calibration.

2. Corrective action to be taken to avoid further noncompliance:

   This type of noncompliance was reviewed with plant supervisors in the meeting discussed in response to noncompliance 81-25-09(8). During this meeting the importance of compliance with the Fire Protection Program requirements was emphasized.

   In order to verify that the surveillance test program is satisfying Technical Specification requirements, a generic review of Appendix A to DAEC Technical Specifications is being conducted. This review is expected to be completed by March 15, 1982.

   In the future, our Quality Control organization will be placed in the review cycle for all new surveillance tests and changes to existing surveillance tests in order to ensure Technical Specification requirements are met.

3. Date when full compliance will be achieved:

   Full compliance was achieved on November 10, 1981. The instructional meeting with plant supervisors was conducted on December 9, 1981. The Administrative Control Procedure changes necessary to place the Quality Control organization in the review cycle for surveillance test procedures will be completed by February 26, 1982.

Noncompliance (50-331/81-25-01)

Technical Specification 3.13.D.1 requires that the CO_2 system for the cable spreading room be operable at all times. If the CO_2 system for the cable spreading room is not operable, Specifications 3.13.D.2 and 3.13.D.3 require the following actions:

a. Immediately verify that Hose Station No. 35 is operable;

b. Within one hour, establish a continuous fire watch in the cable spreading room:

c. Restore the system to operable status within fourteen days or submit a special report within thirty days.

Specification 4.13.D.1.b. requires that an air flow test of the CO_2 system piping and nozzles be conducted at least once per twelve months to demonstrate that the flow path is unobstructed and verify that the system is operable. These requirements became effective on June 1, 1978 through the issuance of Amendment No. 43 to License No. DPR-49.

Contrary to the above, the CO_2 system for the cable spreading room was not demonstrated operable by performance of an air flow test until October 2, 1980. The Limiting Condition for Operation was not satisfied by fulfilling the action statement requirements while the operability test was overdue.

Response

1. Corrective action taken and the results achieved:

   The required surveillance test was not completed in a timely matter because the test procedure, as written, could not be followed without a design change first being made to the CO_2 system piping. This design change was completed on or about October 1, 1980 and the surveillance test performed shortly thereafter. The test indicated the flow path was unobstructed.

2. Corrective action to be taken to avoid further noncompliance:

   Management has emphasized to all supervisors and support organizations that the Fire Protection Program must be managed and implemented with the same level of concern and attention to detail which is afforded systems and equipment that are directly safety-related.

3. Date when full compliance will be achieved:

   DAEC has been in full compliance since the surveillance test was completed on October 2, 1980.

Noncompliance (50-331/81-25-12)

Amendment No. 63 to License No. DPR-49 issued February 10, 1981 requires that the licensee modify the fire protection administrative controls to

bring them into conformance with the guidelines, "Nuclear Plant Fire Protection Functional Responsibilities, Administrative Controls and Quality Assurance". 10CFR50.48(d)(1) requires that the modification be completed by June 10, 1981.

Contrary to the above, at the time of this inspection the licensee had not fully developed and implemented administrative controls in conformance to the guidelines, "Nuclear Plant Fire Protection Functional Responsibilities, Administrative Controls and Quality Assurance" in the following areas:

a. Fire Brigade Initial Training;
b. Fire Brigade Requalification Training;
c. Fire Brigade Fire Fighting Practice Sessions;
d. Fire Brigade Fire Drills; and
e. Preplanned Fire Fighting Strategies.

Response

1. Corrective action taken and the results achieved:

   Please refer to Item Number 2 below.

2. Corrective action to be taken to avoid further noncompliance:

   The DAEC Fire Marshall is currently evaluating how to best implement these requirements. In addition, our plans for improving internal communications will help ensure the impact of commitments such as this is better understood by all involved so that actions to implement the commitment may be taken in a timely manner.

3. Date when full compliance will be achieved:

   The fire brigade initial training and requalification training course material will be upgraded to satisfy Items "a" and "b" by April 1, 1982. To satisfy item "d" we will begin conducting six fire brigade fire drills per quarter during the second quarter of 1982. We will give you further information regarding schedules for items "c" and "e" by April 1, 1982.

Noncompliance (50-331/81-25-10)

Amendment No. 43 to License No. DPR-49 issued June 1, 1978, required that the licensee modify the fire protection administrative controls to include control of the valve position on all post indicator valves and outside stem and yoke gate valves in the fire water piping systems through the use of locks and seals. The completion date for this modification was June 1, 1979 as specified in the letter from the licensee dated March 1, 1980 (LDR-80-77).

Contrary to the above, at the time of this inspection, post indicator and outside stem and yoke gate valves in the fire water piping systems were not administratively controlled by the use of locks or seals.

Response

1. Corrective Action taken and the results achieved:

   The valves in question are now under administrative control by the use of locks or seals as appropriate. One of the procedures which require their use had been approved at the time of the inspection but the locks and seals had not yet been installed. Since the inspection, all required locks and seals were installed promptly and appropriate procedure modifications have now been made.

2. Corrective action to be taken to avoid further noncompliance:

   Modifications to the surveillance test procedures which require the use of locks or seals on fire water system post indicator and outside stem and yoke valves have been completed. Also, as discussed in our response to noncompliance 81-25-01, various methods of improving internal communications are being reviewed to assure compliance with commitments and license changes during the periods of implementation.

3. Date when full compliance will be achieved:

   Full compliance was achieved by installation of the required locks by December 24, 1981, seals by December 2, 1981 and modification of procedures by February 18, 1982.

Noncompliance (50-331/81-25-04)

10CFR50, Appendix B Criterion V states in part, "Procedures...shall include appropriate quantative or qualitative acceptance criteria for determining that important activities have been satisfactorily accomplished." Quality Assurance Manual Directive Number 1305.1, Plant Operating Procedures/Instructions, implements the requirements of 10CFR50, Appendix B Criterion V. Section 5.2 of this Directive states in part, "Criteria shall be specified, as appropriate, to determine satisfactory work performance and quality compliance."

Contrary to the above:

a. Surveillance Test Procedure, STP 413A001, Fire Detection Instrumentation Functional Test and Calibration, does not include acceptance criteria for determining that the ionization smoke detector calibration measurements are satisfactorily completed. This surveillance test procedure has been utilized to demonstrate the operability of ionization smoke detectors protecting safety-related equipment as required in Technical Specification 4.13.A.1.a.

b. Surveillance Test Procedure, STP 413F001, Fire Barrier Penetration Seals Inspection, does not include appropriate acceptance criteria to verify seal integrity. The acceptance criteria allows acceptance of degraded fire barrier penetration seals which are not consistent with the design specifications and violate Technical Specification 3.13.F.1.

Response

1. Corrective action taken and the results achieved:

   Surveillance Test Procedure 413A001 has been modified to include the acceptance criteria for determining that ionization smoke detection calibration measurements are satisfactorily completed.

2. Corrective action to be taken to avoid further noncompliance:

   Surveillance Test Procedure 413F001 will be reviewed and modified to provide acceptance criteria which are consistent with the fire barrier penetration seal design specifications. In addition, Quality Control will be included in the review cycle for all surveillance test procedures and changes to those procedures to ensure Technical Specification requirements are being met.

3. Date when full compliance will be achieved:

   Surveillance Test Procedure 413A001 was modified and implemented on December 30, 1981. Surveillance Test Procedure 413F001 will be modified by March 15, 1982. The Administrative Control Procedure modifications necessary to place the Quality Control organization in the review cycle for surveillance test procedures will be completed by February 26, 1982.

Noncompliance (50-331/81-25-03)

Technical Specification 6.8.2 requires that surveillance and testing procedures and changes to those procedures be reviewed by the Operations Committee and approved by the Chief Engineer prior to implementation.

Contrary to the above, on April 9, 1981, the licensee made a temporary change to Surveillance Test Procedure STP 413A001, Fire Detection Instrumentation Functional Test and Calibration, which changed the intent of the procedure, without Operations Committee review or Chief Engineer approval. The temporary change removed the procedural requirement to calibrate two smoke detectors protecting safety-related equipment as required in Technical Specification 4.13.A.1.a.

Response

1. Corrective action taken and the results achieved:

   The technician performing the test placed his comments concerning the calibration of the detectors on a data sheet of the copy of the procedure which he was using. The location of the comments made it appear that the procedure had been changed. No change to the master copy of this surveillance test procedure was made and no future issuance of a copy of the procedure will reflect the technician's comments. The supervisor who reviewed the record of performance of this surveillance test should have realized that the Technical Specification requirements

were not met, and he should have initiated action to meet requirements. Supervisors have been instructed to review records carefully, and initiate corrective actions when required.

2. Corrective action to be taken to avoid further noncompliance:

Supervisors were instructed regarding the importance of satisfying fire protection requirements and Technical Specification requirements. It was stressed that the Fire Protection Program and associated Technical Specifications must be implemented with the same level of concern afforded systems and equipment which are directly safety-related.

3. Date when full compliance will be achieved:

Full compliance was achieved by instruction of plant supervisors on December 9, 1981.

Noncompliance (50-331/81-25-05)

Technical Specification 6.8.1.6 requires that procedures covering the surveillance and testing program be prepared, approved and adhered to.

Administrative Control Procedure 1408.3, Surveillance Program, Section 5.10 requires that surveillance tests receive written approval form the Shift Supervising Engineer (SSE) before performance of the test. This approval will be in the form of a Surveillance Test Authorization Sheet (STAS) signed by the SSE. Section 5.11 requires that each plant supervisor be responsible for the review of test results and the initiation of any necessary corrective action for surveillance tests in his area of responsibility.

Contrary to the above:

a. Surveillance Test Procedure STP 413A001, Fire Detection Instrumentation Functional Test and Calibaration, is in the area of responsibility of the Electrical Maintenance Supervisor. The Electrical Maintenance Supervisor failed to fulfill his responsibilities for performing test results reviews and initiating corrective actions for STP 413A001 as follows:

(1) He had no knowledge of the units on the recorded sensitivity data or any acceptable criteria for those measurements, but approved the test results as being acceptable; and

(2) He did not initiate corrective action for the deficiencies identified in the test performed on April 9, 1981 even though the deficient conditions were documented on the review sheet above his signature.

b. The STAS for Surveillance Test Procedure STP 413A001, Fire Detection Instrumentation Functional Test and Calibration, performed on April 10, 1979, March 4, 1980, September 30, 1980, April 9, 1981, and September 2, 1981 did not include written approval by the SSE prior to performance of

the testing for Detection Zones 16 (Essential Switchgear Room), 17 (25 Vdc Station Battery Room), 21 and 22 (Emergency Diesel Generator Rooms).

c. The STAS for STP 413B001, Diesel Fire Pump Operability, authorized testing and required that it be completed before 2100 hours on October 19, 1981. The test was performed between the hours of 2147 and 2218 on October 19, 1981, and therefore, no authorization for performing the test was in effect.

Response

1. Corrective action taken and the results achieved:

   Units of sensitivity (acceptance criteria) have been identified in STP 413A001 as identified in response to item #25-04, above. As identified in response to item #25-03, above, the Electrical Maintenance Supervisor was instructed regarding his responsibility for performing test results reviews and initiating correction actions. Shift Supervising Engineers and those personnel who perform surveillance tests have been reminded of their respective responsibilities to ensure authorization sheets.

2. Corrective action to be taken to avoid further noncompliance:

   See paragraph 1, above.

3. Date when full compliance will be achieved:

   Full compliance was achieved by instruction of plant supervisors.

Unresolved Item (50-331/81-25-06)

Technical Specification 4.13.A.1.a requires the performance of the manufacturer recommended tests of the fire detection instrumentation at least once per six months. Duane Arnold Energy Center has implemented this requirement through the performance of a functional test and cleaning of each detector once per six months and a calibration of each detector once per twelve months. Preliminary information from the detection instrumentation manufacturer, Pyrotronics, indicates that whenever a detector is cleaned, it must be calibrated. This item will remain unresolved until the licensee resolves the apparent conflict between the manufacturers recommended practices, the Duane Arnold testing and maintenance program, and the technical specification surveillance requirements.

Response

The surveillance test procedure (STP) to which this item refers is STP 413A001. This STP was reviewed and it was found the procedure requires a functional test every 6 months and a functional test, calibration and cleaning of each detector every 12 months. This is consistent with the manufacturers recommendations. Thus we do not believe our procedure is in conflict with the manufacturers recommendations. However, to ensure no inconsistency occurs we will add a precautionary note after the

procedure steps which are performed for the semi-annual functional test to require a detector be calibrated if it was necessary to clean the detector.

Open Item (50-331/81-25-07)

One of the design criteria for the ventilation systems in battery rooms should be to maintain hydrogen gas accumulation below the flammable mixture level. During a plant tour, the inspectors found that the ventilation system inlet and outlet ducts in the 125 Vdc and 250 Vdc Station Battery Rooms were installed approximately three feet below the ceiling. This could allow unacceptable hydrogen accumulation at the ceiling level. This item will remain open pending licensee review of the battery rooms ventilation systems and justification of the current design or installation of a redesigned system.

Response

A design review request regarding the battery room ventilation system has been initiated. The need for corrective action concerning this item will be determined as a result of the design review which is intended to be completed by May 1, 1982.

Open Item (50-331/81-25-08)

Section 3.1.17 of the Fire Protection Safety Evaluation Report issued June 1, 1978 required that the licensee install curbing at the entrance to both Emergency Diesel Generator (D/G) rooms to prevent the spread of a flammable liquid fire into these rooms from the Turbine Building 757'6" level. This type of fire could cause a common mode failure of both divisions of essential AC power.

The licensee installed the curbing on the D/G room side of the doorways. With this design, a flammable liquid fire could spread inside the fire doors forming a two square foot pool fire (approximate) inside both D/G rooms. It appears that the potential remains for common mode failure of the essential AC power. This item will remain open pending licensee review and justification of the acceptability of these curbs or installation of new curbs outside both D/G room doors.

Response

A design review request regarding the curbing at the doors to the standby diesel generator rooms has been initiated. The need for corrective action concerning this item will be determined as a result of the design review which is intended to be completed by May 1, 1982.

Open Item (50-331/81-25-11)

There are two additional concerns in the area of audits and inspections that resulted from this inspection:

(1) The annual Quality Assurance audits of the Fire Protection Program and the monthly Quality Assurance Fire Protection, Housekeeping, and Cleanliness Inspections do not appear to be identifying major deficiencies in the program and in its implementation.

(2) The fire protection consultant audit and inspection required to be performed every three years in Technical Specification 6.5.3.1.2 was not effective in evaluating the overall Fire Protection Program. One of the causes of this stems from the narrow scope of the contract directing the inspection and audit to focus only on identifying licensee deviations from license-required modifications instead of performing a broad scope review of the plant Fire Protection and Prevention Program.

This item will remain open pending licensee review of the Quality Assurance audit and inspection adequacy and identification and correction of deficiencies in the Quality Assurance Department.

Response

(1) At the time of this inspection, and during prior years, the annual Quality Assurance audits had been conducted independently from the Safety Committee Audits and Fire Protection Inspections required by Technical Specifications 6.5.2.8.i, 6.5.3.1.1 and 6.5.3.1.2. Quality Assurance now has the responsibility for scheduling and administration of the Technical Specification fire protection audits and inspections. The Quality Control "fire protection, housekeeping and cleanliness inspections" are now being conducted in accordance with a new Quality Control Instruction No. 1150.10.3, Surveillance Inspection, which provides a more specific reporting format and improved corrective action reporting. These changes should provide for more effective audits and inspections.

(2) The Technical Specifications 6.5.3.1.2 inspection and audit referred to was the one performed for the Safety Committee by EDS Nuclear, Inc. (Report No. 04-0470-0012, Revision 1, dated 5-29-81). As indicated above, Quality Assurance recently had assumed responsibility for the scheduling and administration of the Technical Specifications fire protection audits and inspections. Subsequent to Inspection No. 50-331/81-25 conducted November 2-6, 1981, Quality Assurance performed Audit No. 1-81-28, Fire Protection, report date 12-31-81. This audit had a broader scope and was responsive to Technical Specifications sections 6.5.2.8.i and 6.5.3.1.2. The audit team included a Fire Protection Engineer. This audit is available for NRC review.

Open Item (50-331/81-25-13)

The licensee has assigned the senior security staff person who is on shift (the Security Lieutenant) as the fire brigade leader. NRC guidance on the qualifications for the fire brigade leaders is contained in 10CFR50 Appendix R, Fire Protection Program for Nuclear Power Facilities operating prior to January 1, 1979. Section II.H of Appendix R states that the fire brigade leader shall have sufficient training in or knowledge of plant safety-related systems to understand the effects of fire and fire suppressants on safe shutdown capability. Such competence may be evidenced by possession of an operators license or equivalent knowledge. The Security Lieutenant does not possess this level of qualification. This item will remain open pending licensee commitment to either upgrade the Security Lieutenants qualifications in the location and function of safety-related systems and equipment or reassign the fire brigade leader responsibilities to another person who possesses the appropriate qualifications to assess the potential effects of a fire on the safe shutdown of the plant.

Response

In order to comply with the D.G. Eisenhut letter of July 31, 1980 and NUREG 0737, Item 1.A.1.3, it is anticipated that a second senior licensed operator will be assigned in the control room by July 1, 1982. Once this second SRO is available, this person will be assigned the additional responsibility of fire brigade leader. This action will resolve this open item.

Cover Letter Concern

"Therefore, in your response, please describe those management systems you have planned or adopted to assure proper identification of and adherence to regulatory requirements and problem areas."

Response

We have reviewed this matter and we are currently formulating plans for management systems which we believe will address the noted concerns. A new Quality Assurance Manual is being developed within Iowa Electric Light and Power Company. This manual will describe the Operation Quality Assurance Program which will provide assurance that activities such as operations, maintenance and repair, surveillance testing and modifications are properly identified and controlled. This manual will define the company organizational structure and also define the responsibilities of key positions and groups within the organization. A significant feature of this new manual is that it will provide a comprehensive listing of those regulations and industry standards which the company is committed to satisfying.

Through the meetings which have held with plant supervisors, we believe the level of awareness of the importance of meeting Fire Protection Program as well as all Technical Specification, regulatory and procedural requirements has been significantly strengthened. Plant

management will now carefully monitor the available feedback mechanisms, i.e., Fire Marshall Inspection Reports and Quality Assurance Audits and Surveillance Reports to ensure plant supervision responds appropriately.

We are also reviewing the various methods which may be available for improving our commitment tracking mechanisms. We will develop a means by which we will be able to track commitment items as well as know the nature and status of those items. We had identified a weakness in ensuring that personnel and managers fully understood commitments made to the NRC and instituted a review mechanism in March 1981 to ensure review of outgoing correspondence by appropriate managers and departments prior to formal commitments being made.