

# **NRC INSPECTION MANUAL**

CIPB

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MANUAL CHAPTER 0613P

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POWER REACTOR CONSTRUCTION INSPECTION REPORTS - PILOT

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## APPENDICES

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## ATTACHMENTS

- Attachment 1: Revision History for IMC 0613P

## 0613P-01 PURPOSE

The purpose of this Inspection Manual Chapter (IMC) is to provide guidance for screening and documenting findings identified during inspections of construction-related activities, including pre-construction activities, at all commercial nuclear power plants except for Watts Bar Unit 2.

## 0613P-02 OBJECTIVES

02.01 To screen inspection results to determine if issues warrant documentation in inspection reports.

02.02 To ensure inspection reports clearly communicate significant inspection results in a consistent manner to licensees, NRC staff, and the public.

02.03 To document the basis for significance determination and enforcement action.

02.04 To provide inspection results as input to IMC 2505P, "Periodic Assessment of Construction Inspection Program Results - Pilot."

## 0613P-03 APPLICABILITY

This IMC applies to pre-construction and construction inspections at all commercial nuclear reactors with the exception of Watts Bar Unit 2, which is covered by IMC 2517, "Watts Bar Unit 2 Construction Inspection Program." For this IMC, the term licensee also refers to applicants who have applied for a license to construct and/or operate a commercial nuclear power plant. When screening and documenting inspection results, the terms "applicant" and "pre-construction activity" should be substituted for "licensee" and "construction" throughout this manual chapter, where applicable, to denote inspection activities prior to the issuance of a license. At the time the Commission makes an affirmative 10 CFR Part 52.103(g) finding, oversight of the plant will transition to the Reactor Oversight Process (ROP), and IMC 0612, "Power Reactor Inspection Reports," will apply for screening and documenting inspection results.

In "Staff Requirements – SECY-10-0140 – Options for Revising the Construction Reactor Oversight Process Assessment Program," March 21, 2011, the Commission directed the staff to develop a construction assessment program that includes a regulatory framework, the use of a construction significance determination process (SDP) to determine the significance of findings identified during the construction inspection program (CIP), and the use of a construction action matrix (CAM) to determine the appropriate NRC response to findings. The staff has developed a new construction assessment program as directed and will pilot this program for one year beginning on January 1, 2012. The pilot will be conducted at Vogtle Units 3 and 4. The pilot will also be conducted at any additional plants for which an LWA and/or a COL has been issued, the NRC has implemented (1) pre-construction inspections described in IMC 2502, "Construction Inspection Program: Pre-Combined License (Pre-COL)

Phase,” (2) inspections described in IMC 2503, “Construction Inspection Program: Inspections of Inspections, Tests, Analyses, and Acceptance Criteria (ITAAC),” or (3) inspections described in IMC 2504, “Construction Inspection Program - Inspection of Construction and Operational Programs,” and there is sufficient activity occurring for any assessment to be meaningful. This IMC contains guidance for use by the staff during this pilot program.

#### 0613P-04 DEFINITIONS

Applicable definitions are found in Inspection Manual Chapter 2506, “Construction Reactor Oversight Process General Guidance and Basis Document.”

#### 0613P-05 RESPONSIBILITIES AND AUTHORITIES

##### 05.01 General Responsibilities.

- a. NRC inspection results associated with new reactor construction shall be screened and documented in accordance with the guidance provided in this IMC.
- b. The results of each inspection of a reactor facility under construction shall be documented in a report consisting of a cover letter, a cover page, a summary of findings or summary of issues, inspection details, and supplemental information.
- c. NRC inspection results associated with vendor inspections and quality assurance inspections led by NRC Headquarters related to new reactor construction shall follow the guidance provided in IMCs 0617, 2502 and 2507.
- d. NRC inspection results associated with the Watts Bar Nuclear Plant Unit 2 construction inspection program during that unit's resumption of construction shall follow the guidance provided in IMC 2517.

##### 05.02 Inspectors.

- a. All NRC power reactor construction inspectors are required to prepare inspection reports in accordance with the guidance provided in this manual chapter, as applicable.
- b. Inspectors have the primary responsibility for ensuring that inspection results are properly characterized, accurately reported, and that referenced material is correctly documented.
- c. Inspectors are responsible for ensuring that the content of the inspection report does not conflict with the information presented at the exit meeting.

05.03 Deputy Regional Administrator for Construction. The Deputy Regional Administrator for Construction shall determine the appropriate level of management responsible to review and approve power reactor construction inspection reports.

05.04 Regional Branch Chiefs and Division Directors.

- a. A manager familiar with NRC requirements in the inspected area shall review each inspection report to ensure that the report follows the format given in this chapter.
- b. The management reviewer shall ensure that inspection findings are consistent with NRC policies and technical requirements, and ensure that violations are addressed in accordance with the Enforcement Policy, the Enforcement Manual, and applicable Enforcement Guidance Memoranda (EGM).
- c. The management reviewer shall ensure that significance determinations made in the inspection report are in accordance with Appendix B, 'Issue Screening,' of this IMC and IMC 2519P, "Construction Significance Determination Process – Pilot."
- d. The applicable division director or designated branch chief is responsible for the content, tone, overall regulatory focus, and timeliness of regional inspection reports.

05.05 Division of Construction Inspection and Operational Programs (DCIP), Office of New Reactors (NRO).

- a. DCIP is responsible for providing interpretations of the information contained in this manual chapter, for answering questions related to the guidance, and for providing guidance for situations not covered in this manual chapter.
- b. The NRO branch responsible for inspection program development will process feedback and comments associated with this manual chapter.

#### 0613P-06 CONSTRUCTION INSPECTION PROGRAM INFORMATION MANAGEMENT SYSTEM

To support the CIP, a computer based application called the Construction Inspection Program Information Management System (CIPIMS) has been developed. CIPIMS is a management tool used to document, organize, and track information collected during inspections

Report numbers for all inspections will be assigned as the planned inspections are entered into the Inspection Planning (IP) module of the Reactor Programs System (RPS). Instructions for entering data into RPS are contained in IMC-0306, "Information

Technology Support for the Reactor Oversight Process.”

Inspectors will enter inspection results into CIPIMS under a specific docket number and inspection report number that are associated with the facility being inspected and the inspection report period. Further information on the use of CIPIMS will be available in the “Construction Inspection Program Information Management System (CIPIMS) User’s Guide.” Sample inspection report cover letters and a sample inspection report are located on the NRO Construction Inspection Program Web site.

#### 0613P-07 SCREENING INSPECTION RESULTS

The screening of inspection results is addressed in Appendix B, 'Issue Screening,' of this IMC.

#### 0613P-08 THE FOUR PART FORMAT

This section provides instructions for documenting issues using the four-part format. The four-part format is discussed in detail below and organized as follows:

- 08.01 Introduction
- 08.02 Description
- 08.03 Analysis
- 08.04 Enforcement

The four-part format is primarily utilized for issues that terminate at Figure 3, Block 18 (Confirmed Finding with Cross-Cutting Aspect (CCA)); Figure 1, Block 24 (Confirmed Willful Traditional Enforcement (TE) Violation); Figure 2, Block 35 (Confirmed Non-Willful TE Violation); and Figure 3, Block 46 (Confirmed Finding – No CCA) in Appendix B of this IMC. Additional guidance for documenting issues terminating at other less-common process points in Appendix B is discussed as follows:

- 0613P-09, 'Violations Without Performance Deficiencies,' for issues terminating in Figure 2, Block 34 (More-than-minor non-Finding (non-TE) Violation).
- 0613P-10, 'Unresolved Items (URI),' for issues terminating in Figure 2, Block 31 (Document URI – Continue to Inspect – Re-enter at Block 6)
- 0613P-11, 'Closure of Construction Deficiency Reports (CDRs) Pursuant to 10 CFR 50.55(e), and Cited Violations,' for documenting findings associated with CDRs, and Cited Violations (No specific Appendix B termination block).
- 0613P-12, 'Licensee-Identified Violations,' for issues terminating in Figure 3, Block 43 (Doc. Abbreviated Finding in 4OA7 – no CCA) or Block 44 (Doc. Finding (FIN) (TBD) or Apparent Violation (AV); Re-enter at Block 42)
- 0613P-13, 'Minor Issues And Minor Violations,' for certain issues terminating in Figure 2, Block 36 (No Finding)

Findings involving violations for which enforcement discretion has been granted will normally be documented using the four-part format under the applicable inspectable area. However, when discretion is granted in accordance with an Enforcement Guidance Memorandum (EGM), the EGM should be consulted for additional guidance which could direct deviation from the four-part format described below.

Findings involving multiple examples may be documented as a single finding which will be entered as a single CIPIMS entry, and will be assigned a single tracking number. Exhibit 3, 'Sample Reactor Inspection Report,' of this IMC illustrates the variety of reporting formats discussed above.

08.01 Introduction. The introduction should be one or two sentences that provide a brief discussion of the finding or TE violation. This section does not need to stand alone because the description that follows will provide the supporting details.

The introduction must include:

- The performance deficiency (standard or requirement that should have been met but was not);
- The finding significance color (severity level for a TE violation);
- The type of finding (Programmatic Finding, Construction Finding, or ITAAC Finding);
- The identification credit (self-revealing, NRC-identified, or licensee-identified);
- For findings with non-TE violations or for independent TE violations, the requirement violated and whether it is being cited- [NOV] or non--cited [NCV]; and
- Cross-reference (as appropriate) to the underlying finding when documenting a TE violation or to the TE violation when documenting the underlying finding.

When a TE violation and underlying finding are documented in the same inspection report, documentation may be consolidated into a common four-part format.

08.02 Description. Describe the issue with sufficient detail commensurate with the significance of the finding (or severity level of the TE violation) for the reader to understand the issue or event, the standard(s) and/or requirement(s) violated, the evaluation of significance (or severity), applicable cross-cutting attributes (for findings only – not TE violations), and, if applicable, why the violation was cited- or non-cited. Include a description of any positive licensee performance that mitigated a potential problem and influenced the significance of the finding or severity level of the TE violation. The description content must be complete because the addition of new information is not permitted in the Analysis and Enforcement Sections.

Findings with potential generic concerns should include specific details to identify the



concern. Information documented in the TE violation, as referenced in the introduction, need not be replicated.

Information need not be replicated if, for a TE violation, it was sufficiently captured in the underlying finding, or, for a finding, it was sufficiently captured in the associated TE violation and referenced in the Introduction section.

**08.03 Analysis.** Describe the logic used to determine the performance deficiency (or TE violation), the bases for determining it to be more than minor, the significance of the finding (or severity level of the TE violation), and applicable cross-cutting aspect(s) of the finding (only findings are screened for cross-cutting aspects). The level of detail must allow a knowledgeable reader to reconstruct the decision logic used to arrive at the final conclusion. Findings underlying TE violations need not replicate information documented in the violation and vice-versa. See the sample report for examples.

- a. The first part shall include the following attributes:
  1. For a finding, include a concise restatement of the performance deficiency (i.e., the issue that is the result of the licensee not meeting a requirement or standard where the cause was reasonably within the licensee's ability to foresee and correct, and that should have been prevented);
  2. For a TE violation, include the TE attribute (i.e. willfulness, impacting regulatory process, or actual consequence); and
  3. For either a Finding or a TE violation, include the specific circumstances supporting the "more than minor" determination.
- b. The second part should include the specific basis for the determination of the significance color of the finding (or the severity level and, if appropriate, the civil penalty of the TE violation) so the reader can independently arrive at the same conclusion. Specific guidance based on the method used for determination of significance (or severity level) is provided below:
  1. For a TE violation, describe the significance information and the logic used to determine the severity level of the violation and, if applicable, the civil penalty. Include reference to Enforcement Policy supplements, as applicable. The level of detail must allow a knowledgeable reader to reconstruct the decision logic used to arrive at the final conclusion. Information documented in the underlying finding, as referenced in the introduction, need not be replicated.
  2. For a finding involving SDP Results from IMC 2519P.
    - (a) The analysis shall include:
      - (1) The affected cornerstone;
      - (2) The SDP used in the determination and why it applies;

- (3) Any assumptions used in the determination;
  - (4) A description of the path on the flow diagram or the matrix coordinates used to arrive at the conclusion, as applicable; and
  - (5) The resulting color.
- (b) For findings that are Potentially Greater than Green, in addition to (a) above, the analysis shall describe the risk characterization or other basis as determined by the SERP and the following:
- (1) The significance attributed to the finding by the licensee (if available at the time of documentation). If the significance is different than that determined by the NRC, then describe the assumptions used by the licensee, and identify what the licensee considered applicable to its determination that the NRC did not consider; and
  - (2) A statement designating the significance of the finding as “To Be Determined (TBD).” Emphasize that the safety characterization is not yet finalized. Do not make direct statements regarding significance in the inspection report when the agency has not yet reached a conclusion.
- c. The third part of the analysis section for a finding should include the basis for assigning or not assigning the cross-cutting aspect, if applicable (TE violations are not screened for CCAs – only findings are screened). Specifically:
- 1. If the finding has a cross-cutting aspect, inspectors shall restate the cross-cutting area, the component, and the cross-cutting aspect as described in Appendix F to this IMC, “Construction Cross-Cutting Components and Aspects,” including the alphanumeric identifier for the cross-cutting aspect, the primary cause of the finding, and how that cause was determined;
  - 2. If it was determined the performance deficiency does not have a cross-cutting aspect, the analysis section must include a statement briefly stating the reason for not assigning a cross-cutting aspect; and
  - 3. If the licensee provides new information after the inspection report is issued, this information will be assessed to determine if a change in the original cross-cutting aspect of the finding is appropriate. Section 15.07 provides guidance on documentation if a change is warranted.

08.04 Enforcement. Describe any applicable enforcement action associated with the finding (or TE violation). Findings found or reviewed during inspections that involve violations of regulatory requirements are documented in accordance with the Enforcement Policy and the guidance provided below. The enforcement discussion and subsequent enforcement action must be consistent with the significance (or severity level) determination.

Neither speculate nor draw conclusions about the intent behind a violation. Conclusions about the willfulness of a violation are agency decisions and are normally not made until after the Office of Investigations (OI) has completed an investigation. A premature or inaccurate discussion of the willfulness of a violation in an inspection report could result in later conflicts based on additional input and review. Inspection reports that include potentially willful violations or that contain material that may be related to an ongoing investigation must be reviewed by OI and the Office of Enforcement (OE) prior to issuance. See Figure 1 in Appendix B, 'Issue Screening,' of this IMC.

In addition, 10 CFR Part 50, Appendix B, "Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants," Criterion XVI violations for failure to 'preclude repetition' can only be written for significant conditions adverse to quality (SCAQ). The inspection report details must clearly address (a) the basis for determining the previous condition was a SCAQ (e.g., the condition meets the definition of a SCAQ per the licensee's corrective action program), (b) the relationship between the previous SCAQ and the current one, and (c) the corrective actions from the previous SCAQ that failed to prevent recurrence.

Document the enforcement attributes of the finding (or TE violation) as described below: (See Section 0613P-15 'Compiling an Inspection Report,' for guidance on tracking number assignment.)

- a. For a finding without an associated violation, the enforcement section shall include a statement similar to "This finding does not involve enforcement action because no regulatory requirement violation was identified"; and
  1. If the finding is Green, "Because this finding does not involve a violation and has very low significance, it is identified as a finding [Tracking Number], Title."; or
  2. If the finding is potentially greater than Green, "Because this finding does not involve a violation but has potentially greater than very low significance (to be determined), it is identified as a finding (TBD) [Tracking Number], Title;" or
- b. For a finding with associated (non-TE) violation and for separate TE violations, the enforcement section shall include the following (with exceptions noted below):
  1. What requirement was violated;
  2. When the violation occurred and how long it existed;
  3. Any actual or potential safety consequence;
  4. Immediate corrective actions taken to restore compliance;
  5. A reference to the licensee's corrective action document number;

6. Specific enforcement actions; and
7. Tracking number resulting from the violation. (e.g., NCV or NOV [Tracking Number], Title).
8. A statement similar to:
  - (a) For findings with (non-TE) NCVs of very low significance and for TE Level IV NCVs, “Because this violation was of very low significance and it was entered into the licensee’s corrective action program, this violation is being treated as an NCV, consistent with the Enforcement Policy.”
  - (b) For non-TE NOV’s, “Because the licensee failed to (correct the violation, enter the condition into the corrective action program, prevent recurrence), this violation is being treated as an NOV, consistent with the Enforcement Policy.”
  - (c) For TE NOV’s, “This is a violation of [requirement]. A Notice of Violation is attached.”
  - (d) For a violation involving enforcement discretion, “A violation of [requirement] was identified. However, because conditions of Enforcement Guidance Memorandum [XX-XXX] for enforcement discretion were satisfied, the NRC is exercising enforcement discretion to not cite the violation.”
  - (e) For NRC-identified and self-revealing violations identified prior to the NRC determining that the licensee has developed and implemented an acceptable corrective action program, “Because the adequacy of the licensee’s corrective action program has not been determined, this violation is being treated as an NOV, consistent with the Enforcement Policy.”
9. See the Enforcement Manual for guidance on developing the notice and cover letter for NOV’s.
  - c. For a finding with a violation in which enforcement discretion is applied, work with the Office of Enforcement through the Regional Enforcement Coordinator to develop appropriate wording for the Enforcement Section. See the Enforcement Manual for standard paragraphs to be included.

0613P-09 VIOLATIONS WITHOUT PERFORMANCE DEFICIENCIES

Occasionally, a (non-willful, more-than-minor) violation will be identified without an associated performance deficiency (e.g. staff determines there was a failure to comply with a legally binding regulatory requirement, such as a statute, regulation, order, or license condition, but that the cause of the violation was not reasonably within the licensee’s ability to foresee and prevent.)

However, when a violation is more than minor, it must be dispositioned in an inspection report. The Enforcement Policy states that the agency may exercise enforcement discretion. A violation that does not involve a performance deficiency may warrant enforcement discretion. As stated previously, this type of violation is not a finding and therefore, will not be documented using the four-part format.

Work with the Office of Enforcement through the Regional Enforcement Coordinator to determine the appropriate action. Also, see Enforcement Manual Chapter 5 for additional guidance. Consider the following two-part format for non-TE violations:

For a non-TE violation, the first part need not be lengthy but will describe:

- the issue of concern,
- why there was no performance deficiency, and
- the significance and sufficient detail to determine how it was determined.

Assuming the agency exercises enforcement discretion, the second part will describe the requirement violated and include the following statement:

“However, because no performance deficiency was identified, no enforcement action is warranted for this violation of NRC requirements in accordance with the NRC’s Enforcement Policy. Further, because licensee actions did not contribute to this violation, it will not be considered in the assessment process or NRC’s Construction Action Matrix.”

No tracking number is assigned and no CIPIMS entry for these violations is required. Also, these violations are not documented in the Summary of Findings. The cover letter shall contain the required language used for exercising enforcement discretion. See Section 0613P-15.01, Cover Letter, for additional guidance.

Minor violations are not routinely documented in inspection reports regardless of whether or not a performance deficiency exists. Exceptions are discussed in Section 0613P-13, ‘Minor Issues and Minor Violations.’

For TE violations, follow applicable guidance in Section 0613P-08, ‘The Four-Part Format.’

## 0613P-10 UNRESOLVED ITEMS

10.01 Opening. An inspector should open an URI when an issue of concern is identified but more information is required to determine, 1) if there is a performance deficiency, 2) if the performance deficiency is more than minor, or 3) if the issue of concern constitutes a violation (e.g. when Appendix B, 'Issue Screening,' of this IMC, terminates at Figure 2, Block 31). An URI cannot be used in order to obtain more information to determine the significance of a finding (e.g. when Appendix B, 'Issue Screening,' of this IMC, terminates at Figure 3, Block 44).

A Block 31 Appendix B, 'Issue Screening,' termination may require additional information from the licensee or may require additional guidance, clarification, or interpretation of the existing guidance (e.g., OI investigation in progress) before it can be resolved. The action of documenting an unresolved item is a commitment of future resources. An URI shall not be opened to track completion of licensee's actions associated with a finding or an inspection question.

The URI should be documented using the Introduction and Description Sections discussed in Section 0613P-08, 'The Four-Part Format.' Because URIs are not findings, the Analysis and Enforcement Sections are not required. The Introduction Section should clearly state that an URI was identified. The Description Section should describe the issue with sufficient detail to allow another inspector to complete the inspection effort, if necessary. The report must clearly identify the specific licensee or NRC actions needed to resolve the issue. Include a tracking number for the URI in accordance with Section 0613P-15 'Compiling an Inspection Report.'

Unresolved items are not documented in the summary of findings section or in the inspection report cover letter.

10.02 Follow-up and Closure. The level of detail devoted to closing URIs depends on the nature and significance of the additional information identified. The closure of an URI must summarize the topic, summarize the inspector's follow-up actions, evaluate the adequacy of any licensee actions, determine if a violation has occurred, and provide enough detail to justify closing the item. If resolution to an URI was based on discussions between inspector(s) and Office of New Reactors (NRO) technical staff(s), concisely document the details of these discussions as the basis for the regulatory decision. Additionally, branch chiefs of inspector(s) and technical staff(s) who were involved in these discussions should concur on the inspection report.

If a finding is identified, follow the guidance of Section 0613P-08, 'The Four-Part Format.' The finding and/or associated violation should be documented in an inspectable area section, likely under the procedure in which the original URI was documented.

If no findings or violations were identified, document the resolution in Section 4OA5 of the report.

#### 0613P-11 CLOSURE OF CONSTRUCTION DEFICIENCY REPORTS PURSUANT TO 10 CFR 50.55(e) (CDRs), AND CITED VIOLATIONS

11.01 Document reviews and closures of CDRs (licensee reports), including revisions, in the inspection report under Section 4OA3, "Event Follow-up." If inspection documentation in another cornerstone area provides a description of the event or failure to comply, then that section of the report should be referenced under Section 4OA3 with a very brief description.

In general, licensee report reviews should have a brief description of the event/failure to comply and reference the docketed report. If a licensee report review is already

documented in a separate NRC correspondence, then close the licensee report with a brief statement in an inspection report referencing the separate correspondence.

The issue described in the licensee report needs to be evaluated for a potential violation and must be identified clearly in the inspection report as a cited violation, non-cited violation or as a minor violation, as appropriate, or warranting enforcement discretion if no performance deficiency occurred. Screen any violations in accordance with Appendix B, 'Issue Screening,' of this IMC. In addition to the information described above, document closure of the licensee report as follows:

- a. No Violations, Licensee-identified Green Findings, or No Findings: State the licensee report was reviewed and that no findings were identified and no violation of NRC requirements occurred.
- b. Minor Violations. Use guidance in Section 0613P-13, 'Minor Issues And Minor Violations.'
- c. NRC-Identified or Self-Revealed Findings or Violations or Significant Licensee-Identified Violations and Findings: The four part format in Section 0613P-08 'The Four-Part Format,' must be followed if not previously documented.
- d. Licensee-identified NCVs. The significance and enforcement should be discussed per Section 0613P-12, 'Licensee-Identified Violations,' and not in the licensee report closeout section. A statement, such as "The enforcement aspects of this finding are discussed in Section 40A7," should be included in the licensee report closeout section.

11.02 Document the closure of cited violations in Section 40A5. The level of detail required to document closure of cited violations depends on the extent of corrective actions conducted by the licensee. In general, the write-up must summarize the inspector's follow-up actions which evaluated the adequacy of any licensee actions and provide enough detail to justify closing the violation. The closure documentation should consist of a few paragraphs. Refer to IP 92702, 'Follow-up on Corrective Actions for Violations and Deviations,' for further guidance.

## 0613P-12 LICENSEE-IDENTIFIED VIOLATIONS

NRC policy requires that all documented non-compliances be dispositioned in accordance with the Enforcement Policy, regardless of who identified them. However, licensee-identified violations that are of very low significance (Green) for which appropriate corrective actions have been developed (Figure 3, Block 43 of Appendix B, 'Issue Screening,' of this IMC) should be minimally documented in Section 40A7. See IMC 2506-04, 'Definitions,' for discussion of 'licensee-identified,' 'self-revealing,' and 'NRC-identified.'

- a. Potentially greater than Green – If the finding has been screened and found to be potentially greater than Green (Figure 3, Block 14 of Appendix B, 'Issue Screening,' of this IMC), it must be documented in accordance with Section

0613P-08, 'The Four-Part Format,' of this IMC. The finding should be documented in the appropriate inspectable area and Summary of Findings. The documentation should state that the finding is licensee identified.

- b. Green Violation – If the finding involves a violation of very low significance (Green) and the licensee has correctly evaluated the finding and developed appropriate corrective actions, then it should be briefly described in Section 4OA7 (Figure 3, Block 43 of Appendix B, 'Issue Screening,' of this IMC).

Include the requirement(s) violated, describe how it was violated, identify the licensee's corrective action tracking number(s), and provide a very brief justification why the violation is not greater than Green. A complete reconstruction of the SDP logic is not required. However, Section 4OA7 must include the following introductory paragraph:

“The following violations of very low significance (Green) or Severity Level IV were identified by the licensee and are violations of NRC requirements which meet the criteria of the NRC Enforcement Policy for being dispositioned as a Non-Cited Violation.”

NOTE: In accordance with the Enforcement Policy, the approval of the Director, Office of Enforcement, with consultation with the Deputy Executive Director as warranted, is required for dispositioning willful violations as NCVs.

- c. NRC added value – If a problem exists with the licensee's evaluation or corrective actions associated with the finding and if further inspection added significant value, then document the finding as a NRC-identified finding under the applicable cornerstone section of the report in accordance with Section 0613P-08, 'The Four-Part Format,' of this IMC. Documentation should clearly emphasize that the licensee identified the issue but failed to recognize or correct the problem identified by the inspector.

## 0613P-13 MINOR ISSUES AND MINOR VIOLATIONS

Examples of greater-than-minor violations are provided in Appendix E to this IMC. Minor violations are not routinely documented in inspection reports. However, as stated in the Enforcement Policy and Enforcement Manual, there may be exceptions. Documenting a minor violation may be warranted as part of closing out a licensee report, Unresolved Item, or follow-up to an allegation. Licensees are required to correct minor violations. When it is necessary to document a minor violation, only minimal discussion is required. Briefly describe the issue of concern, state that the issue has been addressed by the licensee and include the following:

“This failure to comply with [requirement] constitutes a violation of minor significance that is not subject to enforcement action in accordance with the NRC's Enforcement Policy.”

An issue of concern, regardless of whether it involves a violation of requirements, may be documented if related directly to an issue of agency-wide concern, if allowed by an



appendix to this chapter, or by the specific inspection procedure or temporary instruction.

When it is necessary to document a minor issue, only minimal discussion is required. Briefly describe the issue of concern and state that the issue has been addressed by the licensee, if applicable.

## 0613P-14 OTHER GUIDANCE

14.01 Treatment of Third Party Reviews. Detailed NRC reviews of Institute of Nuclear Power Operations (INPO) evaluations, accreditation reports, findings, recommendations, and corrective actions, or other third party reviews with similar information are not referenced in NRC inspection reports, tracking tools, or other agency documents unless the issue is of such significance that no other reasonable alternative is acceptable. INPO findings, recommendations and associated licensee corrective actions are not normally tracked by the NRC. If a finding warrants tracking, it should be independently evaluated, documented, and tracked as an NRC finding in Section 40A5.

INPO findings, recommendations, corrective actions, and construction or operating experience which are placed in the licensee's corrective action program, can be considered appropriate for inspection. Additionally, when documenting review of these issues which originated from INPO, inspection reports should not refer to any proprietary INPO reports or documents, INPO reference numbers, or identify specific sites when referencing construction or operating experience. If it is necessary to document review of an INPO document (i.e., an evaluation referring to the INPO document was an inspection sample or justification for a cross-cutting aspect), then state the reference number of the reviewed item (e.g., condition report or evaluation number) and provide general words for the title, if applicable. For example, "Condition Report No. 235235 concerning industry information on pump construction."

Include a short statement in the inspection report to document that a review of a specified INPO evaluation or accreditation report was completed. Do not include a recounting or listing of INPO findings or reference a final INPO rating when documenting an INPO evaluation or accreditation report review. Discuss the specifics of any significant differences between NRC and INPO perceptions with regional management.

14.02 Non-Routine Inspections. Document in Section 40A4 activities related to Supplemental Inspections. Document in Section 40A5 other non-routine inspection activities not addressed in this manual chapter. In some cases, factual observations may be documented. If it is necessary to document a minor issue or minor violation, follow the guidance in Section 0613P-13, 'Minor Issues and Minor Violations.'

14.03 Documenting Backfit Items. When a backfit is identified, it is necessary to track the completion of the licensee's actions to correct the identified condition. Document this tracking in Section 40A5 and classify the backfit item as a violation. When inputting into CIPIMS, enter the following:

“This issue is a compliance backfit. By definition, the licensee was put on notice that they are in violation. This item was created to ensure appropriate NRC inspection of the licensee's corrective actions required to ensure compliance - similar to follow-up from an NOV. The inspection report issued this concern as a violation.”

14.04 Treatment of Sensitive Unclassified Non-Safeguards Information (SUNSI) in Non-Security Related Reports. SUNSI shall not be made publicly available and shall be segregated from other portions of the report which are to be made publicly available. This can typically be accomplished by creating and referencing a separate report enclosure which can be profiled in Agencywide Documents Access and Management System (ADAMS) as “Non-Publicly Available.” The documents containing SUNSI shall be marked in accordance with Management Directive 12.6, ‘NRC Sensitive Unclassified Information Security Program.’ Security inspection reports shall not be used to document inspection activities or findings that fall outside of the security cornerstone unless otherwise directed.

#### 0613P-15 COMPILING AN INSPECTION REPORT

Each inspection report will have a cover letter, cover page, summary of findings, report details, and attachments as described in this section. A table of contents and summary of construction status may be provided as discussed below. A standard inspection report outline is shown in Exhibit 1, ‘Standard Reactor Construction Inspection Report Outline,’ of this IMC. The following additional guidance applies:

- Construction supplemental inspection results must also reflect the additional guidance provided in Appendix C;
- IP 35007, “Quality Assurance Program Implementation During Construction and Pre-Construction Activities,” results have varying thresholds for documentation and must reflect the guidance provided in Appendix D;
- Escalated enforcement actions and cited violations must reflect the guidance found in the Enforcement Manual, Appendix B, “Standard Formats for Enforcement Packages”; and
- Issues which are subject to enforcement discretion must reflect the guidance found in the Enforcement Manual.
- Treat the inspection report as three separate documents: the cover letter, the notice of violation, and the body of the report (this includes the executive summary). Avoid using acronyms or initialisms in the cover letter or the executive summary as much as possible. The first time an acronym or initialism appears in any document, write the complete term, followed by the abbreviated form in parentheses. An acronym or initialism should not be used in a title line within the report. When an acronym or initialism is first used in the text (below the title line), define it at that time and then use the acronym.

15.01 Cover Letter. Write a cover letter to transmit the overall inspection results and convey the inspection findings to the licensee. Inspection reports are sent from the applicable NRC official (e.g., branch chief, division director, deputy regional administrator) to the designated licensee executive. See Exhibit 2, 'Construction Inspection Report Documentation Matrix,' of this IMC for what should and should not be documented in the inspection report cover letter. See Exhibit 4, 'Sample Cover Letters,' of this IMC for examples.

Guidance and cover letter formats for transmitting enforcement actions vary. Guidance and sample cover letters for enforcement-related correspondence are found in the Enforcement Manual, Appendix B, 'Standard Formats for Enforcement Packages.'

Cover letter content varies somewhat depending on whether or not the inspection identified findings. In general, however, every cover letter has the same basic structure as follows:

- a. Date. The NRC seal and address are at the top of the first page and are followed by the date on which the report cover letter is signed and the report issued.
- b. Enforcement Action. If the report contains findings assigned an enforcement action (EA) number, then the EA number should be placed in the upper left-hand corner above the principal addressee's name.
- c. Addressee. The name and title of the principal addressee are placed at least four lines below the letterhead, followed by the licensee's name and address.
- d. Subject Line. The subject line of the letter shall state the plant name and inspection subject (e.g., "Construction Site Units 3 and 4 - NRC Integrated Inspection Report") followed by the report number. The information presented in the subject line must be in the following sequence: plant name, type of inspection, report number. Use the official plant name and docket number.

The words "NOTICE OF VIOLATION" ("EXERCISE OF ENFORCEMENT DISCRETION" or "NOTICE OF DEVIATION," etc.) must be included if an enforcement action accompanies the inspection report.

- e. Salutation. Ensure the salutation follows the subject line.
- f. Introductory Paragraphs. The first two paragraphs of the cover letter should give a brief introduction, including the type of report (e.g., integrated inspection report) and pertinent dates (i.e., date of final exit meeting with licensee, date NRC was informed of licensee readiness for supplemental inspections, date decision was made that a reactive inspection would be conducted in response to events).
- g. Body. The body of the letter shall discuss the most important topics first. The following identifies how different types of findings should be reflected in the cover letter to an inspection report.

IF:	THEN:
If there are no findings identified	<p>Insert a separate paragraph stating:</p> <p>"Based on the results of this inspection, no findings were identified."</p>
If Green findings are identified	<p>State the number of findings. Include the following statement:</p> <p>"There were [the number] findings of very low significance (Green) identified in the report."</p> <p>Since security inspection reports are not publicly available, only security inspection report cover letters should contain a brief description of assigned cross cutting aspects.</p>
If Severity Level IV violations or violations associated with Green findings are being dispositioned as NCVs or in NOVs	Document in accordance with the guidance in Appendix B, Form 2 of the Enforcement Manual.
If a finding has the potential to be greater than Green in significance	Briefly discuss the finding(s), in the order of significance if more than one finding. The cover letter should clearly state why the finding does not present an immediate safety concern, and (if appropriate) that licensee compensatory measures are in place while licensee long-term corrective measures are being implemented.
If a finding appears to be greater than Green and if an apparent violation AV is involved for which a Notice of Violation is being considered	Briefly discuss the finding(s), in the order of significance if more than one finding. The appropriate wording for the findings that are also violations of requirements can be found in the Enforcement Manual.
If a violation appears to be greater than Severity Level IV	Briefly discuss the finding(s)/violation(s), in the order of significance if more than one finding. Discuss in accordance with the guidance in the Enforcement Manual.

IF:	THEN:
If a violation was identified but was not associated with a performance deficiency.	Discuss in accordance with the guidance described in the Enforcement Policy and Enforcement Manual.

- h. Closing. The final paragraph consists of standard legal language that varies depending on whether enforcement action is involved. See the example cover letter in of Exhibit 4, 'Sample Cover Letters,' of this IMC.

The signature of the appropriate NRC official is followed by the docket number(s), license number(s), enclosures, and distribution list.

- i. Security Inspection Reports. The cover letters for security inspection reports will be similar in format to other inspection report cover letters, but will not include details or descriptions of any inspection findings. The cover letters shall state the number of findings identified and a brief description of cross-cutting aspects, if applicable. See sample cover letter number 4 of Exhibit 4, 'Sample Cover Letters,' of this IMC for standard paragraphs to include in security report cover letters.

15.02 Notice of Violation. Licensees are officially notified that they have failed to meet regulatory requirements when NRC issues a Notice of Violation (NOV). NOV's may be sent to licensees as part of a package of documents which also includes a cover letter and associated inspection report. NOV's may be sent with a cover letter which refers to an inspection report that was distributed previously. An NOV should not be sent to the licensee in advance of the inspection report.

Every NOV must be clear, so that there is little doubt that the licensee (or other interested reader) can understand the basis for the violation. The licensee may not agree with the basis, but they must understand the NRC position.

Every NOV must clearly state what the requirement was that was not met. That may mean that the date and revision number of the applicable document will need to be provided. Then a clear statement of what happened (including when, if timing is important) will be provided. The intent is that any interested reader will be able to clearly see and understand what the requirement was and how it was not met. For additional guidance on documenting violations, refer to the NRC Enforcement Manual. The NOV should be an enclosure to the cover letter.

15.03 Cover Page. The report cover page gives a succinct summary of information about the inspection. It contains: the docket number(s), license number(s), report number, licensee name, facility name, facility location (city and state), dates of the inspection, names and titles of participating inspectors (and may include names of those inspectors who have achieved basic inspector certification but are not yet fully qualified), and name and title of the approving NRC manager. See Exhibit 3, 'Sample

Reactor Inspection Report,' of this IMC for format. The inspection report number is to be identified in the following form as required by IMC 0306, 'Information Technology Support for the Reactor Oversight Process:'

Docket No. /Year [sequential number of the report in that year]  
(e.g., 05200001/2011001)

15.04 Table of Contents. If a report is considered complicated or of significant length, then develop a table of contents. If Report Details section is more than 20 pages long, a table of contents should be considered.

15.05 Summary of Findings. The summary should be an informative but concise overview of the significant inspection findings contained in the details of the report. It will also be used for entries to the ADAMS and CIPIMS.

- a. The first paragraph of the summary of findings section is used to describe the inspection report in ADAMS (title value field in ADAMS).

The paragraph must include the following, in order:

1. The inspection report number (See IMC 0306, 'Information Technology Support for the Reactor Oversight Process,' for format);
2. The dates of the inspection;
3. The name of the site; and
4. The titles of only the inspection procedures or attachments in which findings were identified (e.g., foundations and buildings, structural concrete, quality assurance program implementation during construction and pre-construction activities).

If no findings were identified, the general inspection area or title of inspection report should be listed (e.g., integrated report).

For non-routine inspections, the same format should be followed to identify the report number, unit names, and dates of inspection. These are followed by the title of the inspection and a list of findings.

- b. Summary Paragraph. The summary paragraph follows the ADAMS template paragraph and describes who conducted the inspection (i.e., resident and/or specialist inspectors), the number of findings, and violations.

The summary also includes an explanation that the significance of most findings is indicated by their color (greater than Green, or Green, White, Yellow, Red); the significance was determined using IMC 2519P, 'Construction Significance Determination Process' (SDP); the cross-cutting aspect was determined using IMC 0613P, Appendix F, 'Construction Cross-Cutting Components and Aspects;' and that findings for which the SDP does not apply may be Green or be assigned a severity level after NRC management review. This explanation is

not included if no findings were identified.

- c. List of findings. Compile a list of findings by reviewing the details developed for each report section. Write a two paragraph summary for each issue that is designated a finding, violation, an apparent violation, or non-cited violation (NCV). The text of the summaries must be consistent with the corresponding details in the inspection report.

Do not document the following in the summary of findings: licensee-identified NCVs, licensee-identified Green findings, minor violations, and unresolved items.

1. **First Paragraph:** Begin the summary for each finding with the significance (color or severity level). Use TBD for those violations where the significance or severity level has not yet been determined and for findings with a preliminary color greater than Green. Then, describe the finding including any enforcement action, the specific requirement violated, and identification credit for the finding. Include a brief description of the immediate corrective actions completed to restore compliance, planned by the licensee, if applicable, and a statement that the violation has been placed in the licensee's corrective action program. If the planned corrective action is still being evaluated, a sentence stating such is sufficient.

**Second Paragraph:** The second paragraph should briefly summarize the finding's significance from the analysis section. Briefly describe why the finding is greater than minor, provide effect on the cornerstone, and state why the finding is not greater than green (if applicable). If applicable, restate the cross-cutting area, the cross-cutting component, the cross-cutting aspects of the finding, and the alphanumeric identifier as described in the corresponding Analysis Section of the report. If no cross-cutting aspect was identified then make a statement to that effect. Each summary must end with a reference to the section of the report in which the finding is discussed.

2. Group the finding summaries by cornerstones in the order specified in Exhibit 1, 'Standard Reactor Inspection Report Outline,' of this IMC. Findings not associated with a cornerstone should be listed at the end under "Other Findings" (e.g., Enforcement).
3. If a Green or Severity Level IV licensee-identified finding resulted in a violation, include the following boilerplate paragraph as the last paragraph of the summary of findings:

"Violations of very low significance or severity level IV that were identified by the licensee have been reviewed by the inspectors. Corrective actions taken or planned by the licensee have been entered into the licensee's corrective action program. These violations and corrective action tracking numbers are listed in Section 4OA7 of this report."

15.06 Construction Status. If appropriate, write a Summary of Construction Status section. If used, briefly describe pertinent milestones, such as the completion of work associated with a specific ITAAC or the installation of major plant components. This summary is not needed for specialist inspections since plant construction status may not be relevant to a safeguards inspection.

15.07 Report Details. Arrange the report details in accordance with the standard report outline shown in Exhibit 1, 'Standard Reactor Construction Inspection Report Outline,' of this IMC. Each outline topic (inspectable area) does not have to be covered in each report. When an inspection is performed in a particular area, the resulting details are placed in the corresponding section of the report.

In those cases where a standard format is not readily applied, the most important subject should be identified first, followed by a discussion of major topics identified in descending order of significance.

Exceptions to the standard format include:

- Supplemental Inspection (SI) reports;
- Augmented Inspection Team (AIT) reports;
- Special Inspection Team (SIT) reports, and;
- Other cases where the specifically directed focus of the inspection does not easily fit into the standardized report outline.

Findings, violations, and unresolved items are documented under the inspectable area in which the issue was discovered. Additionally:

- If a finding is unrelated to a specific inspectable area, then document the finding in Section 4OA5 of the inspection report;
- If a violation is not a performance deficiency, and does not involve willfulness, actual safety consequences, or impeding the regulatory process, then it is documented in Section 4OA5 of the inspection report;
- Issues or findings that may be of some value as a potential future IP 35007, 'Quality Assurance Program Implementation During Construction and Pre-Construction Activities,' inspection sample may be listed as a cross-reference in Section 4OA2 of the inspection report. These findings must already be documented elsewhere in the report;
- If new information becomes available after the inspection report is issued, which results in a change to the cross-cutting aspect of a finding, document the change and the basis for the revision in section 4OA5, "Other Activities," in the integrated report that is open at the time of the revision. Also update the original CIPIMS entry with the revised cross-cutting aspect;



- Observations not directly related to a finding or unresolved item may be documented if allowed by an appendix to this chapter or by the specific inspection procedure or temporary instruction; and
  - If documenting a Backfit where the licensee is not in compliance, then document in Section 4OA5 as a VIO.
- a. Format of Each Inspectable Area. Each inspectable area shall include an Inspection Scope and Findings sections as described below:
1. Inspection Scope. For each inspectable area, describe the inspection scope. Do not repeat any portion of the Scope in the Findings section. The scope should:
    - (a) Identify how the inspection was conducted (i.e., the methods of inspection.) Methods can include a walk-down, an in-office review, observation of test from the control room, or discussion with specific personnel;
    - (b) Identify what was inspected. Include sufficient detail on which and how many samples were completed. If more than six documents were reviewed, then list the items in an attachment and reference the attachment in the Scope section;
    - (c) Identify the inspection objectives and the criteria that were used to determine whether the licensee is in compliance; and
    - (d) Include inspection dates to clarify inspection scope context if it helps with understanding the scope. For example, inspection dates may be helpful when discussing event follow-up.

If a substantive portion of the inspection activity was conducted at a location other than the plant, (e.g., an in-office review), then identify where the inspection took place.

2. Findings. Document each finding in accordance with Section 0613P-08, 'The Four-Part Format,' and each URI in accordance with Section 0613P-10 'Unresolved Items.' Present the findings within each report section in order of importance. If no findings or only minor violations/findings that do not require documentation were identified within an inspectable area, then state 'No findings were identified' in the Findings section of the report.

b. Miscellaneous Guidance.

1. Graphics/visual aids - Use of graphics (drawings, diagrams, photographs, or photocopies) is permissible if their inclusion will simplify describing a complex condition that would otherwise require substantially more text. Including graphics may complicate report processing and result in excessive file sizes. Graphics must adhere to

SUNSI guidelines (See Section 14.04 'Treatment of Sensitive Unclassified Non-Safeguards Information (SUNSI) in Non-Security Related Reports.')

When photographs of plant areas or equipment or photocopies of technical or vendor manual pages are used, permission shall be obtained in writing from the licensee or vendor. An e-mail from the licensee or vendor is acceptable provided it is placed in ADAMS as an official record or attached to the inspection report. It is allowable to develop a simplified drawing or diagram, however, it must be submitted to the licensee or vendor to determine if it is considered proprietary. All graphics shall adhere to the following guidelines:

2. All graphics shall be in a jpeg format and sized (height, width, and resolution) so as not to significantly increase overall file size;
  3. Keep each graphic to a reasonable size (e.g.: <1/2 page), or put in attachment;
  4. Centered on page and left/right indented from the text; and
  5. Each graphic shall have a unique identifier (Figure/Diagram/Photograph X) with a descriptive title (e.g.: Breaker Trip Latch Alignment).
- c. Tracking. All NRC-identified and self-revealing findings (FINs), violations (VIOs), and non-cited violations (NCVs), as well as apparent violations (AV) and unresolved items (URIs) must be assigned a sequential tracking number. A brief title for the finding will be listed after the assigned tracking number. This title will be entered into CIPIMS and should describe the performance deficiency that is the basis for the finding.
1. Assign type codes as follows:
    - (a) AV – A noncompliance with a regulatory requirement for which an enforcement decision has not been reached.
    - (b) FIN – A performance deficiency of more than minor significance *without* an attached (non -TE) violation. Findings underlying (but processed separately from) a TE violation will still be coded FIN. A FIN may be Green, White, Yellow, or Red, or, if the significance of the FIN has not been finalized, (TBD) shall be added after FIN.
    - (c) VIO – The failure to comply with a legally binding regulatory requirement, such as a statute, regulation, order, license condition, or technical specification. The Acronym 'VIO' is used in inspection reports and in CIPIMS to reflect cited violations. A VIO may be associated with a finding or it may not. Similarly, a VIO may be associated with TE (see above) or with non-TE. VIO may also be used to document a Backfit item involving a failure to comply with a

legally binding regulatory requirement.

- (d) NCV – A non-recurring, typically, non-willful, Severity Level IV violation or a non-TE violation typically (but not necessarily) associated with a GREEN cROP FINDING that is not subject to formal enforcement action if the licensee places the violation in a CAP to address recurrence and restores compliance within a reasonable period of time. Provided applicable criteria in the Enforcement Policy and the Enforcement Manual are met, such issues are documented as violations, but are not cited in notices of violation, which normally require written responses from licensees.
- (e) URI – An issue of concern about which more information is required to determine (a) if a performance deficiency exists, (b) if the performance deficiency is more than minor or (c) if the issue of concern constitutes a violation. URI shall not be used while determining the significance of a finding or violation or while determining whether or not a violation warrants enforcement discretion. See IMC 2506 definitions of 'Apparent Violation (AV),' and 'To Be Determined (TBD),' for discussion of type codes applicable to such scenarios.

15.08 Exit Meeting Summary. Write a brief summary of the exit meeting in Section 4OA6. This information will also be described in the first paragraph of the cover letter. The summary must identify the most senior licensee manager who attended the meeting and must include the following information:

- a. Absence of Proprietary Information. At the exit meeting, the inspectors will verify whether the licensee considers any materials provided to or reviewed by the inspectors to be proprietary. If the licensee did not identify any material as proprietary, include a sentence to that effect in the exit meeting summary. See IMC 0620, 'Inspection Documents and Records,' for actions to take if the report includes proprietary material.

NOTE: When an inspection is likely to involve proprietary information (i.e., given the technical area or other considerations of inspection scope), handling of proprietary information should be discussed at the entrance meeting.

- b. Subsequent Contacts or Changes in NRC Position. If the NRC's position on an inspection finding changes after the exit meeting, conduct an additional exit meeting to discuss that change with the licensee. Also, document the additional exit meeting in the inspection report.
- c. Characterization of Licensee Response. Do not characterize a licensee's exit meeting response. If the licensee disagrees with an inspection finding, this position may be characterized by the licensee in its formal response to the inspection report, if applicable.
- d. Oral Statements and Regulatory Commitments. Do not attempt to characterize or interpret any oral statements the licensee makes, at the exit meeting or at

any other time during the inspection, as a commitment. Licensee commitments are documented by licensee correspondence, after which they may be referenced in the inspection report. Oral statements made or endorsed by a member of licensee management authorized to make commitments are not regulatory commitments unless they are documented as such by the licensee. For further guidance on licensee commitments, see ADAMS Accession Nos. ML003680088 (NEI 99-04), ML003680078 (NEI Cover Letter), and ML003679799 (SECY 00-045 endorsing NEI 99-04 guidance).

Because regulatory commitments are a sensitive area, ensure that any reporting of licensee statements are paraphrased accurately and contain appropriate reference to the licensee's document.

15.09 Report Attachments. The attachments discussed below are included at the end of the inspection report if applicable to the inspection. The attachments may be combined into a single attachment entitled "Supplementary Information."

- a. List of Items Opened, Closed, Discussed, and Updated. The report shall include a quick reference list of items opened, closed, and updated, including the item type, the tracking number for the item, and the item title (used in CIPIMS headers describing the item). Open items that were discussed (but not closed) should also be included in this list, along with a reference to the sections in the report in which the items are discussed. NCVs will normally be opened and closed in the initiating inspection report.
- b. Key Points of Contact. List, by name and title, those individuals who furnished relevant information or were key points of contact during the inspection (except in cases where there is a need to protect the identity of an individual). The list should not be exhaustive but should identify those individuals who provided information related to developing and understanding findings. The list includes the most senior licensee manager present at the exit meeting and NRC technical personnel who were involved in the inspection if they are not listed as inspectors on the cover page.
- c. List of Documents Reviewed. A list of the documents and records reviewed during an inspection must be publicly available. Therefore, include a listing of all the documents and records reviewed during the inspection that are not identified in the body of the report. "Reviewed" in this context means to examine critically or deliberately (see IMC 0620, 'Inspection Documents and Records,'). The list does not include records that were only superficially reviewed. Lists consisting of more than six documents reviewed should be removed from the body of the report and included as an attachment.

Documents and records reviewed for Security inspection reports will not be made publicly available.

The level of detail for listed documents must be sufficient to allow the NRC to retrieve the document from the licensee in the foreseeable future. Therefore, a unique identifier, which may include the tracking number, title, revision and/or

date, must be provided for each document referenced.

If it is necessary to document review of an INPO document (i.e., an evaluation referring to the INPO document was an inspection sample or justification for a cross-cutting aspect), then state the reference number of the item reviewed (e.g., condition report or evaluation number) and provide general words for the title. For example, "Condition Report No. 235235 concerning industry information on pumps."

- d. List of Acronyms. Include a list of acronyms for any report whose details section exceeds 20 pages. For shorter reports in which a relatively small number of acronyms have been used, the list is optional. In all cases, however, acronyms should be spelled out when first used in inspection report text.

## 0613P-16 ISSUING INSPECTION REPORTS

### 16.01 Report Timeliness.

- a. Most inspection reports, including Special Inspections, should be issued no later than 45 calendar days after inspection completion.
- b. Timeliness goals should be accelerated as necessary for inspection reports covering potential escalated enforcement actions and as specified in Management Directive 8.3, 'NRC Incident Investigation Program,' for reactive inspections; (e.g., AITs, and IITs.)

NOTE: For independent inspection reports, the inspection completion is normally defined as the day of the exit meeting. For integrated inspection reports the inspection completion is normally defined as the last day covered by the inspection report.

- c. Whenever an inspection reveals greater-than-green findings (i.e., White or higher) or other significant or immediate public health and safety concern, an expedited inspection report that is limited in scope to the specific findings should be considered.

### 16.02 Release and Disclosure of Inspection Reports.

- a. General Public Disclosure and Exemptions. Except for report enclosures containing exempt information, all final inspection reports will be disclosed routinely to the public. IMC 0620, 'Inspection Documents and Records,' gives guidance on acquiring and controlling NRC records, including inspection-related documents. In general, safeguards information or related sensitive information should not be released except as specified by current agency policy. Any questions regarding this policy should be referred to the program office.
- b. Security Cornerstone Inspection Reports. Inspection reports for the security cornerstone will not be made publicly available. Security-related inspection reports will be sent to the respective State Liaison Officers and State Homeland

Security Advisors, when they have been appointed, authorized, communicated a desire to receive the report, and have the resources to control the safeguards information. These reports will be controlled and marked as safeguards information (SGI) or official use only information (SUNSI) based on the level of information contained in them. The cover letters to the reports will be made publicly available.

The cover letters for security inspection reports will be similar in format to other inspection report cover letters (see Section 15.01, 'Cover Letter,' paragraphs a through i), but will not include details or descriptions of any inspection findings. The cover letters shall state the number of findings identified, including their significance (Green, White, Yellow, or Red), and a brief description of cross-cutting aspects, if applicable. See sample cover letter number 4 of Exhibit 4 for standard paragraphs to include in security report cover letters.

The cover letters will be marked for the highest level of controlled information contained in the inspection report: official use only (SUNSI) or SGI. The marking requirements for safeguards information are in Management Directive 12.6, 'NRC Sensitive Unclassified Information Security Program,' and the requirements for marking security-related official use only documents are on the Web at: <http://www.internal.nrc.gov/sunsi/>, "Sensitive Unclassified Non-Safeguards Information (SUNSI)."

- c. Release of Investigation-Related Information. When an inspector accompanies an investigator on an investigation, the inspector must not release either the investigation report or his or her individual input to the investigation report. This information is exempt from disclosure by 10 CFR 9.17, 'Agency records exempt from public disclosure,' and must not be circulated outside the NRC without specific approval of the Chairman (refer to OI Policy Statement 23).

The latest revisions of the following exhibits and appendices may be accessed from the NRC Public Inspection Manual Chapters Web Page, located at: <http://www.nrc.gov/reading-rm/doc-collections/insp-manual/manual-chapter/index.html>. The latest revisions of NRC Public Inspection Procedures are also available at the NRC Public Inspection Procedures Web Page, located at: <http://www.nrc.gov/reading-rm/doc-collections/insp-manual/inspection-procedure/>

## **EXHIBITS**

Exhibit 1: Standard Reactor Inspection Report Outline

Exhibit 2: Construction Inspection Report Documentation Matrix

### **Non-publicly available EXHIBITS available on the internal cROP website:**

Exhibit 3: Sample Reactor Construction Inspection Report

Exhibit 4: Sample Cover Letters

## **APPENDICES**

Appendix A: Acronyms Used in Inspection Manual Chapter 0613P

Appendix B: Issue Screening

Appendix C: Documentation Guidance for Supplemental Inspections

Appendix D: Documentation Guidance “Quality Assurance Program Implementation During Construction and Pre-Construction Activities,” Inspection Procedure 35007

Appendix E: Examples of Minor Issues

Appendix F: Construction Cross-Cutting Components and Aspects

## **ATTACHMENTS**

Attachment 1: Revision History for IMC 0613P

END

## EXHIBIT 1

### STANDARD REACTOR CONSTRUCTION INSPECTION REPORT OUTLINE

Cover Letter (IMC 0613P Section 15.01)  
Notice of Violation (as applicable; IMC 0613P Section 15.02)  
Cover Page (IMC 0613P Section 15.03)  
Table of Contents (optional) (IMC 0613P Section 15.04)  
Summary of Findings (IMC 0613P Section 15.05)  
Summary of Construction Status (IMC 0613P Section 15.06)  
Report Details: (IMC 0613P Section 15.07)

NOTE: The baseline inspection procedure number is provided here as a convenience. It may be added to the headings in inspection reports at the option of the region.

#### 1. CONSTRUCTION REACTOR SAFETY

Design/Engineering, Procurement/Fabrication, Construction/Installation, Inspection/Testing

[ITAAC Inspections – ITAAC; Construction Program Inspections – CP; Operational Program - OP]

Number	Title	Baseline Procedure
ITAAC01	Inspection of ITAAC-Related Foundations & Buildings	65001.01
ITAAC02	Inspection of ITAAC-Related Installation of Structural Concrete	65001.02
ITAAC03	Inspection of ITAAC-Related Installation of Piping	65001.03
ITAAC04	Inspection of ITAAC-Related Installation of Pipe Supports and Restraints	65001.04
ITAAC05	Inspection of ITAAC-Related Installation of Reactor Pressure Vessel and Internals	65001.05
ITAAC06	Inspection of ITAAC-Related Installation of Mechanical Components	65001.06
ITAAC07	Inspection of ITAAC-Related Installation of Valves	65001.07
ITAAC08	Inspection of ITAAC-Related Installation of Electric Components and Systems	65001.08
ITAAC09	Inspection of ITAAC-Related Installation of Electric and Fiber Optic Cable	65001.09
ITAAC10	Inspection of ITAAC-Related Installation of Instrument Components and Systems	65001.10



ITAAC11	Construction Inspection Program Inspection of ITAAC-Related Containment Integrity and Containment Penetrations	65001.11
ITAAC12	Inspection of ITAAC-Related Installation of Heating, Ventilating, and Air Conditioning Systems	65001.12
ITAAC13	Inspection of ITAAC-Related Installation of Load Handling Equipment and Fuel Racks	65001.13
ITAAC14	Inspection of ITAAC-Related Installation of Complex Systems with Multiple Components	65001.14
ITAAC15	Inspection of ITAAC-Related Installation of Fire Protection Equipment	65001.15
ITAAC16	Inspection of ITAAC-Related Engineering	65001.16
ITAAC17	Inspection of ITAAC-Related Security Structures, Systems, and Components	65001.17
ITAAC18	Inspection of Emergency Planning ITAAC	65001.18
ITAAC19	Inspection Of Installation of ITAAC-Related Radiation Monitoring Components And Systems	65001.19
ITAACA	ITAAC Attributes for As-Built Inspection	65001.A
ITAACB	Inspection of the ITAAC-Related Welding Program	65001.B
ITAACC	Inspection of the ITAAC-Related Construction Test Program	65001.C
ITAACD	Inspection of the ITAAC-Related Operational Testing Program	65001.D
ITAACE	Inspection of the ITAAC-Related Qualification Program	65001.E
ITAACF	Inspection of the ITAAC-Related Design and Fabrication Requirements	65001.F
ITAACREP	Inspection of 10 CFR Parts 21 and 50.55(e) Programs for Reporting Defects and Noncompliance	36100
CPCGD	Inspection of Commercial Grade Dedication Programs	43004
CPIMGT	Reserved for Licensee Program for ITAAC Management	40600
CPPOT1	Reserved for Part 52 Pre-operational Test Program Implementation	70367
CPPOT2	Reserved for Pre-Operational Testing for ABWR	70701
CPPOT3	Reserved for Pre-Operational Testing for AP 1000	70702

## 2. SAFEGUARDS PROGRAMS

### 2504 Appendix A, INSPECTION OF CONSTRUCTION PROGRAMS

[ITAAC Inspections – ITAAC; Construction Program Inspections – CP; Operational Program - OP]

Number	Title	Baseline Procedure
CPSGI	Protection of SGI	71130.06
CPFFD	Fitness-for-Duty	71130.08
CPFFD	Fitness-for-Duty	81504

2504, APPENDIX B, INSPECTION OF SECURITY OPERATIONAL PROGRAMS

[ITAAC Inspections – ITAAC; Construction Program Inspections – CP; Operational Program - OP]

NUMBER	TITLE	Baseline Procedure
OPAA	Access Authorization	81000.01
OPAC	Access Control	81000.02
OPPEP	Performance Evaluation Program	81000.03
OPTM	Testing and Maintenance	81000.04
OPPSE	Protective Strategy Evaluation	81000.05
OPSGI	Protection of SGI	71130.06
OPST	Security Training	81000.07
OPFFD	Fitness-for-Duty	81000.08
OPMESO	Management Effectiveness and Security Organization	81000.10
OPMCA	MC&A	81000.11
OPTSR	Target Set Review	71130.14
OPCSP	Cyber Security Program	TBD

**3. OPERATIONAL READINESS**

[ITAAC Inspections – ITAAC; Construction Program Inspections – CP; Operational Program - OP]

Number	Title	Baseline Procedure
OPISI1	Part 52, Preservice and Inservice Inspection - Review of Program	73054
OPISI2	Reserved for Part 52 Inservice Inspection - Observation of Work and Work Activities	73754
OPISI3	Part 52 Inservice Inspection - Data Review and Evaluation	73757
OPIT	Inservice Testing of Pumps and Valves	73756
OPEQ	Reserved for Environmental Qualification	51080
OPPSI1	Part 52, Preservice and Inservice Inspection – Review of Program	73054
OPPSI2	Pre-service Inspection Data Review and Evaluation	73055
OPRVMS	Reactor Vessel Material Surveillance Program	50054
OPPPST	Preservice Testing	TBD
OPCLRT1	Containment Integrated Leak Rate Test Procedure Review	70307
OPCLRT2	Reserved for Part 52 Containment Leak Rate Testing (Programmatic)	70368
OPCLRT3	Reserved for Part 52 Containment Leak Rate Testing	70369

OPFP	Part 52, Fire Protection Operational Program	64705
OPSWM	Part 52, Solid Waste Management	84527
OPLWM	Reserved for Part 52, Liquid Waste Management System	84528
OPGWM	Reserved for Part 52, Gaseous Waste Management System	84529
OPREMP	Part 52 Radiological Environmental Monitoring Program (REMP)	80522
OPODCM	Part 52, Offsite Dose Calculation Manual (ODCM)	83746
OPOEC	Reserved for Part 52 External Occupational Exposure Control and	83533
OPPD	Personal Dosimetry	83534
OPIEC	Reserved for Part 52 Internal Exposure Control	83535
OPCRAM	Reserved for Part 52 Control of Radioactive Materials and Contamination, Surveys, and Monitoring	83536
OPRPFAC	Reserved for Part 52 Facilities and Equipment	83537
OPNLOT	Review of Training and Qualification Programs	TBD
OPROT1	Part 52, Review of Training and Qualification Programs	41501
OPROT2	Nuclear Power Plant Simulation Facilities	41502
OPREQUAL1	Licensed Operator Requalification	71111.11
OPREQUAL2	Reserved for Operations Simulator Inspection	TBD
OPEP	Part 52, Emergency Preparedness Program	82002
OPQAP1	QA Program Implementation Inspection for Operational Programs	35101
OPQAP2	Part 52 - Procurement Control & Receipt, Storage and Handling of Equipment and Materials	35752
OPQAP3	Inspection of 10 CFR Parts 21 and 50.55(e) Programs for Reporting Defects and Noncompliance	36100
OPQAP4	Inspection of Commercial-Grade Dedication Programs	43004
OPQAP5	Part 52, Operational Staffing	36302
OPQAP6	Reserved for Part 52, Plant Procedures	42401
OPQAP7	Part 52, Operating Procedures Inspection	42453
OPQAP8	Part 52, Emergency Procedures	42454
OPMR	Maintenance Rule	62706
OPMOV	Reserved for Motor-Operated Valves	TBD
OPITP	Reserved for Initial Test Program	TBD
OPORAT	Reserved for Part 52 Operational Readiness Assessment Team Inspection	93813

#### 4. OTHER ACTIVITIES [OA]

Number	Title	Baseline Procedure
OA1	Preconstruction Inspections	IMC 2502
OA2	Quality Assurance Program Implementation during Construction	35007
OA3	Followup of Licensee Reports, NOVs, and Notices of	92700,

	Enforcement Discretion	92701, 92702, 92703, 92722, 92723
OA4	Supplemental Inspections	90001, 90002, 90003
OA5	Other Activities (Note 1)	As specified
OA6	Meetings, Including Exit	N/A
OA7	Licensee-Identified Violations	N/A

NOTE 1. This section includes temporary instructions (TIs) and reviews conducted of Institute of Nuclear Power Operations (INPO) and third party evaluations are examples of what should be included in Section 4OA5.

END

EXHIBIT 2  
CONSTRUCTION INSPECTION REPORT DOCUMENTATION MATRIX

**NOTE: The following chart indicates how minor issues, Findings and Violations are documented and tracked. See detailed instructions related to type codes in the main body of the procedure.**

	Mentioned in Cover Letter	Summary of Findings	Inspection Finding Detail	Entered into CIPIMs Database*	Published on Public Web site*
Minor Issues, observations or licensee-identified green finding which is not a violation	No	No	No, unless closure of URI/LER/TI/follow-up to allegation	No	No
Issues/findings where additional information is needed to determine if it is more than minor, or if it's a finding or a violation (URI)	No	No	Yes	No	No
Issues where additional inspection may be required (Backfit)	No	No	Yes, Listed in Section 40A5.	No	No
Licensee-identified Non-Cited Violations	Referred to only.	Refer to Section 40A7.	Yes, Listed in Section 40A7.	No	No
NRC-identified and self-revealed Green findings and NCVs	Referred to by count only.	Yes	Yes	Yes	Yes
Findings and violations whose significance is not yet determined through the SDP but known to be at least Green (AV, FIN)	Yes	Yes	Yes	Yes	Yes
**Preliminary (White or Yellow or Red). Finding (AV)	Yes	Yes	Yes	Yes	Yes
**Final (White or Yellow or Red) (FIN) or (VIO)	Yes	Yes, as appropriate	Yes, as appropriate	Yes	Yes
Cited Violations	Yes	Yes	Yes	Yes	Yes

\* See IMC 0306, “ Information Technology Support for the Reactor Oversight Process,” for guidance. Security-related information is not included in the public PIM nor posted on the public website.

\*\* See IMC 2519P “ Construction Significance Determination Process- Pilot” for guidance

## APPENDIX A

### Acronyms Used in IMC 0613P

ADAMS	Agency-wide Documents Access and Management System
AIT	Augmented Inspection Team
ARB	Allegation Review Board
AV	Apparent Violation
CAM	Construction Action Matrix
CAP	Corrective Action Program
CAQ	Condition Adverse to Quality
CCA	Cross-cutting Aspect
CCIB	Construction Inspection and Allegation Branch (of NRO DCIP)
CDR	Construction Deficiency Report
CFR	Code of Federal Regulations
CIP	Construction Inspection Program
CIPIMS	Construction Inspection Program Information Management System
CSI	Construction Supplemental Inspection
COL	Combined License
COLA	Combined License Application
cROP	Construction Reactor Oversight Process
cSCCI	Construction Substantive Cross-Cutting issue
DCIP	Division of Construction Inspection & Operational Programs
EA	Enforcement Action
ECR	Engineering Change Request
EGM	Enforcement Guidance Memorandum
ESP	Early Site Permit
FIN	Finding
IMC	Inspection Manual Chapter
INPO	Institute of Nuclear Power Operations
IOC	Issue of Concern
IP	Inspection Procedure
ITAAC	Inspections, Tests, Analyses, and Acceptance Criteria
LER	Licensee Event Report
LWA	Limited Work Authorization
M&TE	Measuring and Test Equipment
NCV	Non-Cited Violation
NEI	Nuclear Energy Institute
NOV	Notice of Violation
NRC	Nuclear Regulatory Commission
NRO	Office of New Reactors
NRR	Office of Nuclear Reactor Regulation
OE	Office of Enforcement
OI	Office of Investigations
PD	Performance Deficiency
PDF	Portable Document Format

PI&R	Problem Identification and Resolution
QA	Quality Assurance
ROP	Regulatory Oversight Process
RPS	Reactor Program System
SCAQ	Significant Condition Adverse to Quality
SCWE	Safety Conscious Work Environment
SDP	Significance Determination Process
SERP	Significance and Enforcement Review Panel
SIT	Special Inspection Team
SSC	Structure, System or Component
SUNSI	Sensitive Unclassified Non-Safeguards Information
TBD	To Be Determined
TE	Traditional Enforcement
TI	Temporary Instruction
URI	Unresolved Item



**APPENDIX B  
ISSUE SCREENING**

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## Introduction & Limitations

The evaluation of construction inspection results begins with screening to determine if an ISSUE OF CONCERN (IOC) warrants INVESTIGATION by the Office of Investigation (OI), then proceeds to determine if it will be further evaluated and documented for consideration in the Periodic Assessment of Construction Inspection Program Results. IOCs warranting documentation are evaluated to ensure significant inspection results are clearly communicated in a consistent manner and to support documenting the bases for significance determination and enforcement action.

Use Figures 1, 2, and 3, and additional guidance, as appropriate, to screen each Construction Reactor Oversight Process (cROP) inspection-developed IOC. The guidance in this appendix is not all-inclusive. It must be used in conjunction with additional guidance documents, including but not limited to Inspection Manual Chapters 2519P, 2506, 2505P, and 0613P, Inspection Procedures, the Enforcement Policy, the Enforcement Manual, and Enforcement Guidance Memoranda, as appropriate.

A measure of subjectivity in issue screening is anticipated and accepted as no completely objective or mechanistic process has been identified that can satisfy the objectives of the cROP. Screeners, whether inspectors, staff, or managers, should be guided by a clear understanding of each screening objective, as discussed below and in applicable guidance documents, as discussed above. Screeners should also consider past experience, precedent, the over-arching regulatory message intended, and the consequence of the screening determination on the objectives of the specific screening step and on the cROP in general. Finally, screeners should ensure that all screening determinations are in alignment with the agency's mission and values.

Contentious screening determinations should be escalated to regional management and/or the inspection program office. Staff members should provide specific issues and suggested enhancements to issue screening or any aspect of the cROP by submitting a NRO/DCIP IMC/IP Revision Request form. See the NRO/DCIP IMC/IP Revision Request Database Instruction Manual for additional information on the cROP Feedback Process.

The issue screening guidance in this appendix is but one element of the agency's broader mission and authority to regulate commercial nuclear power. The Commission may grant enforcement discretion. Enforcement discretion is routinely documented in Enforcement Guidance Memoranda. On occasion, an EGM may impact cROP implementation, including issue screening. This appendix must be considered and implemented in the context of the agency's hierarchy of document authorities. As such, it may be amended or superseded by higher authority.

## Integration of TRADITIONAL ENFORCEMENT

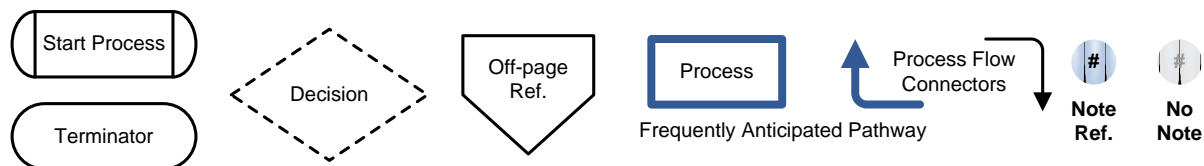
IMC 0613P, Appendix B implements an integrated approach to screening and dispositioning cROP IOCs and potential violations warranting traditional enforcement (TE). It separates the investigation and/or disposition of each TE violation from the screening and disposition of its underlying cROP IOC while assuring appropriate coordination between the two activities. Because the TE violation is separated from the underlying finding and is not assigned a cROP color, it does not influence cROP Assessment. The finding, when present, will be dispositioned independently of the violation. It will be considered, as appropriate, in cROP Assessment.

Each IOC associated with a potential TE violation is screened (ignoring the potential TE violation) to determine if it independently constitutes a finding (i.e., a performance deficiency (PD) that is more-than-minor). The decision to continue cROP screening in parallel with a willfulness investigation is coordinated between key regional and headquarters stakeholders to assure that it does not inadvertently compromise the investigation.

Each cROP finding is evaluated for significance (i.e. color) in accordance with the construction significance determination process (SDP). However, unlike the determination of TE violation SL (which is informed by the associated cROP finding color), the cROP color is determined independently whenever possible (without consideration of the associated TE violation SL).

### General Notes, Legend, and User Aids

Figures 1, 2, and 3 are comprised of flow diagram logic blocks, process flow connectors, and reference numbers. Five logic block shapes are used. These shapes and their logical functions are illustrated below along with process flow connectors containing arrows illustrating the direction of logic flow and process queues such as the use of **bold borders** to denote more frequently anticipated pathways and dashed lines to denote steps requiring enhanced coordination:



On occasion, logic block outputs split into multiple pathways. In other instances, a logic block may be entered via more than one pathway. This is a consequence of integrating TE into the cROP. All logical pathways must be pursued and are accompanied by notes to draw the reader's attention.

All logic blocks are accompanied by unique note reference numbers that, in many instances, correlate to more detailed guidance in the body of this appendix. This guidance may stand alone; it may paraphrase another document, or, if deemed appropriate to avoid unnecessary duplication, may simply refer the reader to the applicable guidance document.

## **Figure 1 Overview**

All screening begins at Figure 1, Block 1. Any IOC warranting closer review for a potential willful violation will be examined by an allegation review board (ARB). Those IOCs determined not to warrant further review by the ARB will transition promptly to Figure 2.

When convened, the ARB, in cooperation with OI, will determine either (a) that an investigation is not warranted (e.g. No willfulness) which will cause the IOC to transition directly to Figure 2, or (b) that a willfulness investigation is warranted. Each IOC warranting a willfulness investigation triggers a deliberative process involving key stakeholders to determine whether cROP screening of the underlying PD may proceed without compromising the investigation. The decision to proceed with cROP screening constitutes a cROP PD presumption.

If, however, the IOC cannot be dispositioned without unacceptably compromising the investigation, it is held at Figure 1 until the investigation is sufficiently complete. Once permitted to proceed, the PD (minus the willful violation) is screened to determine whether it constitutes a cROP finding. Each cROP finding underlying a willfulness violation transitions to Figure 3.

If willfulness is confirmed, the associated TE violation is dispositioned in accordance with the Enforcement Policy, as informed by the significance of any underlying finding. The absence of an underlying cROP finding will inform, but will not preclude, dispositioning or documenting the willful violation.

If the investigation does not confirm willfulness, both the presumed PD and any associated non-willful violation will transition, together, to Figure 2.

## **Figure 2 Overview**

If willfulness is determined in Figure 1, then Figure 2 is bypassed. All Figure 2 screening originates from Figure 1 following the determination of “No willfulness.” If not already accomplished in Figure 1, the IOC is screened in Figure 2 to determine if it involves a PD. Each PD is screened to determine both (a) if it involves a violation that (i) contributed to actual consequences, or (ii) impacted the regulatory process (e.g. if it involves a non-willful TE violation), and (b) if the PD is more-than-minor (e.g. a cROP finding).

Each TE violation is separated from its underlying PD and dispositioned in accordance with the Enforcement Policy, as informed by the significance of any underlying finding.

The absence of a cROP finding will inform, but will not preclude, dispositioning nor documenting the TE violation.

Each cROP PD (minus any TE violation) is screened to determine whether it constitutes a cROP finding. Each cROP finding is screened to determine if it involves a non-TE violation. Each finding identified in Figure 2, regardless of its association with a TE- or non-TE violation, transitions to Figure 3.

Non-findings do not transition to Figure 3. Each Non-finding violation that is more-than-minor is dispositioned in accordance with the Enforcement Policy to determine whether it will be documented as an NOV, NCV, or granted enforcement discretion. Figure 2 provides additional guidance for dispositioning an IOC that requires additional information in order to (a) determine if a PD exists, (b) if the PD is more-than-minor, or (c) if it involves a violation.

### **Figure 3 Overview**

Figure 3 receives and dispositions findings from Figures 1 and 2. It directs the screening of each finding to identify which is potentially greater than green. Alternately, each green finding is screened to determine which is licensee-identified. Each licensee identified green finding is screened to determine if it was correctly addressed through the licensee's corrective action process.

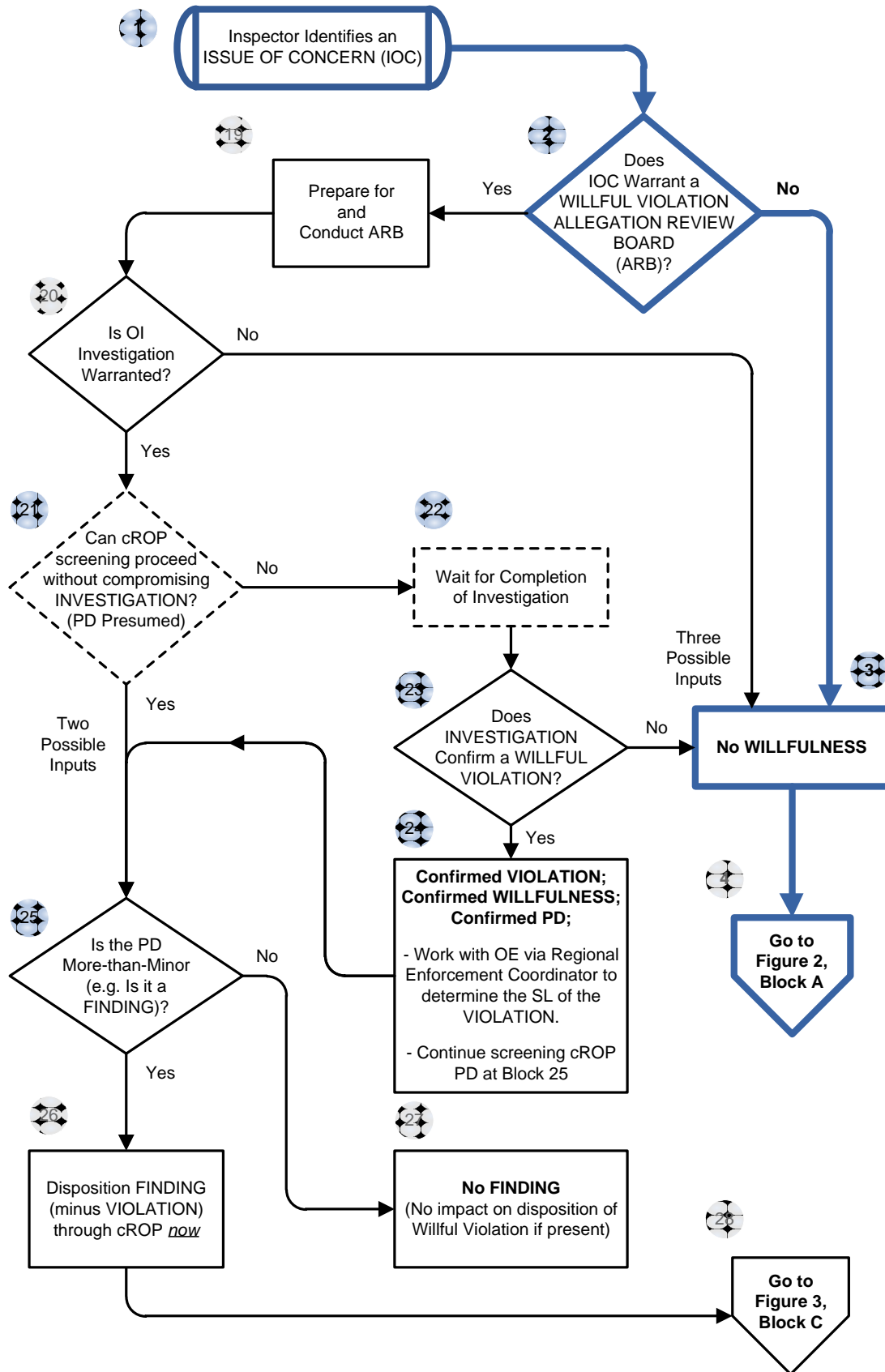
Each finding that is (a) not licensee-identified and properly addressed by the licensee's corrective action program (CAP), or (b) confirmed to be greater than green, is screened to identify cross-cutting aspects (CCAs), if present, and then fully documented.

Each potential CCA that is reflective of present performance constitutes a CCA. Each CCA identified through this process is documented with its associated finding.

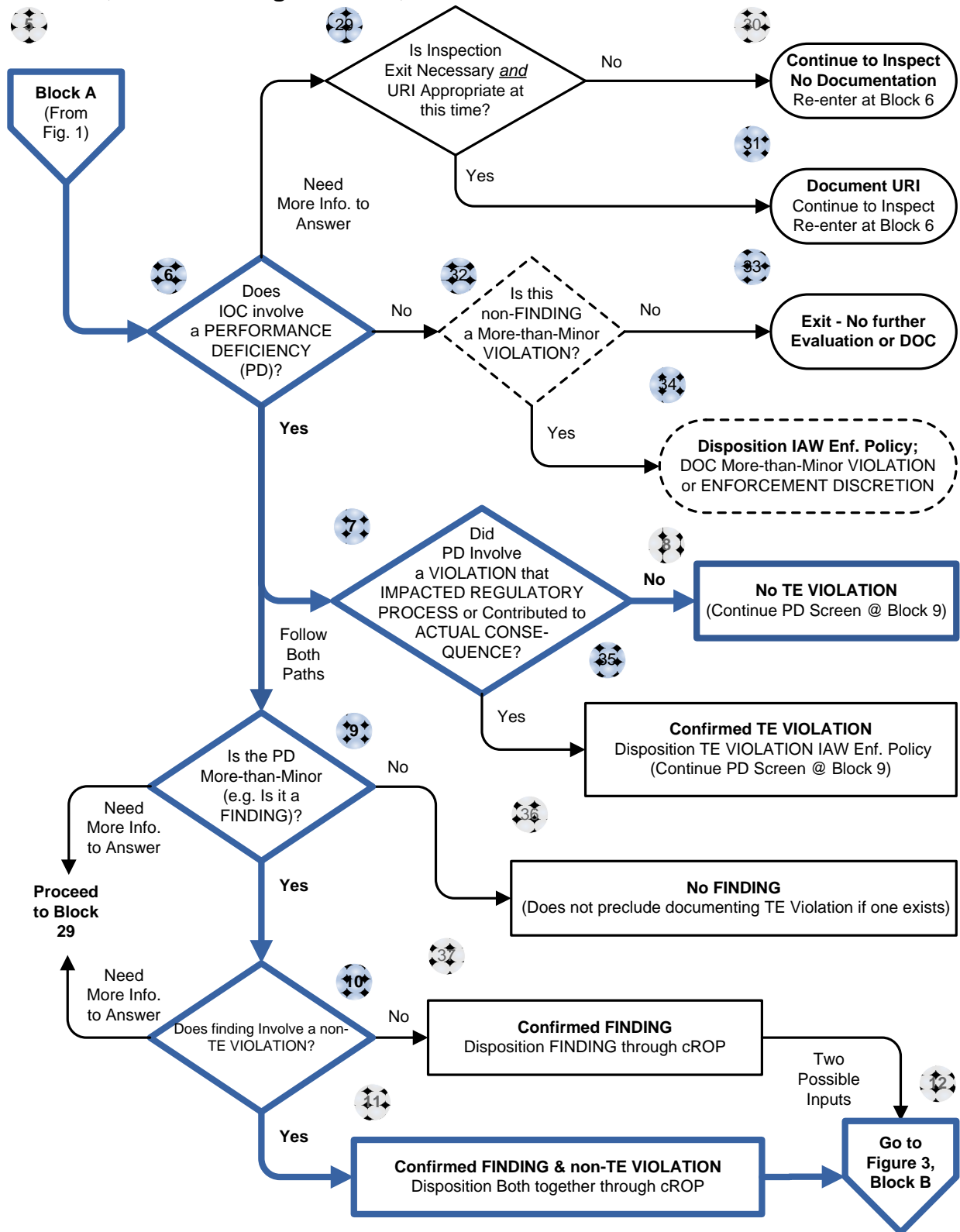
Each finding that is (a) is licensee-identified, (b) is adequately addressed by the licensee's corrective action process, (c) is green, and (d) involves a violation, will receive abbreviated documentation in 4OA7 of the inspection report. In general, findings meeting conditions (a) through (c) but which do not involve violations will not be documented.

Figure 3 also addresses conditions that occasionally warrant documenting an interim determination of finding to-be-determined (FIN-TBD) and apparent violation (AV).

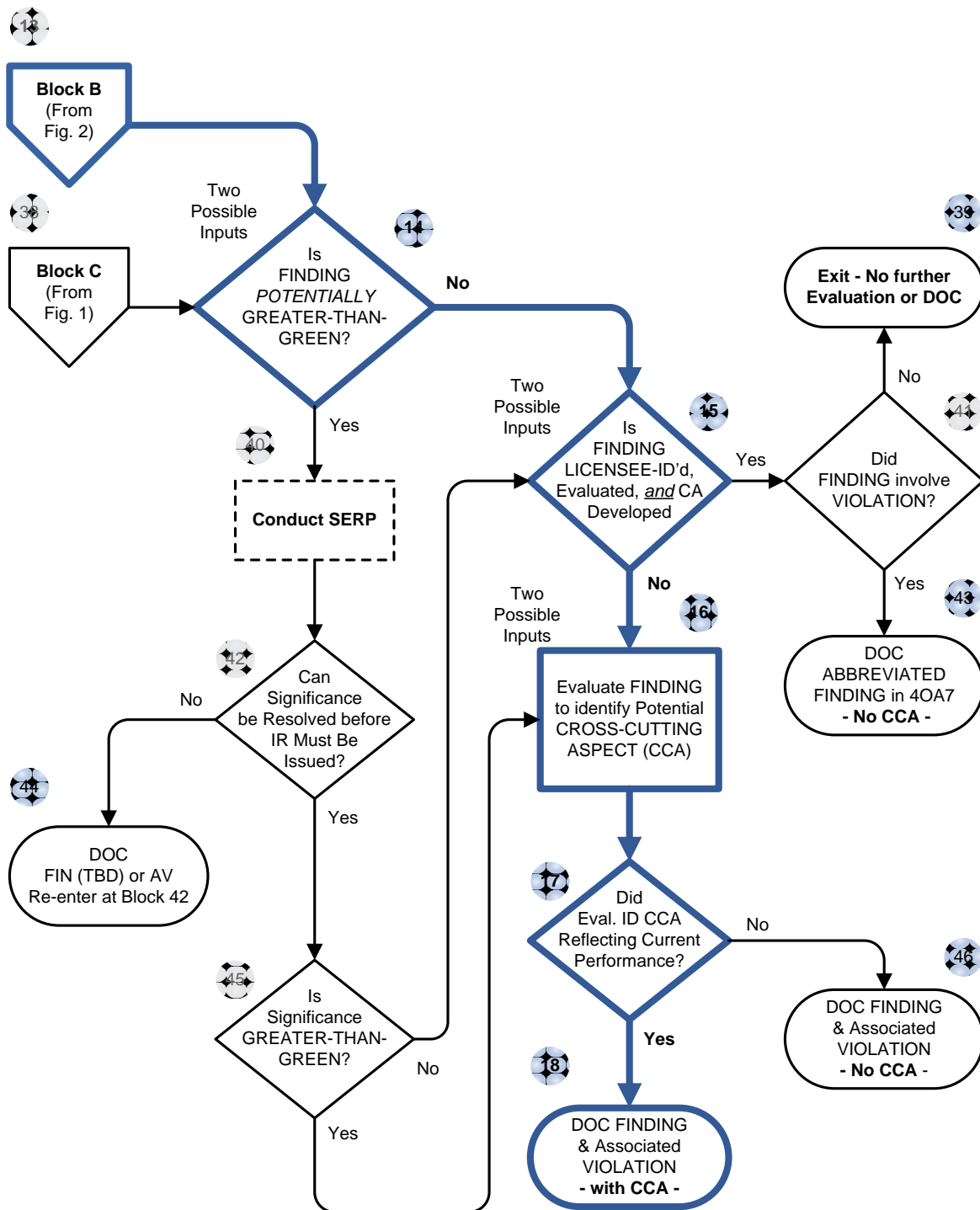
**Figure 1: Screen Issue of Concern for Willfulness; Coordinate Accordingly**



**Figure 2: TE Screen for Regulatory Process Impact or Actual Consequence; cROP Screen – Is Issue of Concern a Performance Deficiency, More-than-Minor, a Violation, a Non-Finding Violation, or otherwise**



**Figure 3: Determine Significance, Evaluate for CCA, and Whether to Document an Abbreviated Finding**






### Additional Guidance to Clarify Figures

The following additional guidance is intended to further clarify the application of Figures 1 through 3 in the cROP screening process. The guidance is arranged by reference number order. Guidance for each logic block is preceded by the applicable reference number, figure number, and the logic block, itself, as shown in its associated Figure. Additional guidance associated with blocks considered to be self-explanatory is omitted to streamline Appendix B and to reduce unnecessary bulk, thus some blocks are not addressed below.

---

#### Block 1, Figure 1

1. As defined in IMC 2506, Section 2506-04 “DEFINITIONS,” an IOC is a well-defined observation or collection of observations that is of concern and may or may not involve a PD. IOCs are routinely identified during cROP inspection activities. Development and dispositioning of IOCs occurs as part of the cROP inspection sampling process and the IMC 0613P, Appendix B issue screening process. 
2. All IOCs enter the issue screening process at Block 1 to ensure that every IOC is screened for potential willfulness.
3. For IOCs with multiple examples, each example should be screened separately. Guidance for documenting findings with multiple examples is provided in IMC 0613P Section 0613P-08 ‘THE FOUR PART FORMAT.’

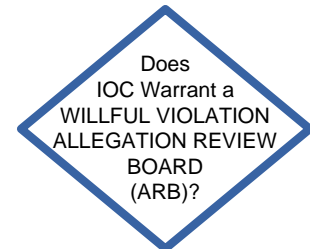
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#### Block 2, Figure 1

The inspector and regional management, in referring an IOC to a willful violation allegation review board (ARB), are effectively making two decisions: (a) Does this IOC involve a violation and (b) is there a sufficient basis to convene the ARB.

Although inspectors screen IOCs for indications of potentially willful violations, the determination of willfulness is a legal decision that can only be made by the Office of General Council (OGC) using facts developed during an investigation conducted by OI, normally at the recommendation of an ARB.

See IMC 0613P, the Enforcement Policy, the Enforcement Manual, and Management Directive 8.8 ‘Management of Allegations’ for additional insights regarding willfulness. See 10 CFR 50.5 for regulations addressing deliberate misconduct.



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#### Block 3, Figure 1

1. An IOC arrives at this determination in one of three ways:
  - a. The inspector screens-out the IOC as not a potentially willful violation,

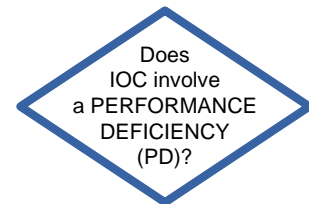


- b. The Allegations Review Board (ARB) does not confirm that an OI investigation is warranted.
  - c. An OI investigation does not confirm a willful violation.
2. The terms “willful” or “willfulness,” as used here and in the Enforcement Policy and the Enforcement Manual, refer to violations involving either deliberate intent to violate requirements or to falsify information, or careless disregard violation of requirements or for the completeness and accuracy of information provided.
  3. Willful violations are of particular concern to the Commission because its regulatory program is based on licensees and their contractors, employees, and agents acting with integrity and communicating with candor.
  4. Willful violations cannot be tolerated by either the Commission or a licensee. Therefore, a violation may be considered more significant than the underlying noncompliance if it includes indications of willfulness.

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**Block 6, Figure 2**

1. cROP PD Screen – Answer questions a. and b. below. If the answer to both questions 1.a. and 1.b., below, is “yes”, the IOC is a cROP PD. If either question is answered “no,” the IOC is not a cROP PD. IOCs determined to involve PDs proceed both to Block 7 for TE Screening and to Block 9 for Minor Screening. IOCs determined to not involve PDs are not findings and proceed to Block 32.



- a. Was the IOC the result of the licensee’s failure to meet a requirement or a standard? A PD can exist if a licensee fails to meet a self-imposed standard or a standard required by regulation.
- b. Was the cause of the IOC reasonably within the licensee’s ability to foresee and correct and should the IOC have been prevented?

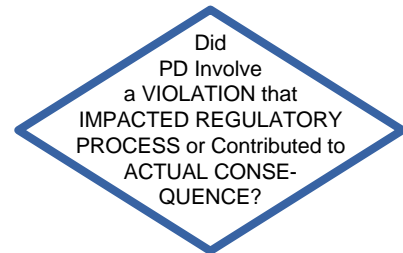
NOTE: IOCs associated with in-process work activities would not necessarily be within the licensee’s ability to foresee and correct. Work activities are considered in-process until the first level of quality control review has been completed.

2. When evaluating the licensee’s failure to meet a requirement or standard, inspectors should consider the licensee’s intent:
  - a. By definition, the licensee intends to meet regulatory requirements, including license conditions. This intent is clearly established under oath or affirmation in applicable licensing documents.
  - b. It is generally reasonable to conclude the licensee intends to meet standards established in current licensing basis documents.
  - c. Evaluate whether or not the licensee intended to meet a specific industry standard. Failure to meet an industry standard does not constitute failure to meet a standard unless the licensee intended to meet that standard.

- d. Focus on whether or not the licensee met regulatory requirements in an acceptable manner rather than whether the licensee met the requirements in a manner specifically approved in a generic communication.
- e. It is generally reasonable to conclude that upon indication of readiness for a construction or operational program inspection, the licensee intended to meet the critical attributes for that program, whether or not that program has been implemented.

**Block 7, Figure 2**

1. Non-willful TE violation Screen – The inspector, as necessary and appropriate, is expected to refer to the Enforcement Policy, the Enforcement Manual and/or the Regional Enforcement Office coordinator for additional guidance on addressing the following TE violation questions.



2. Answer questions a. and b. below. If any of the questions is answered 'yes,' the violation must be compared to examples in the applicable section of the Enforcement Policy to determine if the violation rises to SL-IV or above and thus constitutes a (non-minor) non-willful TE violation. If the violation rises to SL-IV or above, proceed to Block 35 - Confirmed TE violation. If all questions are answered 'no,' or if the violation does not rise to SL-IV or above, there is no TE violation. Proceed to Block 8 - No TE violation.

a. Was there a violation that impacted the regulatory process? The NRC considers the safety implications of violations that may impact the NRC's ability to carry out its statutory mission. Violations may be significant because they may challenge the regulatory envelope upon which certain activities were licensed. These types of violations include failures such as:

- i. Failure to provide complete and accurate information,
- ii. Failure to receive prior NRC approval for changes in licensed activities,
- iii. Failure to notify NRC of changes in licensed activities,
- iv. Failure to perform 10 CFR 50.59 analyses,
- v. Reporting failure, etc.,

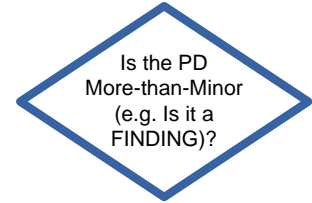
b. Was there a violation that contributed to actual safety consequences (this should be rare in a construction environment)? Examples may include:

- i. actual onsite or offsite releases of radiation,
- ii. onsite or offsite radiation exposures,
- iii. loss of significant safety barriers,
- iv. loss of control of radioactive material, or
- v. radiological emergencies.

3. As discussed in 2, above, a TE violation must exist and rise to SL-IV or above to proceed to Block 35 – Confirmed TE violation. Otherwise, proceed to Block 8 – No TE violation. In either case, screening of the cROP PD continues at Block 9 – Is the PD more-than-minor.

**Block 9, Figure 2**

1. cROP Minor Screen – cROP minor screening is conducted for all PDs and only for PDs. A PD that is more-than-minor is, by definition, a finding.



- a. Begin the minor screening process by referring to the minor screening questions and minor violation examples in Appendix E. If any of the questions in Appendix E warrants a “yes” answer, the PD is more-than-minor and is a finding. Proceed to Block 10 – Does finding involve a non-TE violation.
  - b. If all of the minor screening questions in Appendix E warrant a “no” answer, the PD is minor and not a finding. Proceed to Block 36 – No finding (Does not preclude documenting a TE violation, if one exists).
  - c. If it is not possible to resolve whether the PD is minor or more-than-minor based on the steps above, proceed to Paragraph 2 – Minor Screening Questions. Also, consider submitting an NRO/DCIP IMC/IP Revision Request form including a minor/more-than-minor violation example for the issue of concern.
2. Minor Screening Questions – The following questions form the basis for determining whether a cROP PD is minor or more-than-minor. Apply the following questions directly to each PD that cannot be screened in accordance with Paragraph 1, above. Focus on the PD – not the IOC nor on other potentially-associated PDs. Whether or not the PD is associated with a violation should not drive the screening determination. The following questions are intended to be consistent with the Enforcement Policy to the extent practical, recognizing that (a) the cROP addresses findings with- and without violations whereas the Enforcement Policy Supplements only provide example violations, and (b) the Enforcement Policy Supplements provide example violations but no screening questions to aid in determining which violations are minor or more-than-minor. If the answer to any of the following questions is “yes,” then the PD is more-than-minor and is a finding. Proceed to Block 10 – Does finding involve a non-TE violation. If the answer to all of the following questions is “no,” then the PD is minor and is not a finding. Proceed to Block 36 – No finding (Does not preclude documenting a TE violation, if one exists).
    - a. Could the PD be reasonably viewed as a precursor to a significant event?
    - b. If left uncorrected would the PD have the potential to lead to a more significant safety concern?
    - c. Is the PD associated with one of the cornerstone attributes listed at the end of this attachment and did the PD adversely affect the associated cornerstone objective?

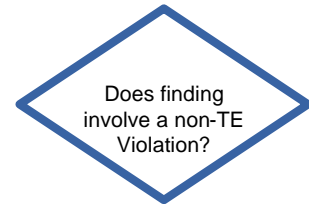
NOTE: If the PD was left uncorrected and could potentially lead to a significant event or a more significant safety concern during operations, then the answer to questions a. and b. above would be yes.
  3. Screening TE violations. The cROP screening process shall not be used to screen TE violations, only their underlying PDs. TE violations will be separated from their underlying PDs and screened using the examples and guidance provided in the applicable supplement to the Enforcement Policy and the Enforcement Manual. In screening TE violations, TE aspects are considered in addition to the underlying violation.

4. Separating TE aspects from PDs: When dispositioning PDs associated with TE violations, the TE aspect is *not* considered part of the cROP PD. This is because it is considered separately when the TE violation is screened using the Enforcement Policy and the Enforcement Manual.

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### Block 10, Figure 2

1. Determine whether the finding involved a non-TE violation of NRC requirements.
2. If the finding involved a non-TE violation, then proceed to Block 11 – Confirmed finding & non-TE violation (Disposition both together through cROP). Each finding involving a Non-TE violation will ultimately be documented in CIPIMS as either NCV or NOV. See IMC 0613P, Section 0613P-08 “THE FOUR PART FORMAT” for documentation guidance.
3. If the FINDING *did not* involve a non-TE violation, proceed to Block 37 – Confirmed finding. Each non-TE violation finding will be documented and entered into CIPIMS as a FIN.
4. The absence of a non-TE violation does not obviate the requirement to disposition and document a TE violation in Figure 1, Block 24 or in Figure 2, Block 35, when appropriate.



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### Block 14, Figure 3

1. All findings entering Figure 3, whether from Figure 1 or Figure 2, will be screened using the construction significance determination process described in Manual Chapter 2519 to determine if they are potentially greater-than-green.
2. Most findings will be determined *not* potentially-greater-than-green and will transition to Block 15 – Is finding licensee-ID'd, Evaluated, *and* CA Developed.
3. Those findings that *are* potentially-greater-than-green will transition to Block 40 – Conduct SERP for review by a Significance and Enforcement Review Panel (SERP).



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### Block 15, Figure 3

1. As discussed in IMC 2506, ‘Construction Reactor Oversight Process General Guidance And Basis Document,’ staff should consider how it will address licensee-identified issues so as to not discourage licensees from having an aggressive problem-identification process. This is accomplished by screening each finding to determine and disposition licensee-identified findings which are being correctly evaluated and addressed differently than those findings that are either self-revealing or NRC-identified.



2. IMC 2506, Section 2506-04, "DEFINITIONS," defines licensee-identified findings as those findings that are not NRC-identified or self-revealing. Most, but not all, licensee-identified findings are discovered through a licensee program or process.

Some examples of licensee programs or processes that will likely result in such findings are the identification and documentation of findings (e.g., procedural violations, procedure inadequacies, etc.) by craft workers and/or licensee/contractor supervision during routine construction activities, construction quality assurance activities, self-assessments, independent assessments, audits and surveillances. Additional examples may include preoperational testing, start-up testing, hydrostatic testing, non-destructive testing, EP drills, and critiques conducted by or for the licensee.

3. Since licensee-identified findings are those findings that are not NRC-identified or self-revealing, a licensee-identified screening determination must confirm both that the finding is consistent with the description and examples above and that it is not consistent with the following descriptions for either self-revealing or NRC-identified:

- a. Self-Revealing: For the purpose of documentation in the cROP, self-revealing findings are those that become self-evident and require no active and deliberate observation by the licensee or NRC inspectors to determine whether a change in process or equipment capability or function has occurred. Self-revealing findings become readily apparent to either NRC or licensee personnel through a readily detectable degradation in the material condition, capability, or functionality of equipment and require minimal analysis to detect. Some examples of self-revealing findings include failure of equipment or instrumentation to operate properly during testing that was not related to the purpose of the test (e.g., inadequate foreign material controls cause the failure) and violation of radiography exclusion area requirements that are subsequently identified through an electronic dosimeter alarm.
- b. NRC-identified: Findings or violations, found by NRC inspectors, of which the licensee was not previously aware or had not been previously documented in the licensee's CAP.

NRC-identified findings also include previously documented licensee findings to which the inspector has significantly added value. Added value means that the inspector has identified a previously unknown weakness in the licensee's classification, evaluation, or corrective actions associated with the licensee's correction of a finding.

4. A measure of subjectivity in screening determinations is anticipated and accepted. Inspectors should be guided by a clear understanding of this screening objective, as discussed above, past experience, precedent, the over-arching regulatory message intended, and the consequence of the screening determination with regard to evaluation of CCAs and the transparency of communication with stakeholders.

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### Block 16, Figure 3

1. Inspectors shall review available causal information related to each NRC-identified or self-revealing finding and all greater-than-green findings - and only these findings - to identify whether potential CCAs are present and, if so, which of the CCAs listed in IMC 0613P, Appendix F, best reflects the performance characteristic that is the most

Evaluate FINDING  
to identify Potential  
CROSS-CUTTING  
ASPECT (CCA)



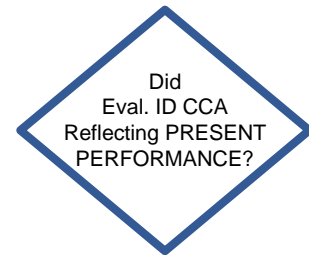
significant contributor to the finding (i.e. determine which CCA provides the most meaningful insight into why the finding occurred). A CCA is a finding characteristic - not a finding.

2. Potentially greater-than-green findings should also be evaluated for CCAs, but the determination shall not be documented in an inspection report until at least one of the conditions in 1, above, is satisfied.
3. The evaluation and documentation of CCAs will usually not be influenced by whether a finding involves a violation or whether a violation involves enforcement discretion. Exceptions may occur.
4. Typically no more than one CCA will be assigned to a finding. On rare occasion, it may be appropriate to associate more than one CCA with unique or complex inspection findings. In these cases, the regional office must obtain concurrence from the NRO DCIP CAEB Branch Chief. If a finding has multiple examples, the multiple examples should have the same CCA, consistent with the Enforcement Manual 2.13.7, "Documenting Multiple Examples of a Violation."
5. Inspectors are not expected to perform independent causal evaluations beyond what would be appropriate for the risk significance of the issue to obtain more precise causal information.
6. If a potential CCA correlates to an aspect related to Safety Conscious Work Environment (SCWE), consult the SCWE Finding Review Group (FRG), chaired by the Agency Allegation Advisor, to determine how to proceed.

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### Block 17, Figure 3

If no potential CCAs were identified in Block 16, the finding does not have a CCA. Proceed directly to Block 46. If one or more potential CCAs were identified in Block 16, answer the following question with respect to each potential CCA to determine if it is reflective of present performance:

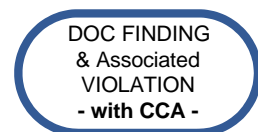


1. Is the performance characteristic described by (or associated with) the potential CCA associated with an entity that is currently conducting activities associated with site construction?
2. If the answer is yes, the potential CCA is reflective of present performance and the associated finding has a confirmed CCA. Proceed to Block 18.
3. If the answer is no, the potential CCA is not reflective of present performance and the finding does not have a CCA. Proceed to Block 46.

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### Block 18, Figure 3

1. At this terminator, a finding and associated CCA (or, in rare instances, more than one CCA) have been confirmed and are to be documented.

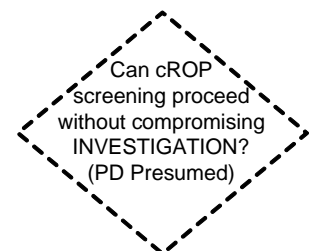


2. The finding may or may not be directly associated with a confirmed violation and that violation may or may not be associated with a confirmed TE attribute (e.g. willfulness, impacting regulatory process, or actual consequences).
3. If there is no associated violation or if the associated violation is a TE violation, the finding will be documented as a FIN with CCA.
4. If the inspector confirms a non-TE violation, the inspector shall document the finding as either a violation (VIO) or a non-cited violation (NCV) with CCA.
  - a. Answer the following questions. As necessary, work with the Office of Enforcement (OE), through the Regional Enforcement Coordinator, and refer to the Enforcement Policy and the Enforcement Manual to determine whether the violation should be cited (VIO) or non-cited (NCV):
    - i. Did the licensee fail to restore compliance?
    - ii. Has the NRC yet to determine the adequacy of the CAP?
    - iii. Did the licensee fail to enter the violation into their CAP?
    - iv. Was the violation willful?
    - v. (For enforcement only) Was the violation repetitive and NRC-identified?
  - b. If the answer to any of the above questions is “Yes”, the violation should be cited in a Notice of VIOLATION (VIO).
  - c. If the answer to all of the applicable questions is “No”, the violation may be dispositioned as a NCV.
  - d. See IMC 0613P, Section 0613P-08 “THE FOUR PART FORMAT” for additional guidance.

**Figure 1 Additional Guidance - Less Frequently Anticipated Pathways**

**Block 21, Figure 1**

1. Each IOC warranting a willfulness investigation triggers a deliberative process involving key stakeholders to determine whether cROP screening of the underlying PD may proceed without compromising the investigation. The decision to proceed with cROP screening constitutes a cROP PD presumption.
2. Dispositioning a cROP PD during an ongoing willfulness investigation is not expected to be a common occurrence. Generally, to preclude the possibility of compromising an ongoing investigation, inspectors will suspend cROP disposition activities that require licensee interaction until the

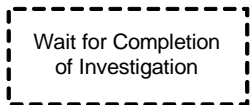




3. investigation is complete. However, there are instances in which continuation of cROP disposition and related licensee interaction are justified and appropriate. In making this determination, key stakeholders will:
  - a. Ensure that their specific concerns are considered in order to achieve the two desired agency outcomes – a valid and defensible cROP finding and a valid and defensible violation within the enforcement program, and
  - b. Generally include OI and OE, the associated Region, and DCIP. The primary parties to this decision will be the Directors (or their designees) of the OI Field Office, DCIP, and the associated Regional Division of Construction Projects or Inspection.
4. Timely resumption of the cROP PD disposition process is desirable because SDP insights developed during disposition are integral to dispositioning most TE violations. Thus the decision to defer cROP disposition should be revisited as soon as the investigation is sufficiently complete or when new information arises that might otherwise warrant revisiting the decision. Because of the sensitive nature of investigations and associated outcomes, all key stakeholders must concur on both the original decision and subsequent revisions to that decision.

**Block 22, Figure 1**

This Block requires enhanced coordination to preclude the possibility of compromising an ongoing investigation by proceeding, prematurely, with cROP disposition activities while simultaneously assuring that cROP disposition activities are not delayed longer than necessary.



**Block 23, Figure 1**

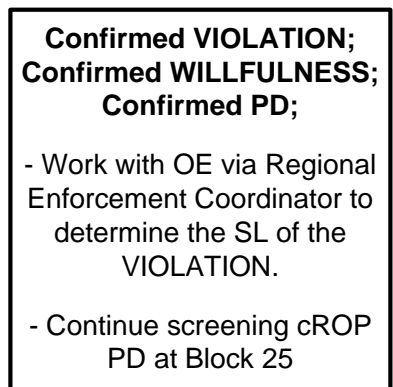
1. In accordance with the Enforcement Policy and the Enforcement Manual:
  - a. OI, upon concluding its investigation will issue a conclusion about willfulness based on the facts collected/developed during its investigation.
  - b. Using the facts/conclusion above, OGC will make a final determination about willfulness.



2. Upon confirmation of a willful violation proceed to Block 24 – Confirmed violation; Confirmed willfulness; Confirmed PD.
3. If a willful violation is not confirmed, proceed to Block 3 – No willfulness.

**Block 24, Figure 1**

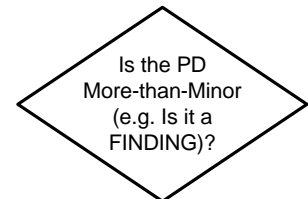
1. Work with the Office of Enforcement through the Regional Enforcement Coordinator to disposition violations involving willfulness. Consult the Enforcement Policy and the Enforcement Manual for guidance



2. A violation may be considered more significant than the underlying noncompliance if it involves willfulness. When determining the SL of a willful violation, the NRC, in addition to considering the willful aspects, considers the (1) actual safety consequences; (2) potential safety consequences, including the consideration of risk information; and (3) potential for impacting the NRC's ability to perform its regulatory function.
3. An NOV (requiring a formal written response from a licensee) is normally required for a willful violation. However, an NCV may still be appropriate. Refer to the Enforcement Policy for additional guidance.
4. The approval of the Director, Office of Enforcement, with consultation with the Deputy Executive Director as warranted, is required for dispositioning willful violations as NCVs.

**Block 25, Figure 1**

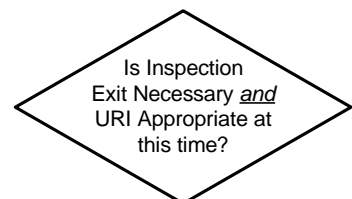
1. See additional guidance from Block 9, Figure 2.
2. If the PD is minor, there is no finding; proceed to Block 27. The absence of a finding may influence but does not preclude the potential to confirm a willful violation though it may influence the determination of its severity level and/or civil penalty (CP).
3. If the PD is more-than-minor, there is a finding; proceed to Block 26. The presence of a finding does not preclude the potential to confirm no willful violation. However, if a willful violation is determined to exist, it may influence the determination of its severity level and/or CP.



**Figure 2 Additional Guidance - Less Frequently Anticipated Pathways**

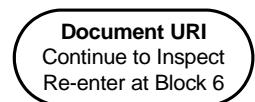
**Block 29, Figure 2**

1. The decision to document a URI is a decision to commit future resources.
2. In most instances, an inspection will not exit (e.g. will remain open) until it has been completed and has gathered sufficient information. However, on occasion, circumstances occur which require an inspection to be exited pending receipt of information necessary to disposition an IOC.
3. When the inspection must exit pending receipt of additional necessary information, a URI will be opened.



**Block 31, Figure 2**

1. According to IMC 2506, Section 2506-04 "DEFINITIONS," a URI is an IOC about which more information is required to determine if:



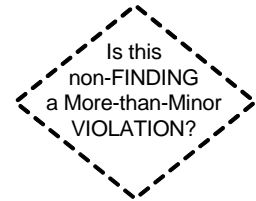
- a. A PD exists,
- b. The PD is more than minor, or
- c. The IOC constitutes a violation.

Such a matter may require additional information from the licensee or cannot be resolved without additional guidance or clarification/interpretation of the existing guidance.

- 2. A URI shall not be opened:
  - a. to obtain more information to determine the significance of a finding,
  - b. to obtain more information to disposition a CCA, nor
  - c. to track completion of licensee’s actions associated with a finding or an inspection question.
- 3. The URI should be documented using the Introduction and Description Sections of the Four Part Format, as discussed in IMC Sections 0613P-08 and 0613P-10. Because URIs are not findings, the Analysis and Enforcement Sections are not required.

**Block 32, Figure 2**

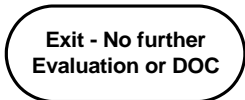
- 1. According to IMC 2506:
  - a. A finding is a PD of greater than minor significance. Findings may or may not be associated with regulatory requirements and, therefore, may or may not result in a violation.
  - b. A minor violation is a violation that is of such low significance that documentation in an NRC inspection report is not normally warranted. Violations associated with PDs of minor significance are normally deemed to be minor violations.
- 2. However, because the significance of violations associated with TE (e.g. (a) willfulness, (b) impacting the regulatory process, or (c) actual safety consequences) are usually adjusted upward as a consequence of these TE attributes, the Enforcement Policy must be consulted in screening violations with these attributes. (See Block 9 additional guidance).
- 3. Although minor violations must be corrected, they are not usually described in inspection reports. See IMC 0613P, Section 0612-13 “DOCUMENTING MINOR ISSUES AND MINOR VIOLATIONS” for guidance on documenting minor issues and minor violations for exceptions that may warrant documenting a minor violation. These exceptions may include:
  - a. Closing out a Licensee Event Report (LER) or Construction Deficiency Report (CDR),
  - b. Closing out a URI, or



- c. Follow-up to an allegation.
4. Where a licensee does not take corrective action for an otherwise minor violation, willfully commits a violation, or the NRC has indications that the violation has occurred repeatedly, the matter should be considered more than minor, i.e., the matter should be categorized at least at Severity Level IV or associated with a green inspection finding and dispositioned in an NOV or NCV, as appropriate.
5. Finally, although a more-than-minor violation rarely occurs absent an associated PD, such violations must be dispositioned by either a cited or non-cited violation or considering enforcement discretion. Consult the Enforcement Policy and the Enforcement Manual.

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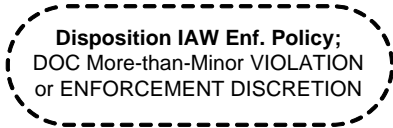
**Block 33, Figure 2**

1. IMC 2506 defines minor violation as a violation that is of such low significance that documentation in an NRC inspection report is not normally warranted. Violations associated with PDs of minor significance are normally deemed to be minor violations. Licensees are required to correct all violations including those that are minor. 
2. Because the significance of violations associated with (a) willfulness, (b) impacting the regulatory process, or (c) actual safety consequences are usually adjusted upward as a consequence of these traditional enforcement attributes, the Enforcement Policy must be consulted in screening violations with these attributes.
3. In addition, as discussed in the Enforcement Policy, documentation of a minor violation may be warranted as part of closing out a CDR, URI, or follow-up to an allegation. Licensees are required to correct minor violations.
4. If it is necessary to document a minor violation then only minimal discussion is required. The write-up should briefly describe the IOC, state that the issue has been addressed by the licensee and should include the following:

“This failure to comply with {requirement} constitutes a violation of minor significance that is not subject to enforcement action in accordance with the NRC’s Enforcement Policy.”
5. An IOC, regardless of whether it involves a violation, may be documented if related directly to an issue of agency-wide concern, if allowed by an appendix to IMC 0613P, or by a specific inspection procedure or temporary instruction. In addition, limited documentation of the NRC’s review of events associated with radioactive leaks and spills should be provided in the inspection report for those leaks and spills reported to State and local authorities even when there were no PDs identified or the PD is determined to be minor.
6. If it is necessary to document a minor non-violation then only minimal discussion is required. The write-up should briefly describe the issue and state that it has been addressed by the licensee, if applicable.

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**Block 34, Figure 2**

1. If a violation is more than minor, it must be dispositioned in an inspection report. Work with the Office of Enforcement through the Regional Enforcement Coordinator to disposition violations with no PD. Document the violation in accordance with IMC 0613P, Section 0613P-09 “DOCUMENTING VIOLATIONS WITHOUT PERFORMANCE DEFICIENCIES” guidance for documenting violations without PDs.
2. The Enforcement Policy and the Enforcement Manual address circumstances in which the agency may exercise enforcement discretion. A violation that does not involve a PD is *not* a finding, will not normally be documented using the four-part format, and may warrant enforcement discretion.
3. Work with OE through the Regional Enforcement Coordinator to determine the appropriate action. Also, see Enforcement Manual, Chapter 5 “EXERCISE OF DISCRETION” for additional guidance. Consider the following two-part format when granting enforcement discretion:
  - a. The first part will describe the IOC, why there was no PD, and the safety significance. This part may be brief but should contain sufficient detail to explain the above, including how the significance was determined.
  - b. The second part will describe the requirement violated and include the following statement:

“However, because a performance deficiency was not identified, no enforcement action is warranted for this violation of NRC requirements in accordance with the NRC’s Enforcement Policy. Further, because licensee actions did not contribute to this violation, it will not be considered in the assessment process or NRC’s Construction Action Matrix.”
  - c. These violations are not documented in the Summary of Findings, receive no tracking number, and are not entered into CIPIMS. The cover letter shall contain the language required for exercising ED. See IMC 0613P, Section 0613P-15 “COMPILING AN INSPECTION REPORT” for additional guidance.

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**Block 35, Figure 2**

1. The regulatory significance (severity level) of VIOLATIONS contributing to actual safety consequence or impacting the regulatory process is determined in accordance with the Enforcement Policy and the Enforcement Manual. A CP is imposed with the violation, if appropriate.
2. Work with OE through the Regional Enforcement Coordinator to determine the SL of the violation and, if applicable, the CP.
3. If escalated action is to be considered, coordinate with the Regional Enforcement Coordinator to prepare for an enforcement panel. The violation may be characterized as an AV in the inspection report, until final enforcement action is determined.
4. The violation will be dispositioned separately from the finding, assuming that a finding is confirmed.

**Confirmed TE VIOLATION**  
Disposition TE VIOLATION IAW Enf. Policy  
(Continue PD Screen @ Block 9)

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**Figure 3 Additional Guidance - Less Frequently Anticipated Pathways**

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**Block 39, Figure 3**

1. Green licensee-identified findings are not considered in the cROP assessment process nor are they evaluated for CCAs.
2. If the finding is not a violation, the finding is of very low safety significance, and the licensee has correctly evaluated the finding and has developed appropriate corrective actions, then the finding is not normally documented in the inspection report.

Exit - No further  
Evaluation or DOC

Inspector judgment is necessary in determining whether the licensee has correctly evaluated the finding and has developed appropriate corrective actions. It may be necessary to consider:

- a. the urgency of addressing the finding,
- b. time elapsed following the licensee becoming aware of the finding,
- c. agency requirements and expectations regarding timeliness and adequacy of corrective actions
- d. licensee CAP requirements and licensee expectations
- e. licensee's expressed intent to address or oppose the finding
- f. other factors, as appropriate

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**Block 43, Figure 3**

1. Green licensee-identified findings that involve violations are documented in accordance with the Enforcement Policy and the Enforcement Manual and in accordance with IMC 0613P, Section 0613P-12, "DOCUMENTING LICENSEE-IDENTIFIED VIOLATIONS" as follows:

DOC  
ABBREVIATED  
FINDING in 4OA7  
- No CCA -

- a. If the licensee has correctly evaluated the finding and has developed appropriate corrective actions, then the violation is briefly described in Section 4OA7 of the inspection report.

Inspector judgment is necessary to make the above determination. It may be necessary to consider:

- i. the urgency of addressing the finding,
  - ii. time elapsed following the licensee becoming aware of the finding,
  - iii. agency and licensee CAP requirements and expectations regarding timeliness and rigor of corrective actions,
  - iv. licensee's expressed intent to address or oppose the FINDING, and
  - v. other factors, as appropriate.
- b. The abbreviated finding description will include:
    - i. the requirement violated,
    - ii. how it was violated,
    - iii. the licensee's corrective action tracking number(s), and
    - iv. a very brief justification why the violation is not greater than green.
  - c. A complete reconstruction of the SDP logic is not required. However, Section 4OA7 must include the following introductory paragraph:

"The following violations of very low safety significance (green) or Severity Level IV were identified by the licensee and are violations of NRC requirements which meet the criteria of the NRC Enforcement Policy, for being dispositioned as a NCV."

2. The safety significance and enforcement of licensee-identified NCVs should be discussed per IMC 0613P, Section 0613P-12 "DOCUMENTING LICENSEE-IDENTIFIED VIOLA

3. TIONS” and not in the LER/CDR closeout section. A statement, such as “The enforcement aspects of this finding are discussed in Section 4OA7,” should be included in the LER/CDR closeout section.
4. Licensee-identified NCVs are not documented in the summary of findings. However, if a green or Severity Level IV licensee-identified finding resulted in a violation, include the following boilerplate paragraph as the last paragraph of the summary of findings:

“Violations of very low safety significance or severity level IV that were identified by the licensee have been reviewed by the inspectors. Corrective actions taken or planned by the licensee have been entered into the licensee’s CAP. These violations and corrective action tracking numbers are listed in Section 4OA7 of this report.”
5. NOTE: In accordance with the Enforcement Policy, the approval of the Director, Office of Enforcement, with consultation with the Deputy Executive Director as warranted, is required for dispositioning willful violations as NCVs.



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**Block 44, Figure 3**

IMC 2506 defines:

DOC  
FIN (TBD) or AV  
Re-enter at Block 42

1. To Be Determined (TBD) is the inspection report characterization that is required by IMC 2519, 'Construction Significance Determination Process,' if the staff's significance determination of a finding is not complete at the time of issuance of the inspection report, and not reviewed by the SERP. Final significance determination should be completed within 90 days from the issue date of the first official correspondence that describes a finding as TBD. Upon resolving the FIN (TBD) or AV, the screening process resumes at Block 42 (which will now be answered 'yes')."
2. Apparent Violation (AV) as a violation of regulatory requirements that is being considered for potential escalated enforcement action. See "DOCUMENTING POTENTIAL ESCALATED ENFORCEMENT ACTIONS" in the Enforcement Manual for additional insights.
3. Preliminary greater than green as a finding that has been reviewed by the Significance and Enforcement Review Panel (SERP) as described in Attachment 1 to Manual Chapter 2519. Until the significance of a finding has been finalized, it may be characterized in an inspection report as an AV, if a violation is involved, or as a finding (FIN) to-be-determined (TBD) if no violation is being considered.

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**Block 46, Figure 3**

See Block 18, Figure 3, for additional applicable guidance (with the exception that no CCA is documented).

DOC FINDING  
& Associated  
VIOLATION  
- No CCA -

## CORNERSTONE OBJECTIVES AND ATTRIBUTES TABLES

<b>Cornerstone</b>		<b>CONSTRUCTION REACTOR SAFETY – Design/Engineering</b>
<b>Objective</b>	To ensure that licensees’ programs and processes are adequately developed and implemented for design and engineering controls.	
<b>Attributes</b>	<b>Areas to Measure</b>	
Process Control	ITAAC; Civil/Structural; Mechanical; Electrical; Welding; Maintenance and Storage Of SSCs; Applicable Criteria From Appendix B; Reports Required By Regulations	
Material Control		
Procedure Quality		

<b>Cornerstone</b>		<b>CONSTRUCTION REACTOR SAFETY – Procurement/Fabrication</b>
<b>Objective</b>	To ensure that licensees’ programs and processes are adequately developed and implemented for procurement and fabrication activities.	
<b>Attributes</b>	<b>Areas to Measure</b>	
Process Control	ITAAC; Commercial Grade Dedication; Receipt Inspection; Licensee’s Evaluation Of Suppliers; Applicable Criteria From Appendix B; Maintenance and Storage Of SSCs; and Reports Required By Regulations	
Material Control		
Procedure Quality		

<b>Cornerstone</b>		<b>CONSTRUCTION REACTOR SAFETY - Construction / Installation</b>
<b>Objective</b>	To ensure that licensee’s programs and processes are adequately developed and implemented to ensure the construction and installation of facilities and structures, systems, and components are in accordance with the design.	
<b>Attributes</b>	<b>Areas to Measure</b>	
Process Control	ITAAC; Civil/Structural; Mechanical; Electrical; Welding; Maintenance and Storage Of SSCs; Applicable Criteria From Appendix B; Reports Required By Regulations	
Material Control		
Procedure Quality		

<b>Cornerstone</b>		<b>CONSTRUCTION REACTOR SAFETY – Inspection/Testing</b>
<b>Objective</b>	To ensure that licensees' programs and processes are adequately developed and implemented to inspect and test programs, facilities, and structures, systems, and components.	
<b>Attributes</b>	<b>Areas to Measure</b>	
Process Control	ITAAC; ITAAC Closure; ITAAC Maintenance; Non-ITAAC Testing; Preoperational Testing; Applicable Criteria From Appendix B	
Material Control		
Procedure Quality		

<b>Cornerstone</b>		<b>OPERATIONAL READINESS – Operational Programs</b>
<b>Objective</b>	To ensure that licensees' adequately develop and implement the operational programs required by a license condition or regulation.	
<b>Attributes</b>	<b>Areas to Measure</b>	
Program Effectiveness	Emergency Preparedness; Radiation Protection; Process And Effluent Monitoring; Fire Protection; Preservice Inspection; Preservice Testing; Inservice Inspection; Inservice Testing; Environmental Qualification; Reactor Vessel Material Surveillance; Containment Leak Rate Testing; Maintenance Rule; Motor-Operated Valves; Quality Assurance (Operations); Operational Readiness.	
Training and Qualification	Reactor Operator Training; Reactor Operator Requalification; Non-Licensed Plant Staff Training.	

<b>Cornerstone</b>	
<b>SAFEGUARDS PROGRAMS – Security Programs For Construction Inspection and Operations</b>	
<b>Objective</b>	To provide assurance that (1) construction activities are not adversely impacted due to fitness-for-duty issues; and (2) the licensee's security programs use a defense-in-depth approach and can protect against the design basis threat of radiological sabotage from internal and external threats.
<b>Attributes</b>	<b>Areas to Measure</b>
Access Authorization	Operational Program: Personnel Screening; Behavior Observations; Fitness for Duty Construction Program: Fitness for Duty
Access Control	Operational Program: Search; Identification
Physical Protection	Operational Program: Protected Areas and Vital Areas (Barriers, Alarms, Assessment)
Contingency Response	Operational Program: Protective Strategy Evaluation, Target Set Review
Material Control & Accounting	Operational Program: Records, Reports; Procedures; Inventories
Cyber Security	Operational Program: Protection of Systems & Networks; Cyber Security Program; Plan & Procedures
Protection of Safeguards Information	Operational and Construction Programs: Access to SGI; Designation and Storage; Processing, Reproducing and Transmitting; Removal and Destruction

## Appendix C

### GUIDANCE FOR SUPPLEMENTAL INSPECTION REPORTS

One of the objectives of Inspection Procedure (IP) 90001/90002 is to provide an assessment of the licensee's analysis and corrective actions associated with the issue(s) that prompted the supplemental inspection. The guidance contained in Inspection Manual Chapter (IMC) 0613P applies equally to the baseline and supplemental portions of the power reactor inspection program; however, given the nature of supplemental inspections, the type of documentation for supplemental inspections will be different than for baseline inspections. A supplemental inspection report will document the Nuclear Regulatory Commission's independent assessment of each inspection requirement and pertinent qualitative observations of the licensee's efforts to identify and address the root cause of the issue prompting the supplemental inspection. A separate inspection report will usually be generated for each supplemental inspection. All violations and findings must conform to the format guidance provided in IMC 0613P. The independent review of the extent of condition and extent of cause called for in IP 90002 should be documented in addition to the other inspection requirements contained in IP 90002. Specific documentation requirements and report format for inspections conducted in accordance with IP 90003 will be provided by the team leader.

Listed below are some general principles that apply to documenting the results of the supplemental inspections performed in accordance with IP 90001/90002. These principles supplement the guidance contained elsewhere in IMC 0613P.

1. The cover letter of the supplemental inspection report should conform to the guidance given for baseline inspection reports, but it should also contain a brief description of the inspection staff's overall conclusion regarding the effectiveness of the licensee's evaluation and corrective actions associated with the issue(s) that prompted the inspection.
2. A summary of issues for the supplemental inspection report should contain the inspection staff's overall assessment of the issue(s). The summary will include any specific findings associated with the licensee's evaluation and findings that emerged during the inspection.
3. The supplemental inspection report should contain a description of the inspection scope. This section should describe the purpose and objectives of the inspection and the issue(s) that prompted the inspection. This summary can be taken from a previous inspection report for an inspection-related issue. This section can also include a description of the licensee's preparation efforts for the inspection.
4. The supplemental inspection report should contain an assessment for each of the areas listed below, as applicable. For each area, state the inspection requirements prescribed in section 9000X-02, "Inspection Requirements," of IP

90001/90002. Provide a synopsis of the licensee's assessment related to the inspection requirement, the inspection staff's assessment of the licensee's evaluation, and any additional actions taken by the inspector to assess the validity of the licensee's evaluation.

- a. Problem Identification
  - b. Root Cause, Extent-of-Condition, and Extent-of-Cause Evaluation
  - c. Corrective Actions
  - d. Independent Assessment of Extent-of-Condition and Extent-of-Cause (only for IP 90002 inspection reports)
  - e. Safety Culture Consideration (only for IP 90002 inspection reports)
5. For all supplemental inspections conducted in accordance with IP 90001/90002, an assessment of the licensee's evaluation and corrective actions associated with the issue(s) should be documented. Negative conclusions regarding aspects of the licensee's evaluation and corrective actions should be supported by examples of performance deficiencies (i.e., observations or findings). Other conclusions should be supported by a brief statement describing their bases.
  6. The supplemental inspection report should contain an exit meeting summary, a list of persons contacted, licensee documents reviewed during the inspection, and acronyms used in the inspection report.
  7. The recommended signature authority for supplemental inspection reports is as follows:
    - a. For an inspection performed in accordance with IP 90001/90002 that resulted in no findings, green findings, or severity level IV violations, the responsible branch chief will sign out the report.
    - b. For an inspection performed in accordance with IP 90001/90002 that resulted in greater than green findings or greater than severity level IV violations, the responsible division director will sign out the report.
    - c. For an inspection performed in accordance with IP 90003, the regional administrator will sign out the report.
  8. Inspectors should record supplemental inspection results in CIPIMS.

The sample supplemental inspection report is included as Attachment 1 of this Appendix. The supplemental inspection report is a representative sample inspection report and not an all-inclusive guide. It contains realistic findings. The sample report also contains notes that are italicized and boldfaced for emphasis, which are not to be considered part of the sample report. Some sections of the sample report contain

alternative descriptions of assessments to illustrate how both positive and negative inspection results could be documented. This exhibit should be used as a sample supplemental inspection report for format and style. Inspection reports should use separate page numbering for the cover letter, report body (beginning with report cover page), and supplemental information. The font face and size should be Arial 11 for inspection reports.

## ATTACHMENT 1

### EXAMPLE IP 90001/90002 SUPPLEMENTAL INSPECTION REPORT

***(Note: The guidance in this sample report supplements the guidance in IMC 0613P. See IMC 0613P for current guidance on cross-cutting areas, components, and aspects. Some report sections contain example documentation of both “positive” and “negative” assessments.)***

Month dd, YYYY

Ms. Roberta Browning  
Vice President  
Greckenshire Power & Light  
Dirojac Electric Station  
10 Fourth Street  
Fridge, North Dakota

SUBJECT: DIROJAC ELECTRIC STATION, UNIT 1 (***list only the affected unit(s)***); NRC INSPECTION PROCEDURE 9000X  
SUPPLEMENTAL INSPECTION REPORT 05000ddd/YYYY###

Dear Ms. Browning:

On *(date inspection was completed)*, the U.S. Nuclear Regulatory Commission (NRC) staff completed a supplemental inspection pursuant to Inspection Procedure *(90001, “Inspection for One or Two White Inputs in a Strategic Performance Area,” or 90002, “Inspection for One Degraded Cornerstone or any Three White Inputs in a Strategic Performance Area,”)* at your Dirojac Electric Station, Unit 1. The enclosed inspection report documents the inspection results, which were discussed at the exit meeting on *(date)* with *(name of principal manager who attended the final exit meeting)* and other members of your staff.

***(Describe the criteria that were met for performing the supplemental inspection.)***  
As required by the NRC Construction Reactor Oversight Process Action Matrix, this supplemental inspection was performed because *(a finding(s) of (enter color) safety significance was identified in the (enter 1st, 2nd, 3rd or 4th) quarter of YYYY. This issue was documented previously in NRC Inspection Report 05200ddd/20YYXXX. The NRC staff was informed on (date the NRC staff was informed) of your staff’s readiness for this inspection.*

The objectives of this supplemental inspection were to provide assurance that: (1) the root causes and the contributing causes for the risk-significant issues were understood; (2) the extent of condition and extent of cause of the issues were identified; and (3) corrective actions were or will be sufficient to address and preclude repetition of the root and contributing causes. ***(For a 90002 inspection, add the following: “This***



*inspection also included an independent NRC review of the extent of condition and extent of cause for the (enter color finding) and an assessment of whether any safety culture component caused or significantly contributed to the (enter color finding).”) The inspection consisted of examination of activities conducted under your license as they related to safety, compliance with the Commission’s rules and regulations, and the conditions of your operating license.*

***(Provide a brief description of the inspectors’ overall assessment of the licensee’s root cause analysis, extent of condition and cause reviews, and corrective actions. This paragraph documents an example of a positive assessment.)*** The inspector(s) determined that your staff performed a comprehensive evaluation of the *(enter color)* finding. Your staff’s evaluation identified the primary root cause of the issue to be *(enter cause)*, which resulted in *(enter result)*. Your staff also identified that the *(enter cause)* was not limited to the *(xxx)* and has taken corrective actions to ensure *(enter purpose of corrective actions)*. *(Other possible words: In addition, your staff intends to review the scope of quality assurance (QA) audits to determine whether additional resources need to be provided to the QA department to identify similar programmatic deficiencies).*

***(Note: If there were no findings, then add the following sentence.)*** Based on the results of this inspection, no findings of significance were identified.

***(Note: If there was at least one NRC-identified, self-revealing, or licensee-identified green finding, then add the following paragraph. Follow IMC 0613P guidance for documenting other types of inspection issues in cover letters.)*** The attached report documents *(the number)* NRC-identified finding(s) having very low safety significance (i.e., green). The finding was determined to involve violations of NRC requirements. ***(Note: Do not elaborate on green findings. If applicable, add the following sentence.)*** The finding had a cross-cutting aspect in the area of *(Baseline Inspection or Safety Conscious Work Environment)* because *(use the wording from the cross-cutting aspect guidance in IMC 0613P, Appendix F)*. ***(Note: Include the following sentence for licensee-identified violations.)*** Additionally, a licensee-identified violation which was determined to be of very low safety significance is listed in this report. Because of the very low safety significance and because it is entered into your corrective action program, the NRC staff is treating this finding as a non-cited violation (NCV) consistent with Section VI.A.1 of the NRC Enforcement Policy. If you contest any NCV in this report, you should provide a response within 30 days of the date of this inspection report, with the basis for your denial, to the Nuclear Regulatory Commission, ATTN.: Document Control Desk, Washington DC 20555-0001; with copies to the Regional Administrator, Region II; the Director, Office of Enforcement, United States Nuclear Regulatory Commission, Washington, DC 20555-0001; and the NRC Resident Inspector at the Durojac Electric Station.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and your response (if any) will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system, Agencywide Documents Access and Management System (ADAMS). ADAMS is accessible from the NRC Website at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

Jane A. Miller, Chief  
Reactor Projects Branch #  
Division of Construction Projects

Docket No.: 50-ddd  
License No.: NPF-01

Enclosure: Inspection Report 05200ddd/YYYY###  
w/ Attachment: Supplemental Information

cc w/encl: ***(Note: Use normal distribution list.)***

Distribution w/encl: via e-mail ***(Note: Use normal NRC distribution list including the appropriate NRO/DCIP/CAEB contact.)***

## ATTACHMENT 2

### ENCLOSURE

U.S. NUCLEAR REGULATORY COMMISSION (NRC)  
REGION II, CENTER FOR CONSTRUCTION INSPECTION

Docket No.: 52-ddd

License No.: NPF-01

Report No.: 05200ddd/YYYY###

Licensee: Greckenshire Power & Light

Facility: Dirojac Electric Station, Unit 1 (Dirojac)

Location: Fridge, North Dakota

Dates: Month dd, YYYY through Month dd, YYYY

Inspectors: J. Larkin, Senior Resident Inspector, Lead Inspector  
J. Henry, Resident Inspector  
J. Smith, Reactor Engineer  
J. Boyle, Reactor Project Engineer

Approved by: Jane A. Miller, Chief  
Construction Projects Branch #  
Division of Construction Projects

***(The report, which commences with this page, is an enclosure to the cover letter and starts as page 1. The word "Enclosure" should be inserted in the footer at the bottom of each page and flush to the right [not shown].)***

## ATTACHMENT 3

### SUMMARY OF FINDINGS

Inspection Report (IR) 05200ddd/YYYY###; MM/DD/YYYY - MM/DD/YYYY; Dirojac Electric Station, Unit 1; Supplemental Inspection - Inspection Procedure (IP) 9000X

**(Note: This paragraph assumes that a finding with a cross-cutting aspect was identified.)** A senior resident inspector, a resident inspector, and two regional inspectors performed this inspection. The inspectors identified one finding having very low (green) safety significance. The inspectors determined the finding was a non-cited violation (NCV). The significance of most findings is indicated by their color (i.e., green, white, yellow, or red) using the NRC Inspection Manual Chapter (IMC) 2519P, "Construction Significance Determination Process - Pilot" (SDP). Cross-cutting aspects are determined using IMC 0613P, "Power Reactor Construction Inspection Reports - Pilot." Findings for which the SDP does not apply may be green or be assigned a severity level after NRC management review.

Cornerstone: Construction/Installation

**(Briefly describe the issue(s) that prompted the inspection, provide the inspectors' overall assessment of the licensee's performance with respect to the inspection requirements, and describe where the issue stands in the assessment process, with respect to IMC 0305.)** The NRC staff performed this supplemental inspection in accordance with (IP 9000X, "Inspection for One or Two White Inputs in a Strategic Performance Area," or IP 90002, "Inspection for One Degraded Cornerstone or any Three White Inputs in a Strategic Performance Area,") to assess the licensee's evaluation associated with the failure to provide proper oversight of welding activities on the reactor coolant system. The NRC staff previously characterized this issue as having (low to moderate) safety significance (white), as documented in NRC IR 05200ddd/20YYXXX. During this supplemental inspection, the inspectors determined that the licensee performed a comprehensive evaluation of the improper welding oversight. The licensee identified the primary root cause of the issue to be the failure to conduct required audits of welding activities, which allowed improper welding techniques to continue over a prolonged period of time. The failure to provide proper oversight was not limited to the welding of the reactor coolant system piping, and the licensee has taken corrective actions to ensure required audits are properly scheduled and conducted. The licensee also intends to review the scope of quality assurance (QA) audits to determine if additional resources need to be provided to the QA department to ensure required audits are conducted.

Given the licensee's acceptable performance in addressing the failure to conduct required audits, the (white) finding associated with this issue will only be considered in assessing plant performance for a total of two quarters in accordance with the guidance in IMC 2505, "Periodic Assessment of Construction Inspection Program Results." Inspectors will review the licensee's implementation of corrective actions during a future inspection.

**OR**

The NRC staff performed this supplemental inspection in accordance with (*IP 9000X, "Inspection for One or Two White Inputs in a Strategic Performance Area," or IP 90002, "Inspection for One Degraded Cornerstone or any Three White Inputs in a Strategic Performance Area,"*) to assess the licensee's evaluation associated with the failure to provide proper oversight of welding activities on the reactor coolant system. The NRC staff previously characterized this issue as having (*low to moderate*) safety significance (*white*), as documented in NRC IR 05200ddd/20YYXXX. During this supplemental inspection, the inspectors identified several significant deficiencies with the licensee's evaluation of the failure to conduct required audits. While the licensee's evaluation attributed the root cause of this issue to improper training of auditors, the inspectors identified that the failure to conduct required audits was instead the result of the licensee's failure to recognize that the audits were required. In addition, the inspectors determined that the failure to conduct audits of reactor coolant system audits did not appear to be limited to the reactor coolant system welding because NRC staff has previously identified similar concerns regarding the oversight of welding activities in other areas of the plant. The inspectors determined that the licensee's corrective actions were inadequate because they focused on retraining the auditors instead of addressing the issue of scheduling and conducting required audits.

As a result of these concerns, the (*white*) issue associated with the failure to conduct required audits will not be closed at this time. In addition, the NRC staff identified an additional performance deficiency during the inspectors' review of the licensee's corrective actions.

Findings

**(Note: Each finding is self-contained for PIM entry with respect to abbreviations.)**

No findings of significance were identified.

**OR**

- Green. The NRC inspectors identified a violation which met the criteria of a non-cited violation (NCV) of Title 10 of the *Code of Federal Regulations* (CFR), Part 50, Appendix B, Criterion XVI, "Corrective Action," for the licensee's failure to establish (1) measures that assured that the cause of a significant condition adverse to quality (SCAQ) was determined and (2) corrective actions to preclude repetition of the SCAQ. Specifically, the licensee failed to identify the root cause for the failure to conduct required audits and subsequently take corrective actions to preclude repetition of this failure. The licensee staff entered this issue into their corrective action program as condition report CR 20YY-XXXX and intends to perform an additional independent root cause evaluation. The licensee also established corrective actions to immediately perform extent of condition and extent of cause evaluations to address the failure to schedule and conduct required audits.

The performance deficiency had more than minor safety significance because if left uncorrected, it would have the potential to lead to a more significant safety concern (i.e., inadequate welding of safety-related equipment). In addition, the finding correlated to example 8 of IMC 0613P, Appendix E. Therefore, the performance deficiency was a finding. Using IMC 2519P the inspectors determined that the finding had very low safety significance. The finding had a cross-cutting aspect in the corrective action program component of the baseline program because the licensee did not thoroughly evaluate a problem such that the resolution addressed causes and extent of conditions, as necessary including properly classifying conditions adverse to quality. (B.5(c)). (Section 02.03.f)

## APPENDIX D

### Guidance For Documenting Inspection Procedure 35007 Corrective Action Program Inspections

One of the objectives of Inspection Procedure 35007 is to provide an assessment of the effectiveness of the licensee's corrective action programs (CAP). Consequently, the type of documentation for this inspection should be different than for other baseline inspections and may include more qualitative observations. Listed below are some general principles that apply to documenting the results of IP 35007. These principles supplement the guidance contained elsewhere in Inspection Manual Chapter (IMC) 0613P.

1. The cover letter for routine CAP inspection reports should conform to the guidance given for other baseline inspections, but it should also contain a brief description of the team's overall conclusion regarding the effectiveness of the licensee's CAP.

The cover letter for CAP inspections conducted to determine if the licensee has adequately developed the CAP and has subsequently adequately implemented the CAP shall clearly state the NRC's conclusion regarding these two inspection objectives and also clearly state whether or not the criteria to issue non-cited violations (NCVs) for NRC-identified and self-revealing issues has been met. If the criteria has not been met to issue NCVs, the cover letter should state what criteria remains to be met in order for the NRC to be authorized to issue NCVs.

2. The summary of issues for this report should contain the team's overall assessment of the licensee's CAP, on the basis of both the annual team inspection and routine baseline inspections. This overall assessment should also be placed in CIPIMS as an observation.
3. The inspection report should contain an assessment for each of the inspection requirements as follows.
  - a. Assessment of the Corrective Action Program Effectiveness

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to verify that:

- The licensee is identifying problems at the proper threshold and entering them into the corrective action system;
- The licensee is adequately prioritizing and evaluating issues, include pertinent reference numbers (for example, NCR #s, violations #s, etc.); and

- Corrective actions are effective at preventing recurrence and timely.

Include samples taken from the previous 12 months of routine baseline inspection reports. Also include assessments and audits of the corrective action program that were completed within the previous 12 months.

Assessment - Effectiveness of Problem Identification Document a general conclusion regarding the licensee's effectiveness in problem identification. Include the bases for the general conclusion. Discuss issues and relevant observations regarding problem identification, and properly disposition any related findings.

Assessment - Effectiveness of Prioritization and Evaluation of Issues Document a general conclusion regarding the licensee's effectiveness in problem evaluation, and include the bases for that conclusion. Discuss issues relative to:

- The effectiveness of the licensee's process for prioritizing issues
- Technical adequacy and depth of evaluations (including root cause analysis where appropriate)
- Adequate consideration of reportability requirements

Assessment - Effectiveness of Corrective Actions. Document a general conclusion regarding the licensee's ability to develop and implement effective corrective actions. Discuss issues and relevant observations regarding corrective actions, including, for significant conditions adverse to quality, issues associated with the effectiveness of corrective actions to prevent recurrence.

b. Assessment Use of Construction Experience

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to verify that the licensee appropriately used construction experience information.

Assessment - Document a general conclusion regarding the licensee's use of construction experience information. Include the bases for the general conclusion.



c. **Assessment of the Self-Assessments and Audits**

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to verify that the licensee conducted self- and independent assessments of their activities and practices, as appropriate to assess performance and identify areas for improvement.

Assessment - Document a general conclusion regarding the licensee's self-assessments and audits. Include in the conclusion if issues identified by those self-assessments were addressed. Incorporate into the discussion the bases for the general conclusion

d. **Assessment of Safety Conscious Work Environment**

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to assess whether issues exist that may represent challenges to the free flow of information, and to determine whether underlying factors exist that would produce a reluctance to raise nuclear safety concerns.

Assessment - Document a general conclusion regarding the existence of issues that may represent challenges to the free flow of information, and of underlying factors that could produce a reluctance to raise nuclear safety concerns. Include the bases for the general conclusion.

4. Negative conclusions regarding aspects of the CAP should be supported by examples of violations. Other conclusions should be supported by a brief statement of the basis for the conclusion, including the scope of material reviewed.

## APPENDIX E

### Examples of More-Than-Minor Construction Violations

This guidance applies to thresholds for documenting findings and violations in Inspection Manual Chapter 0613P. Although the following examples are all violations of requirements, cROP findings that are not associated with violations should be considered minor if the finding is similar to the example guidance.

Minor findings and violations are below the significance of that associated with green SDP findings and are not the subject of formal enforcement action or documentation. Failures to implement requirements that have insignificant safety or regulatory impact or findings that have no more than minimal risk should normally be categorized as minor.

Issues that represent isolated (i.e., “isolated” in that based on a reasonable effort, the staff determines that the issue is not recurring nor is it indicative of a programmatic issue such as inadequate supervision, resources, etc.) failures to implement a requirement and have insignificant safety or regulatory impact should normally be categorized as minor violations.

If possible, the inspector should determine whether the issue represented an isolated failure to implement a requirement which had an insignificant safety or regulatory impact. For an issue to be considered isolated, the inspector has determined that the issue is not indicative of a programmatic issue. If the inspector did not sample enough to make this determination, the issue should not be considered isolated. The determination that an issue is isolated should imply that the licensee had established adequate measure to control the construction activity. Recurring issues that are NOT indicative of a programmatic deficiency, and have an insignificant safety or regulatory impact, should be considered minor.

When determining whether identified issues can be considered minor, NRC inspectors should consider the following four questions.

1. Is the issue similar to the “not minor if” statement of an example in this appendix?
2. Does the issue, if left uncorrected, represent a condition adverse to quality that renders the quality of a structure, system, or component (SSC) or activity, unacceptable or indeterminate, AND the issue is associated with any one or more of the following?
  - A. A deficiency in the design, manufacture, construction, installation, inspection, or testing of a SSC, which required one of the following to establish the adequacy of the SSC to perform its intended safety function: (i) detailed engineering justification; (ii) redesign; (iii) replacement; (iv) supplemental examination, inspection, or test; (v) substantial rework; or (vi) repair

- B. A non-conservative error in a computer program, design specification, construction specification, design report, drawing, calculation, or other design output document that defines the technical requirements for the SSC
- C. An irretrievable loss of a quality assurance record; or a record-keeping issue that could preclude the licensee from being able to take appropriate action on safety-significant matters, or from objectively or properly assessing, auditing, or otherwise evaluating safety-significant activities, or
- D. An unqualified process, procedure, tool, instrument or personnel used for a construction activity that either invalidated previously accepted activities, or required requalification

Issues that could render the quality of a SSC or activity, unacceptable or indeterminate, would generally be associated with violations. An issue that *could* adversely affect a SSC's ability to perform its intended safety function, or could impair the accomplishment of another SSC's safety function, should generally be considered more-than-minor. Also, issues that represent a reduction in safety margin compared to the latest safety analysis approved by the NRC should also be considered more-than-minor.

*["Could" does NOT imply that the issue would absolutely adversely affect the SSC. It implies a probability that the ability of the SSC to perform its intended safety function may be adversely affected if the proper conditions existed.]*

The non-existence of a detailed engineering justification does not necessarily imply that the issue is minor, in that the inspector should consider that the lack of a more detailed evaluation may indicate that the licensee failed to adequately consider the scope of the issue or fully understand the technical and quality requirements. In some cases, re-design may appear to be a simple corrective action, and minor on the surface; however, the staff should verify that all interactions and interfaces have been considered and that sufficient design margin is available.

3. Does the issue, if left uncorrected, represent a failure to establish, implement or maintain an adequate process, program, procedure, or quality oversight function that could render the quality of the construction activity unacceptable or indeterminate?

Depending on the particular circumstances, issues related to the "Failure to establish an adequate process, program, procedure, or quality oversight function that could render the quality of the construction activity unacceptable or indeterminate," should be considered more-than-minor. These issues are more significant, in that the licensee will depend on these processes, programs, procedures, and quality oversight functions to establish the basis that the SSC is constructed in accordance with the approved design (i.e., the SSC will perform its intended safety function.)

4. If left uncorrected, could the issue adversely affect the closure of an Inspection, Test, Analyses, and Acceptance Criteria (ITAAC)?

An issue, that if left uncorrected, could potentially prevent the licensee from closing an ITAAC, should be considered more than minor. The issue must be material to the acceptance criteria of the ITAAC.

If the answer to all of the preceding questions is no, the violation is a minor violation.

If the answer to any of the preceding questions is yes, the violation is a more-than-minor violation and is considered a finding. Proceed to IMC 0613P, Appendix B, Section 1-4 to screen for identification credit.

While licensees must correct minor violations, minor violations or other minor findings do not normally warrant documentation in inspection reports or inspection records and do not warrant formal enforcement actions. If a licensee does not disposition a minor violation in accordance with its CAP, then the inspectors should screen this as a new construction issue.

### **CONSTRUCTION ISSUE EXAMPLES**

All examples in this appendix assume (unless otherwise stated) that the construction activity had been released for use. This does not imply that “actual” work on an SSC had to have been performed for an issue to be more-than-minor. For example, if a design drawing had been released for use (i.e., the licensee had reviewed and approved the drawing), and it contained significant errors, the issue may be more-than-minor even if no SSCs had been constructed with the incorrect drawing.

All examples in this appendix assume that the licensee had an opportunity to identify and correct the issue (i.e., the construction activity had been reviewed by at least one level of licensee quality assurance, quality control, or other designated / authorized personnel.)

This does not imply that the licensee must have “signed-off” the construction activity as complete. If the licensee had performed a quality control acceptance inspection, check, or review, which would reasonably be expected to identify and correct the issue, then the specific construction activity may not be a “work-in-progress.” As used in the examples, the terms “licensee” and “applicant” are interchangeable.

As used in the examples, the term “Inspector” relates to the NRC inspector (unless otherwise stated.)

In all examples, it is assumed that the licensee documents and corrects the issue, even if the issue is determined to be minor. If the licensee fails to correct a minor violation, that would be screened as a different issue.

The referenced quality assurance (QA) Criterion may be the 10 CFR 50, Appendix B criterion, the corresponding ASME NQA-1, or other equivalent QA criteria which were approved by the NRC staff as part of the license.

The following tables provide a reference to the different types of issues covered by the examples.

<b>TABLE 1:</b>		
<b><u>ISSUES RELATED TO APPENDIX E MINOR SCREENING QUESTIONS</u></b>		<b>EXAMPLE</b>
<p><b>QUESTION 2:</b></p> <p>Does the issue, if left uncorrected, represent a condition adverse to quality that renders the quality of a structure, system, or component (SSC) or activity, unacceptable or indeterminate, <b>AND</b> the issue is associated with any one or more of the following [A-D]?</p>	<p><b>A.</b> A deficiency in the design, manufacture, construction, installation, inspection, or testing of a SSC, which required one of the following to establish the adequacy of the SSC to perform its intended safety function: (i) a detailed engineering justification; (ii) redesign; (iii) replacement; (iv) supplemental examination, inspection, or test; (v) substantial rework; or (vi) repair</p>	<p>1, 12; 13; 16; 17; 19; 22; 24; 25; 26</p>
	<p><b>B.</b> A non-conservative error in a computer program, design specification, construction specification, design report, drawing, calculation, or other design output document that defines the technical requirements for the SSC</p>	<p>2; 3; 9; 14; 17;</p>
	<p><b>C.</b> An irretrievable loss of a quality assurance record; or a record-keeping issue that could preclude the licensee from being able to take appropriate action on safety-significant matters, or from objectively or properly assessing, auditing, or otherwise evaluating safety-significant activities</p>	<p>4; 10;</p>
	<p><b>D.</b> An unqualified process, procedure, tool, instrument or personnel used for a construction activity that either invalidated previously accepted activities, or required requalification</p>	<p>5; 6; 7; 11; 13; 15; 16; 20; 21;</p>

**QUESTION 3:**

Does the issue, if left uncorrected, represent a failure to establish, implement or maintain an adequate process, program, procedure, or quality oversight function that could render the quality of the construction activity unacceptable or indeterminate?

2; 3; 4; 6;  
7; 8; 9; 10;  
15; 17; 18;  
19; 22; 23;  
24; 25

**TABLE 2:****ISSUES RELATED TO SPECIFIC QA CRITERIA**

Category	10 CFR Part 50, Appendix B Criteria		Example
Management Controls	1	Organization	None
	2	QA Program	5; 13; 15; 21;
	18	Audits	8
Design Control	3	Design Control	1; 2; 3; 9; 14; 17;
Procurement	4	Procurement Document Control	None
	7	Control of Purchased Material, Equipment and Services	8
Work Controlling Documents and Records	5	Instructions, Procedures and Drawings	2; 3; 6; 7; 8; 10; 12; 17; 18; 19; 20; 22; 24;
	6	Document Control	14; 17; 18; 19;
	17	QA Records	4; 10; 11; 26
Materials and Equipment	8	Identification and Control of Materials, Parts, and Components	23;
	12	Control of Measuring and Test Equipment	11;
	13	Handling, Storage and Shipping	22; 23; 24
	14	Inspection, Test and Operating Status	None
Special Processes, Inspection, and Test Control	9	Control of Special Processes	5; 6; 13; 15; 16; 20; 26
	10	Inspection	5; 7; 12; 13; 16; 21; 25; 26;
	11	Test Control	None
Nonconformance and Corrective Action	15	Nonconforming Materials, Parts or Components	12; 17; 25;
	16	Corrective Action	25;

## **EXAMPLE 1**

Issue: The NRC inspectors identified that the as-built SSC did not meet the applicable design or construction specification.

Minor because: The as-built SSC was acceptable without the support of a detailed engineering justification, or amendment to the licensing basis document (i.e., the issue was insignificant.)

Or: the as-built SSC was an alternate design that the governing code allowed, and the use of this alternate design only required a minor revision to the specification.

Or the as-built SSC did not conform to the specification, but was made acceptable with minor re-work (e.g., minor adjustment or minor grinding) or completion of originally prescribed processing.

Or the as-built structure was more conservative than the as-designed.

Not minor if: The use of that alternate design required a detailed justification by the licensee to ensure that the as-built structure did not adversely affect the SSC's ability to perform its intended safety function and would not impair the accomplishment of a safety function through adverse interaction.

Or the use of the alternate design resulted in the licensee having to meet other technical requirements, which were not part of the original design. For example, the use of the as-built structure would require additional inspections, tests, re-work, maintenance, etc., to ensure that the SSC would perform its intended safety function.

Or the as-built SSC required substantial rework or repair.

Or the use of the as-built SSC required a supplemental examination in order to establish the ability to perform its intended safety function.

## **EXAMPLE 2**

Issue: The inspectors identified that the licensee's design specification does not conform to the design basis (i.e., the licensee failed to adequately translate the approved design to appropriate drawings, instruction, procedures, etc.).



Minor because: The design error resulted in a more conservative analysis than what was required by the governing technical requirements.

Or the design error was insignificant, in that the ability of the as-designed SSC to perform its intended safety function was not challenged.

Not minor if: The design error resulted in a less conservative analysis that could have adversely affected the SSC's ability to perform its intended safety function.

### **EXAMPLE 3**

Issue: The inspectors identified that an electrical drawing (design output document) failed to adequately translate the design basis requirements by omitting the voltage output regulation required to feed a safety significant SSC. The SSC had not been constructed, but the drawing had been released for use.

Minor because: The error was insignificant, in that SSC could perform its intended safety function, within the operating range of the degraded voltage level.

Not minor if: The design error could have caused the SSC to not perform its intended safety function.

### **EXAMPLE 4**

Issue: The inspectors identified that the licensee failed to store quality-related records in accordance with QA program requirements.

Minor because: The licensee had established adequate procedures for the retention (storage) of records and the records were not damaged or lost.

Or an insignificant portion of a record was damaged or lost, such as a cover page, index, etc., which did not provide the documentary evidence that the SSC would perform its intended safety function.

Not minor if: Actual records were lost or damaged, and the licensee could not easily recreate the records with reasonable assurance of their accuracy (i.e., supplemental inspections were required to recreate the missing information.) [Note: If actual records were lost, the issue may be indicative of a programmatic deficiency, even if the records were able to be recreated]

Or the licensee had not established adequate procedures for the retention of QA records (e.g., the licensee had not purchased adequate storage cabinets for permanent or temporary storage of QA records.)

### **EXAMPLE 5**

Issue: The NRC inspectors identified that the licensee's QC inspector was not qualified in accordance with the QA program requirements.

Minor because: The inspector's unqualified status was a result of an administrative issue, and the ability or competence of the inspector was not suspect. For example, the inspector's certification paperwork was not signed by his employer, but he had completed all other required training and qualification requirements.

Not minor if: The QC inspector was not qualified to perform the inspection, in that his ability or competence was suspect. For example, the QC inspector's eye examination had expired, or corrective lenses were not worn when performing the QC inspection.

Or the inspector's unqualified status resulted in the invalidation of previously accepted inspections.

### **EXAMPLE 6**

Issue: The inspectors identified that the licensee was welding with a different size and type of tungsten electrode than that allowed by the welding procedure specification.

Minor because: According to the ASME code, a change in the electrode size or type is a nonessential variable; therefore, the welding procedure specification does not need to be re-qualified.

Not minor if: If the issue is related to a change in an essential variable, and the procedure was required to be re-qualified.

### **EXAMPLE 7**

Issue: The inspectors identified that the licensee's test procedure was not compliant with technical or quality requirements, or both.

Minor because: The issue was insignificant, in that the procedure was not unqualified due to a technical issue (i.e., the procedure did not

require requalification, and the results of previous inspections were not suspect).

Not minor if: The procedure was required to be qualified by performance demonstration.

Or, the results of previous inspections were invalid.

### **EXAMPLE 8**

Issue: The inspectors identified that the licensee failed to conduct a required annual surveillance of their supplier.

Minor because: The licensee had established adequate measures to control purchased items and services, and the licensee had completed an initial audit of the supplier; therefore, the supplier was approved to provide safety-related SSCs. The supplier continued to demonstrate adequate controls over technical and quality requirements as evidenced by acceptable receipt inspections performed upon delivery of the SSCs to the licensee.

Not minor if: The licensee or the NRC identified violation related to the SSCs supplied by the supplier, which may have been prevented or identified by the surveillance.

Or the licensee had not established measures to ensure that purchased items and services conformed to applicable technical and quality requirements.

### **EXAMPLE 9**

Issue: A design change was made to a SSC, but the change was not controlled by measures commensurate with those applied to the original design.

Minor because: The design change did not contain technical errors that rendered the quality of the SSC unacceptable or indeterminate, and was isolated.

Not minor if: The design change contained errors that could affect the quality of the SSC and the ability of the SSC to perform its intended safety function.

### **EXAMPLE 10**

Issue: The inspectors identified that the licensee failed to authenticate QA records as required by the QA program.

Minor because: The failure to authenticate QA records was isolated to one work activity, and the licensee had established measures to ensure that records were complete and accurate, and the actual records were complete and accurate (i.e., the failure to formally validate the QA records did not adversely affect the quality of the construction activity.)

Not minor if: The licensee had failed to establish a process or program to ensure that QA records were complete and accurate.

Or the failure to authenticate QA records was not isolated, in that records for multiple work activities were not authenticated.

Or the record issue was significant, in that the records were found to be incomplete or inaccurate such that the quality of the construction activity was indeterminate (i.e., the QA records did not contain information needed to provide reasonable evidence that the SSC could perform its intended safety function.)

### **EXAMPLE 11**

Issue: Inspectors identified an error on the calibration records for measuring & test equipment (M&TE.)

Minor because: The M&TE can be retested and the results are clearly within the prescribed acceptance standards (i.e., the error was a documentation error and not evidence of an M&TE that was out of calibration.)

Not minor if: If the issue requires an evaluation of out of tolerance, lost, or damaged M&TE that indicates questionable acceptability for previous inspection or test results indicating the need to re-inspect or re-test.

### **EXAMPLE 12**

Issue: For a completed inspection, the inspectors identified that the licensee failed to meet the acceptance limit.

Minor because: The acceptance limit was more conservative than the governing regulatory requirement.

Not minor if: The acceptance limit was a regulatory limit, and the failed test rendered the quality of the SSC unacceptable or indeterminate.

### **EXAMPLE 13**

Issue: During construction of a SSC, the NRC inspectors identified a deficiency with the inspection of a safety-related SSC.

Minor because: The inspection was not required by any regulation (i.e., “For Information Only”), and the qualification of the examiner and procedure were adequate.

Not minor if: If the inspection was required by regulation. (i.e., the examination would be used to establish the adequacy of the SSC to perform its intended safety function)

Or, the qualifications of the examiner or the procedure (if either were used for quality-related inspection activities) were suspect such that the acceptability of completed, quality-related inspections was, unacceptable or indeterminate.

### **EXAMPLE 14**

Issue: The as-built SSC did not match the design drawing, because the drawing was not updated with an approved engineering change request.

Minor because: The failure to update the design drawing was isolated, and the as-built is acceptable as is.

Not minor if: The failure to update design drawings was not isolated.

Or the as-built was unacceptable, in that the engineering change request was inappropriately approved.

Or the incorrect drawing adversely affected other construction activities, such as other engineering activities.

### **EXAMPLE 15**

Issue: The NRC inspector identified that a licensee QC inspector had not

completed required refresher training, and therefore had expired certifications.

Minor because: Initial qualification training had been performed, and the ability of the inspector to perform the technical inspection was not suspect.

Or the inspector had not performed any inspections while his training was expired.

Not minor if: The refresher training was significant in that the ability of the inspector to perform adequately was suspect

Or the licensee was required to reexamine safety-related SSCs because of the expired certifications.

### **EXAMPLE 16**

Issue: During visual examination of a weld, the inspectors identified that the licensee's QC inspector failed to verify that he had the minimum required light intensity

Minor because: Although the QC inspector did not measure the light intensity, the ambient lighting was more than the minimum, and a visual indication could have been seen by the inspector.

Or the QC inspector used an acceptable alternative method to verify the minimum light intensity.

Not minor if: If the ambient lighting was less than the minimum, and the welds were required to be re-inspected.

Or the lighting could have been less than the required minimum and the welds were not accessible for re-inspection.

### **EXAMPLE 17**

Issue: To disposition a nonconformance with technical requirements, the licensee initiated and approved an engineering change request (ECR.) However, the licensee failed to post the ECR to the affected drawing.

Minor because: The licensee did not perform any construction work to the affected drawing.

Or the licensee continued construction work to the affected drawing, but the change did not directly affect the work performed.

Not minor if: If the ECR was directly related to work performed, and rendered the quality of the SSC unacceptable or indeterminate.

### **EXAMPLE 18**

Issue: NRC inspectors identified that a licensee procedure had undergone major revision and contained reference to another site procedure which had been cancelled prior to the date of the revision.

Minor because: The issue was insignificant, in that the cancelled procedure was not required to provide information that was material to the successful completion of the specific work activity (i.e., the issue was administrative.)

Not minor if: The issue was significant, in that the revised procedure relied on a cancelled procedure to provide information that was important to the successful completion of a work activity that affected a SSC (e.g., acceptance criteria for an inspection, guidance for technical evaluation of data, qualification criteria, etc.)

### **EXAMPLE 19**

Issue: During inspection of construction activities, the NRC inspector found a superseded copy of the installation work procedure beside some tools staged at the job site.

Minor because: Work activities had not been conducted with the outdated procedure.

Or work activities had been completed with the outdated procedure, but the difference between the outdated procedure and current revision did not render the quality of the construction activity unacceptable or indeterminate.

Not minor if: The outdated procedure was being used and the differences were not insignificant (i.e., the quality of the construction activity was unacceptable or indeterminate.)

### **EXAMPLE 20**

Issue: The licensee's welding procedure allowed higher limits on amperage than that allowed by the welding code.

Minor because: No welding had been performed in the unacceptable range.

Or welding at the higher amperage would not adversely affect the weld.

Not minor if: If welding had been performed (or would be performed) at amperage higher than what the code allowed, and the welding procedure had not been re-qualified at the higher amperage.

### **EXAMPLE 21**

Issue: NRC inspectors identified that a licensee QC inspector had expired training and certification records related to concrete cylinder break tests. The QC inspector's certifications had been expired for three months.

Minor because: The issue was isolated, and the expired certification documents was an administrative issue, in that, the inspector maintained adequate knowledge and experience to perform the break tests, and interpret the results in accordance with the approved test procedures.

Not minor if: If deficiencies were identified with the concrete cylinder break tests that can be attributed to expired certification.

Or the results of the previous break tests were invalid.

### **EXAMPLE 22**

Issue: Licensee procedures require that all safety-related structural steel be stored off the ground to prevent corrosion. The inspectors identified structural steel that was lying directly on the ground.

Minor because: The steel had not been damaged and there was no active corrosion that would require a detailed engineering evaluation, re-design or repair to establish the adequacy of the structural steel to perform its intended safety function.

Not minor if: The structural steel was damaged such that a detailed engineering evaluation, re-design, or repair was necessary to establish the adequacy of the structural steel to perform its intended safety function.

### **EXAMPLE 23**

Issue: The inspectors identified that items in a lay-down area were missing tags which were required by a licensee QA procedure.



Minor because: The tags were an administrative control, in that the items did not rely on the tags to maintain material traceability as required by a regulatory requirement.

Not minor if: The tags were required to maintain traceability, and the licensee had installed items for which they had lost material traceability.

#### **EXAMPLE 24**

Issue: Inspectors identified that the environmental storage conditions of SSCs did not meet the licensee's QA program requirements.

Minor because: Storage conditions had an insignificant impact on the SSC.

Not minor if: Inadequate environmental storage conditions adversely affected stored items.

#### **EXAMPLE 25**

Issue: The inspectors identified that the licensee failed to initiate a nonconformance report for a licensee-identified deficiency discovered during the final inspection of an item.

Minor because: The licensee maintained another process for documentation (identification) of the nonconformance, and the deficiency was corrected with minor rework, completion of originally prescribed processing, or was acceptable "as-is" without a detailed engineering justification.

Not minor if: The licensee failed to document (identify) the nonconformance.

#### **EXAMPLE 26**

Issue: The NRC inspectors identified a technical error on an inspection record for a code required examination.

Minor because: The technical error was insignificant.

Or the person responsible for the completeness and accuracy of the information on the report had not signed it.

Not minor if: The error was not insignificant, and the person responsible for the completeness and accuracy of the information on the report had signed it.

## APPENDIX F

### Construction Safety Focus Components and Aspects

Because the causes of inspection findings are unique to each finding, inspectors should use their judgment in deciding which construction safety focus component (CSFC) aspect is most appropriate, if any. For conditions adverse to quality, licensees will typically perform an apparent cause evaluation. As part of the inspection process, inspectors should have identified the cause that provides the most meaningful insight into the performance deficiency. Inspectors are not expected to perform independent causal evaluation beyond what would be appropriate for the significance of the issue. Selection of the CSFC aspect should very closely align with the violation. Usually, there should be only one principal cause and one CSFC aspect associated with each finding. More detailed guidance can be found in IMC 2505P “Periodic Assessment of Construction Inspection Program Results - Pilot.”

Inspectors are not expected to document a CSFC aspect for each and every inspection finding. A CSFC aspect of an inspection finding should be discussed in the report details if the inspector determines that the CSFC aspect of the finding was a significant contributor to the performance deficiency.

Inspectors shall not use the existence of a CSFC aspect to determine that a finding is greater than minor. Appendix B, “Issue Screening” should be used to determine whether the inspection finding is greater than minor.

#### A. Baseline Inspection

1. Decision-Making – Licensee decisions demonstrate that construction quality is an overriding priority. Specifically (as applicable):
  - (a) The licensee makes decisions related to construction quality that reflect the potential to impact ITAAC (closure or affect on already closed ITAAC) using a systematic process to ensure construction quality is maintained.

Authority and roles for evaluating these decisions are formally defined and communicated to applicable personnel including contractors and subcontractors.

Interdisciplinary input and review are attained on decisions that relate to more than one discipline.

Management uses a systematic process for planning, coordinating, and evaluating major changes in the construction environment. When

deviations from design or specifications are needed or recognized, the condition is promptly brought to the attention of the design authority. The condition is then carefully evaluated and is addressed through a formal design-change process before personnel proceed, thereby minimizing the potential for rework or nonconformance with the COL.

- (b) The licensee uses conservative assumptions in decision-making and adopts a requirement to demonstrate that the proposed construction activity does not adversely impact construction quality or ITAAC closure. The licensee conducts effectiveness reviews (e.g. self assessments or audits) of these decisions to verify the validity of the underlying assumptions, identify possible unintended consequences, and determine how to improve future decisions.

For example, when making decisions related to testing, individuals ensure that they are on the correct unit and question the validity of their underlying assumptions, identify possible unintended consequences, and obtain appropriate management involvement and/or interdisciplinary input and reviews.

- (c) The licensee communicates decisions and the basis for decisions, in a timely manner, to personnel who have a need to know the information in order to perform work properly.

- 2. Resources - The licensee ensures that personnel, equipment, procedures, and other resources are available and adequate to assure construction quality. Specifically, those necessary for:

- (a) Sufficient number of qualified personnel available to ensure the plant is constructed using a quality process in accordance with the design.

Training is developed and implemented to ensure technical competency and reinforces that safety significant construction quality is of the highest priority. The licensee ensures that contractor and licensee staffs have the necessary training and qualifications. Management ensures individuals maintain their professional and technical knowledge, skills, and abilities.

The licensee ensures adequate knowledge transfer from contract personnel to licensee personnel ensuring technical competency once the contract work is completed.

- (b) Complete, accurate and up-to-date design documentation (field drawings), procedures, and work packages, and correct labeling of components.

- (c) Adequate and available facilities and equipment, including temporary construction structures.
3. Work Control - The licensee plans and coordinates work activities, consistent with ensuring construction quality. Specifically (as applicable):
- (a) The licensee appropriately plans construction activities by addressing:
    - The potential to impact quality (CAQ/SCAQ)
    - Job site conditions, including environmental conditions which may impact human performance; previously/concurrently built structures, systems, and components; human-system interface; or radiological safety; and
    - Abort criteria to prevent inadvertent equipment damage, either to equipment being operated or connected systems
  - (b) The licensee appropriately coordinates work activities by incorporating actions to address:
    - The impact of changes to the work scope or other planned construction activities and work environment conditions (lighting, energy sources, etc.) that may affect work activities,
    - The impact of the work on different job activities, and the need for work groups to maintain interfaces with offsite organizations, and communicate, coordinate, and cooperate with each other during activities in which interdepartmental or multiple vendor coordination is necessary to assure quality construction,
    - Communication and coordination is maintained among on-site vendors, contractors, licensee personnel, and site support staff including transitory personnel.
    - The need to keep personnel apprised of construction work status that may affect work activities.
4. Work Practices - Personnel work practices support human performance. Specifically (as applicable):
- (a) The licensee communicates human error prevention techniques, such as holding pre-job briefings, self and peer checking, and proper documentation of activities. These techniques are used commensurate with the potential to impact construction quality for

the assigned task, such that work activities are performed in a quality manner with appropriate attention to detail.

Personnel are fit for duty. In addition, personnel do not proceed in the face of uncertainty or unexpected circumstances (maintain a questioning attitude).

- (b) The licensee defines and effectively communicates expectations regarding procedural compliance and personnel follow procedures and work instructions.
  - (c) The licensee ensures supervisory and management oversight of work activities, including contractors, such that construction quality is supported.
5. Corrective Action Program – The licensee ensures that issues potentially impacting construction quality are promptly identified, fully evaluated, and that actions are taken to address construction quality concerns in a timely manner, commensurate with their significance. Specifically (as applicable):
- (a) The licensee implements a corrective action program with a defined threshold for identifying issues. The licensee identifies such issues completely, accurately, and in a timely manner commensurate with their impact on construction quality.
  - (b) The licensee periodically trends and assesses information from the CAP and other assessments in the aggregate to identify programmatic and common cause problems. The licensee communicates the results of the trending to applicable personnel (licensee personnel, contractors, subcontractors, and vendors).
  - (c) The licensee thoroughly evaluates problems such that the resolutions address causes and extent of conditions, as necessary including properly classifying conditions adverse to quality. This also includes, for significant problems, conducting effectiveness reviews of corrective actions to ensure that the problems are resolved. Classifying of events should include review for impact to ITAAC conclusions or reliability assumptions used in the plant-specific Design Reliability Assurance Program (DRAP).
  - (d) The licensee takes appropriate corrective actions to address construction quality issues and adverse trends in a timely manner, commensurate with their significance (CAQ/SCAQ), complexity, and ability to impact ongoing construction activities.

- (e) If an alternative process (i.e., a process for raising concerns that is an alternate to the licensee's corrective action program or line management) for raising construction quality concerns exists, then it results in appropriate and timely resolutions of identified problems.
6. Construction Experience - The licensee uses construction experience (Con E) information, including vendor recommendations and internally generated lessons learned, to ensure construction quality. Specifically (as applicable):
- (a) The licensee systematically collects, evaluates, and communicates to affected internal stakeholders in a timely manner relevant internal and external Con E.
  - (b) The licensee implements and institutionalizes Con E through changes to construction processes, procedures, materials, and training programs.
7. Self and Independent Assessments – The licensee conducts self- and independent assessments of their activities and practices, as appropriate, to assess performance and identify areas for improvement. Specifically (as applicable):
- (a) The licensee conducts self-assessments at an appropriate frequency; such assessments are of sufficient depth, are comprehensive, are appropriately objective, and are self-critical. The licensee periodically assesses the effectiveness of oversight groups and programs such as CAP and policies.
  - (b) The licensee tracks and trends safety and construction quality indicators (performance goals), which provide an accurate representation of performance.
  - (c) The licensee coordinates and communicates results from assessments to affected personnel, and takes corrective actions to address issues commensurate with their significance.
8. Accountability - Management defines the line of authority and responsibility for construction quality. Specifically (as applicable):
- (a) Accountability is maintained for significant quality assurance decisions in that the system of rewards and sanctions is aligned with construction quality and reinforces behaviors and outcomes, which reflect construction quality as an overriding priority.
  - (b) Management communicates and reinforces quality assurance

standards and displays behaviors that reflect construction quality as an overriding priority.

- (c) The workforce demonstrates a proper construction quality focus and reinforces quality assurance principles among their peers.

## B. Safety Conscious Work Environment

1. Environment for Raising Concerns - An environment exists in which employees feel free to raise concerns both to their management and/or the NRC without fear of retaliation and employees are encouraged to raise such concerns. Specifically (as applicable):
  - (a) Behaviors and interactions of licensee personnel, contractors, subcontractors, and vendors encourage free flow of information related to raising construction quality concerns, differing professional opinions, and identifying issues in the CAP and through self-assessments. Such behaviors include supervisors responding to employee safety concerns in an open, honest, and non-defensive manner and providing complete, accurate, and forthright information to oversight, audit, and regulatory organizations. Past behaviors, actions, or interactions that may reasonably discourage the raising of such issues are actively mitigated. As a result, personnel freely and openly communicate in a clear manner conditions or behaviors, such as fitness for duty issues that may impact quality and personnel raise construction quality issues without fear of retaliation.
  - (b) If an alternative processes (i.e., a process for raising concerns or resolving differing professional opinions that are alternates to the licensee's corrective action program or line management) for raising concerns or resolving differing professional opinions exists, then they are communicated, accessible, have an option to raise issues in confidence, and are independent, in the sense that the program does not report to line management (i.e., those who would in the normal course of activities be responsible for addressing the issue raised).
2. Preventing, Detecting, and Mitigating Perceptions of Retaliation – A policy for prohibiting harassment and retaliation for raising safety significant construction quality concerns exists and is consistently enforced in that:
  - (a) All personnel are effectively trained that harassment and retaliation for raising safety significant construction quality (i.e. nuclear safety related) concerns is a violation of law and policy and will not be tolerated.

- (b) Claims of discrimination are investigated consistent with the content of the regulations regarding employee protection and any necessary corrective actions are taken in a timely manner, including actions to mitigate any potential chilling effect on others due to the personnel action under investigation.
- (c) The potential chilling effects of disciplinary actions and other potentially adverse personnel actions (e.g., reductions, outsourcing, and reorganizations) are considered and compensatory actions are taken when appropriate.



**ATTACHMENT 1**

**Revision History for IMC 0613P**

Commitment Tracking Number	Issue Date	Description of Change	Training Required	Training Completion Date	Comment Resolution Accession Number
	12/21/11 Cn 11-042 MI112991558	Issued to support cROP Pilot			