



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION**  
REGION II  
245 PEACHTREE CENTER AVENUE NE, SUITE 1200  
ATLANTA, GEORGIA 30303-1257

February 19, 2013

Mr. T. Preston Gillespie, Jr.  
Site Vice President  
Duke Energy Corporation  
Oconee Nuclear Station  
7800 Rochester Highway  
Seneca, SC 29672-0752

**SUBJECT: OCONEE NUCLEAR STATION – NOTIFICATION OF INSPECTION AND  
REQUEST FOR INFORMATION FOR NRC PROBLEM IDENTIFICATION AND  
RESOLUTION INSPECTION**

Dear Mr. Gillespie:

The purpose of this letter is to notify you that the U.S. Nuclear Regulatory Commission (NRC) Region II staff will conduct a Problem Identification and Resolution (PI&R) inspection at your Oconee Nuclear Station during the weeks of April 1-5, 2013 and April 15-19, 2013. The inspection team will be led by Ms. LaDonna Suggs, a Senior Reactor Engineering Inspector from the NRC's Region II office. This inspection will be conducted in accordance with the baseline inspection procedure, Procedure 71152, Problem Identification and Resolution, issued on January 31, 2013.

The biennial PI&R inspection and assessment of the licensee's Corrective Action Program (CAP) complements and expands upon the resident baseline inspections of routine daily screening of all corrective action program issues, quarterly focused issue reviews, and semiannual trend PI&R reviews.

On February 12, 2013, Ms. Suggs confirmed with Ms. Judy Smith, of your staff, arrangements for the two-week onsite inspection.

Enclosure 1 lists documents that will be needed prior to the inspection. Enclosure 2 is a corrective action program summary template. This template will be used to provide an overview of how the corrective action program is implemented. Please complete the template with the appropriate information for your facility and corrective action program. Contact Ms. Suggs with any questions concerning the requested information. Please have the referenced information from Enclosures 1 and 2 available no later than March 8, 2013. The inspectors will try to minimize your administrative burden by specifically identifying only those documents required for inspection preparation.

If additional documents are needed, they will be requested when identified. Prior to the onsite inspection, Ms. Suggs will discuss with your staff the following inspection support administrative details: availability of knowledgeable plant engineering and licensing personnel to serve as points of contact during the inspection; method of tracking inspector requests during the inspection; access to licensee computers; working space; arrangements for site access; and other applicable information.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure 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 (ADAMS). ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Thank you for your cooperation in this matter. If you have any questions regarding the information requested or the inspection, please contact Ms. Suggs at (404) 997-4539.

Sincerely,

*/RA/*

George T. Hopper, Chief  
Reactor Projects Branch 7  
Division of Reactor Projects

Docket Nos.: 50-269, 50-270, 50-287  
License Nos.: DPR-38, DPR-47, DPR-55

Enclosure: INFORMATION REQUEST FOR OCONEE NUCLEAR STATION PROBLEM  
IDENTIFICATION & RESOLUTION INSPECTION

cc w/encl: (See page 3)

**"PAPERWORK REDUCTION ACT STATEMENT**

This letter does not contain new or amended information collection requirements subject to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.). Existing information collection requirements were approved by the Office of Management and Budget, control number 3150-0011.

**PUBLIC PROTECTION NOTIFICATION**

The NRC may not conduct or sponsor, and a person is not required to respond to, a request for information or an information collection requirement unless the requesting document displays a currently valid Office of Management and Budget control number."

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 George T. Hopper, Chief  
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X PUBLICLY AVAILABLE       NON-PUBLICLY AVAILABLE       SENSITIVE      X NON-SENSITIVE  
 ADAMS: X Yes      ACCESSION NUMBER: \_\_\_\_\_      X SUNSI REVIEW COMPLETE

OFFICE	RII:DRS	RII:DRP				
SIGNATURE	LJB /RA/	GTH /RA/				
NAME	LSuggs	GHopper				
DATE	02/19/2013	02/19/2013				
E-MAIL COPY?	YES    NO	YES    NO	YES    NO	YES    NO	YES    NO	YES    NO

T. Gillespie

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Letter to T. Preston Gillespie, Jr. from George Hopper dated February 19, 2013

SUBJECT: OCONEE NUCLEAR STATION – NOTIFICATION OF INSPECTION AND  
REQUEST FOR INFORMATION FOR NRC PROBLEM IDENTIFICATION AND  
RESOLUTION INSPECTION

Distribution w/encl

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**INFORMATION REQUEST FOR OCONEE NUCLEAR STATION PROBLEM  
IDENTIFICATION AND RESOLUTION INSPECTION  
(APRIL 1 – 5, 2013 AND APRIL 15 – 19, 2013)**

Note: Unless otherwise noted, the information requested below corresponds to documents generated since December 16, 2011. Please provide the requested documents in electronic format. If the information is not available in electronic format, please contact the inspection team leader to coordinate other available methods to provide the information.

1. Copies of the corporate and site level procedures and sub-tier procedures associated with the corrective action program. This should include procedures related to:
  - Corrective action process
  - Cause evaluation
  - Operating experience program
  - Employee concerns program
  - Self-assessment program
  - Maintenance rule program and implementing procedures
  - Operability determination process
  - Degraded/non-conforming condition process (e.g., RIS 2005-20)
  - System health process or equivalent equipment reliability improvement programs
  - Preventive maintenance deferral process

If any of the procedures requested above were revised after December 16, 2011, please provide (or have available) copies of all revisions during the onsite inspection.

2. List of top ten risk significant systems, top ten risk significant components for each one of the top ten risk significant systems, and top ten risk significant operator manual actions
3. List of all Problem Investigation Program reports (PIPs) initiated including the following information for each PIP:
  - PIP number
  - Brief, but complete problem description
  - Priority or level
  - Affected system
  - Affected component
  - Responsible plant department
  - PIP completion status

If possible, provide this list in a format compatible with spreadsheet software (example shown below).

PIP #	Problem	Priority	System	Component	Org	Status
PIP-O-2008-01	"A" RHR Pump failed flow criteria per SR 5.0.5.4	2	RHR	2-RHR-PMP-A	ENG	Open

## 4. List of outstanding corrective actions including the following information for each action:

- Corrective action number
- Corrective action type (e.g., corrective action to prevent recurrence, enhancement, maintenance rule evaluation, etc)
- Brief, but complete corrective action description
- Associated PIP number
- Corrective action initiation date
- Number of extensions
- Corrective action due date
- Completion status

If possible, provide this list in a format compatible with spreadsheet software (example shown below).

Corrective Action #	Type	Description	PIP	Initiation Date	Extensions	Due Date	Status
AI2008000001	CAPR	Revise Procedure NGK-003-4585	PIP-O-2008-01	01/05/08	2	06/15/08	Awaiting CARB Review

5. List of control room deficiencies with a brief description and corresponding PIP and/or work order (WO) number
6. List of operator workarounds and operator burdens with a brief description and corresponding PIP number
7. List of all currently extended or overdue PIPs, sorted by initiation date, with the following information:
- PIP number
  - Priority or Significance
  - PIP title and short description
8. List of all PIPs that have been voided, cancelled, or deleted. Please provide the following information for each PIP:
- PIP number
  - Brief, but complete problem description
  - Reason voided, cancelled, or deleted
9. List of all structures, systems, and components (SSCs) which were classified as (a)(1) in accordance with the Maintenance Rule since August 2009. Please include the following information for each system in (a)(1):

- Date of classification in (a)(1)
- Reason for being placed in (a)(1)
- Planned actions and their status

10. List of Maintenance Preventable Functional Failures (MPFF) of risk significant systems. Please include actions completed and current status.

11. List of corrective maintenance work orders. Please include the following information for each work order:

- WO number
- Brief, but complete work description
- Affected system and components
- Date of initiation
- Date of completion (if completed)

If possible, provide this list in a format compatible with spreadsheet software (example shown below).

Work Order #	Description	System	Component	Initiation Date	Due Date	Status
WO01345	Replace breaker 2A-BKR-08-BB4 for 2A SI Pump.	SI	2A-SI-PMP, BKR-08-BB4	01/05/08	03/15/09	Closed

12. Corrective action closeout packages, including PIPs with description of corrective actions, for all NRC findings and Licensee identified violations (LIVs). Please include a cross reference linking NRC Finding numbers and LIVs to appropriate PIP numbers

13. Corrective action closeout packages, including PIPs with description of corrective actions, for all licensee event reports (LERs) issued. Please include a cross reference linking LER number to appropriate PIP number.

14. List of all NRC generic communications (e.g., Information Notices, Generic Letters, etc.) and industry operating experience (OE) documents (e.g., Part 21 reports, vendor information letters, information from other sites, etc.) evaluated by the site for applicability to the station, regardless of the determination of applicability. Please include the reference number (e.g., PIP number) for the documents that evaluated the aforementioned OE information.

15. Copies of all quality assurance audits and/or assessments issued, including the last two audits/assessments of the corrective action program

16. Copies of all department self-assessments



17. Copy of the most recent integrated plant trend report, departmental trend report(s), and corrective action trend report, including any human performance and equipment reliability trends
18. Copy of the latest Corrective Action Program statistics (if exists) such as the number of PIPs initiated by department, human performance errors by department, and others as may be available
19. Copies of any minutes of meetings by the offsite safety review boards/groups. In addition, please provide a list of routine meetings involving the CAP to be held while team is onsite
20. List of PIPs related to equipment aging issues in the top ten risk significant systems since August 2008 (e.g., system erosion and/or corrosion problems; electronic component aging or obsolescence of circuit boards, power supplies, relays, etc.; environmental qualification). Please provide the following information for each PIP:
  - PIP number
  - Priority
  - PIP problem description
21. If performed, please provide any recent self-assessment of the site safety culture.
22. Copies of corrective action program documents related to cross-cutting issues (human performance, problem identification and resolution, and safety conscious work environment) identified via trending, self-assessments, safety review committee or other oversight methods
23. List of all root cause evaluations with a brief description
24. Copy of Probabilistic Risk Assessment importance measures report, if available
25. System Health Reports, system design basis documents, and system description information for the top ten risk significant systems

**Problem Event Report (PER):**

A method for identifying any condition which needs to be addressed. Problem event reports should be initiated for any condition potentially adverse to quality. **All issues start as a Service Request (SR)** from which PERs, Work Orders (WOs) or both are created following initial screening by the PER Screening Committee (PSC).

PER SL	Examples	Evaluation Requirements	TimeLine	Corrective Actions
A	Any event that resulted in a moderate or significant impact on plant safety, public/personnel safety, or plant operation. An operational event in which multiple barriers failed and there was an actual consequence. (SCAQ)	Root Cause (NPG-SPP-03.1.6 and Cause Evaluation Handbook)	2 working days to approve charter and 45 days to complete RC after initial classification screening.  Chief Nuclear Officer, CARB & Dept Mgr extension approval. (NPG-SPP-03.1.7 Rev 11 pg 26)	Normally due w/in 180 days or must meet the definition of a Long Term CA (NPG-SPP-03.1.7 Rev 11)
B	Any condition which resulted in a minor impact on plant operation. An operational challenge that is a precursor to a significant event. Risk or operationally significant equipment problems not found during preventive or predictive maintenance activities. (CAQ)	Upper and Lower Apparent Cause (NPG-SPP-03.1.5 and Cause Evaluation Handbook)	Approved within 30 days after initial classification screening.  1st Ext Approval: Site Dept Mgr & CARB (for Upper Tier only) 2nd Ext: same as 1st plus Plt Mgr 3rd Ext: same 2nd plus Site VP (NPG-SPP-03.1.7 Rev 11 pg 28)	Normally due w/in 180 days or must meet the definition of a Long Term CA (NPG-SPP-03.1.7)

C	Any non-consequential risk significant condition that, when trended, allow identification of issues which, if corrected, would prevent issues of greater consequence. (CAQ)	Corrective Action Plan (NPG-SPP-03.1.7 Rev 11) w/Basic Cause Determination	Completed and approved after initial classification screening.  1st Ext: Dept Mgr 2nd Ext: same as 1st plus Plt Mgr 3rd Ext: same 2nd plus Site VP (NPG-SPP-03.1.7 Rev 11 pg 28)	Normally due w/in 180 days or must meet the definition of a Long Term CA (NPG-SPP-03.1.7)
D	Any non adverse conditions and adverse conditions that can be closed to trending or documented immediate actions. If the condition identified is a Condition Adverse to Quality, then it must be documented with immediate corrective actions taken. If the adverse condition has immediate corrective actions documented and PER Screening Committee (PSC) concurs no further actions are required, then the condition may be closed as a D Level PER. Equipment malfunction, failure or damage is an adverse condition. These PERs can be closed as a D Level PER with a WO generated to correct the equipment condition. (CAQ & non-CAQs)	Direct Disposition & Closure, or closes to a Maximo related Work Order (WO) (NGP-SPP-03.1.7 Rev 11)	Must be closed within 5 working days of initial classification.  No Extension process. If cannot be closed is returned to PSC for reclassification to a Corrective Action Plan PER level C (or E if a non-CAQ condition)	No actions allowed.

**Corrective Action Report (CAR):**

This process does not exist at WBN. WBN does not create unique actions to track analyses. They are tracked within the PER that remains open.

When formal analysis is required the PER remains in Maximo "DEVCAP" status until the analysis is completed, corrective actions developed and report approved and actions formally accepted in Maximo by the responsible owner. At that time, the report is attached to the PER and a summary of the report results added to the Analysis and Action tab of the PER in Maximo. The PER is then workflowed to "IMPCAP" status and the actions advance to "INPRG" status. The actions can then be individually completed and workflowed through supervisor action closure approval to "WFAPPR" status which is considered the action completed status. The actions will remain in this status until the PER itself is reviewed and approved for closure and workflowed in Maximo to "CLOSED" at which time the actions will also automatically advance

from WFAPPR status to “Close” status. Shortly after this the Maximo will automatically Archive the PER and associated actions.

#### Action Item (AI):

We do not have this process at WBN.

Actions are generally created in Maximo as part the corrective action plan development and are linked to the PER through the Maximo software. If an action is needed to address immediate or interim actions until the corrective action plan is developed and approved, WBN can utilize a special type of action INTR that is still linked to the base PER but can be created and completed independent of the PER status in Maximo. These are usually used in RCAs interim actions to minimize risk of an event recurrence until the formal cause is understood and a formal corrective action plan developed or for extent of condition findings which are felt to require a more timely reaction than waiting for the completion of the formal corrective action plan can support.

Additionally, the need for a prompt determination of operability or reportability is also handled through specific Maximo templates integrated and workflowed through approvals from their associated base PER. Independent action items are not required to track these needs.

#### Action Types:

Type	Generated for	Maximo Name
<b>Corrective Action to Prevent Recurrence</b> - Preventative Action specifically designed to eliminate or control Root Causes. Allowed in Root Cause Level A PERs only.	Root Cause and Extent of Condition or Extent of Cause correction	CAPR
<b>Corrective Action</b> - An action taken to correct an adverse condition. Corrective actions include interim and measures and corrective and preventive actions.	Root Cause (Level A)/Apparent Cause (Level B)/Basic Cause (Level C) PERs	CA
<b>Effectiveness Review</b> - A review performed to ensure that corrective actions(s) were implemented as specified are still in effect, and the condition was effectively corrected.	Root Cause (stand-alone and auto-created upon a Level A PER closure)	EFR
<b>Long Term Corrective Action</b> - A long term corrective action has the required completion time is projected to exceed 180 days and meets one or more of the specific criteria (Defined in NPG-SPP-03.1 pg 26)	Root Cause (Level A)/Apparent Cause (Level B)/Basic Cause (Level C) PERs	LTCA
<b>Enhancements</b> - An action that is not required to be performed to satisfactorily correct or prevent recurrence of conditions adversely affecting regulatory compliance, plant reliability or personnel/ nuclear safety.	All PER Levels	ENH
<b>Interim</b> - Actions, which are necessary to control the situation, prior to the development, approval, and implementation of the corrective action plan.	Root Cause (Level A)/Apparent Cause (Level B)/Basic Cause (Level C) PERs	INTR

**Action Due Date Extensions (NPG-SPP-03.1.7 pg 33-34)**

	Level A CAPR & EFR	Level A CA or LTCA	Level B CA or LTCA	Level C CA or LTCA
1 <sup>st</sup> Extension; but not a Long Lead Action	Dept Mgr, Sr Mgr & CARB	Dept Mgr & Sr Mgr	Dept Mgr (all) & Sr Mgr (Upper Tier)	Supervisor
2 <sup>nd</sup> Extension; but not a Long Lead Action	Dept Mgr, Sr Mgr & CARB	Dept Mgr & Sr Mgr	Dept Mgr (all) & Sr Mgr (Upper Tier)	Supervisor & Dept Mgr
3 <sup>rd</sup> Extension and subsequent; but not a Long Lead Action	Dept Mgr, Sr Mgr, CARB & Plt Mgr	Dept Mgr (all), Sr Mgr & Plt Mgr	Dept Mgr (all), Sr Mgr (Upper Tier) & Plt Mgr	Supervisor, Dept Mgr & Plt Mgr
A Long Lead Action to age < six months	Dept Mgr, Sr Mgr & CARB	Dept Mgr (all) & Sr Mgr & CARB	Dept Mgr (all) & Sr Mgr & CARB (Upper Tier)	Supervisor & Dept Mgr
A Long Lead Action to age > six months	Dept Mgr, CARB & Plt Mgr	Dept Mgr, Sr Mgr, CARB & Plt Mgr	Dept Mgr (all), Sr Mgr & CARB (Upper Tier) & Plt Mgr (all)	Supervisor, Dept Mgr & Plt Mgr
A Long Lead Action to age >1 year	Dept Mgr, CARB, Plt Mgr & Site VP	Dept Mgr, Sr Mgr, CARB, Plt Mgr & SVP	Dept Mgr (all), Sr Mgr & CARB (Upper Tier) & Plt Mgr & SVP (all)	Supervisor, Dept Mgr, Plt Mgr, & Site VP

**Oversight:**

- Corrective Action Review Board (CARB):** Review all root cause and some apparent cause reports, CAPs and closures for NRC Findings, violations and NCVs, CAPs and closures for INPO AFI and PDs and level 1 and 2 IERs, PER Closure for all Level A (root cause) and some level B (Apparent Cause); Weekly Status Updates for Active RCA Teams; Monitor Site CAP PIs; Review Results from PER Screening Committee and oversight through weekly observations. Meets daily - procedurally allows for variation based on individual site's business needs. (NPG-SPP-03.1.4)
- Department Corrective Action Review Board (DCARB):** DCARBs challenge departmental CAP products for quality, completeness, and accuracy. DCARBs review Level A & Level B upper tier corrective action plans, prior to CARB review; review completed Level A & Level B upper tier B PERs, prior to CARB review; review the status of all open A & B level PERs; review completed Effectiveness Reviews prior to presentation to CARB for Approval; review upcoming actions and CAPs due for closure in the next two weeks; review department PI products being processed, including benchmark reports, self-assessment outlines and reports, self-assessment fiscal year schedules; and on a monthly bases review Observation Program Data for trends, frequency and quality; perform a monthly trending assessment; and review CAP PIs. (NPG-SPP-03.1.4)

- **PER Screening Committee (PSC):** The PSC is delegated by the CARB to provide screening reviews of all newly initiated Service Requests (SRs)/PERs. (NPG-SPP-03.1.4)

**Notes:**

- Repeat Occurrences (Recurring Events) are when two or more independent conditions, which are the result of the same basic root causes. Determined for root cause (Level A) events only. (NPG-SPP-03.1 and NPG-SPP-02.9)
- Operating Experience Preventable Events are Events related to previous active Significant Operating Experience (SEE-IN documents) and current INPO IERs; CAPRs implemented from any other NPG site that would have prevented the event; Event that was avoidable from internal OE promulgated to the fleet; or AFIs from evaluations or self-assessments, that were not effective at improving performance to prevent the event. (NPG-SPP-03.1 and NPG-SPP-02.9)
- Ineffective CAPR PI is a measure of how effective the site is resolving significant conditions adverse to quality and determined by number of EFRs where the conclusion is that the CAPR was ineffective. (NPG-SPP-03.1 and NPG-SPP-02.9)
- Actions with due dates greater than 180 days for corrective action approval must meet the definition of a long term corrective action and be approved by a Department Manager. (NPG-SPP-03.1 and NPG-SPP-03.1.7)
- PSC reviews all plant SRs AFTER completion of an operability review by a licensed SRO. If a work order or a PERs is needed prior to the next scheduled PSC meeting, the shift managers and unit supervisors can workflow SRs and generated needed WOs and/or PERs. However, the PERs remains in a awaiting screening status for PSC level classification. (NPG-SPP-03.1.4)
- Potential adverse CAP trends usually are identified through monthly or quarterly integrated trending reviews. (NPG-SPP-02.7 and NPG-SPP-02.8)
- Effectiveness reviews required for all root causes. (NPG-SPP-03.1.10)
- OpE Review required for all root causes and Upper Tier ACE (NPG-SPP-03.1.5, NPG-SPP-03.1.6, Analysis Handbook)
- Prompt Determinations of Operability (PDOs) (NEDP-22)
  - An Immediate Determination of Operability (IDO) An IDO should be performed without delay and in a controlled manner using the best available information. Based on the results of the IDO, the decision regarding operability of the affected SSC must be made as soon as possible.

A Prompt Determination of Operability (PDO) is a follow-up to an IDO to provide the supporting/confirmatory basis for SSC operability as initially established by the IDO. As a minimum, a PDO is performed when requested by the SRO, PSC, and/or when compensatory actions are used to restore or maintain operability (station management will work through PSC for additional concerns). There is no explicit time limit for completing a PDO. This evaluation should normally be completed within up to one-half of the allowed out-of-service time (completion time), but not to exceed 48 hours, unless the SM/SRO requires the PDO to be completed sooner.

**Procedures:**

- NEDP-22, "Operability Determinations and Functional Evaluations"
- NEDP-27, "Past Operability Evaluations"
- NPG-SPP-01.0, "Organization and Administration"
- NPG-SPP-1.6, "Self-Assessment and Benchmarking Program"
- NPG-SPP-01.14, "Service Request Initiation"
- NPG-SPP-02.1, "NPG Self-Assessment and Benchmarking Program"
- NPG-SPP-02.3, "Operating Experience Program"
- NPG-SPP-01.14, "Service Request Initiation"
- NPG-SPP-03.1, "Corrective Action Program"
- NPG-SPP-03.1.4, "Corrective Action Program Screening and Oversight"
- NPG-SPP-03.1.5, "Apparent Cause Evaluations"
- NPG-SPP-03.1.6, "Root Cause Analysis"
- NPG-SPP-03.1.7, "PER Analysis, Actions, Closures and Approvals"
- NPG-SPP-03.1.10, "PER Effectiveness Reviews"
- NPG-SPP-02.7, "PER Trending"
- NPG-SPP-02.8, "Integrated Trend Review"
- NPG-SPP-02.9, "CAP Health Monitor"
- Cause Evaluation Handbook (Informally Controlled and available on Cause Analysis Web Site)
- TPD-PI, "Training Program Description-Performance Improvement" (Informally Controlled and available on Cause Analysis Web Site)
- NPG-SPP-09.17, "Temporary Equipment Control"
- NPG-SPP-07.1.4, "Work Control Prioritization - On Line" (addresses classification and prioritization of Operator Work Arounds and Operator Burdens)
- OPDP-1, "Conduct of Operations"
- TI-126, "Post Maintenance Testing Matrices"
- TI-276, "Temporary Equipment Control"
- TVA-NQA-PLN89-A, "Nuclear Quality Assurance Plan (NQAP) (Quality Assurance Program Description)"
- TVA-SPP-11.8.4, "Expressing Concerns and Differing Views"