



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**
REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

August 23, 2013

Mr. Joseph Plona
Senior Vice President and
Chief Nuclear Officer
DTE Electric Company
Fermi 2 - 210 NOC
6400 North Dixie Highway
Newport, MI 48166

**SUBJECT: INFORMATION REQUEST TO SUPPORT UPCOMING PROBLEM
IDENTIFICATION AND RESOLUTION (PI&R) INSPECTION AT THE
FERMI 2 NUCLEAR POWER PLANT**

Dear Mr. Plona:

This letter is to request information to support our scheduled PI&R inspection beginning November 4, 2013, at Fermi 2 Nuclear Plant. This inspection will be performed in accordance with the U.S. Nuclear Regulatory Commission (NRC) Baseline Inspection Procedure 71152.

Experience has shown that these inspections are extremely resource intensive both for the NRC inspectors and the utility staff. In order to minimize the impact that the inspection has on the site and to ensure a productive inspection, we have enclosed a list of documents required for the inspection.

The documents requested are copies of CARDS and lists of information necessary to ensure the inspection team is adequately prepared for the inspection. The information requested prior to the inspection may be provided in either CD-ROM/DVD (preferred) or hard copy format and should be ready for NRC review by October 7, 2013. Mr. R. Michael Morris, the Lead Inspector, will contact your staff to determine the best method of providing the requested information.

If there are any questions about the material requested, or the inspection in general, please do contact Mr. Morris at 630-829-9508 or r.michael.morris@nrc.gov.

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.

J. Plona

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Sincerely,

/RA/

Michael A. Kunowski, Chief
Branch 5
Division of Reactor Projects

Docket No. 50-341
License No. NPF-43

Enclosure: Requested Information to Support PI&R Inspection

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**Requested Information to Support
Problem Identification and Resolution (PI&R) Inspection**

Inspection Report 05000341/2013007

Please provide the information on a compact disc (one for the team lead, one for the Resident Inspector Office, and one for each of the two other scheduled inspectors), if possible. Unless otherwise specified, the time frame for requested information is for the period of November 1, 2011, through the time the data request is answered. For requested lists please provide the information, if possible, in a “sortable” Excel spreadsheet format.

In addition, inspectors will require computer access to the corrective action program (CAP) database while on site.

PROGRAM DOCUMENTS

1. A current copy of administrative procedure(s) for the corrective action program (CAP), quality assurance audit program, self-assessment program, corrective action effectiveness review program, trending program, industry experience review program, and top-level documents for the work control and work scheduling programs.
2. A current copy of the Employee Concerns Program/Ombudsman administrative procedure(s).
3. Description of any substantive changes made to the corrective action program since the last PI&R Inspection. Please include with each listed change the effective date of the change.

ASSESSMENTS

4. A copy of Quality Assurance (QA) audits of the corrective action program.
5. A list of all other QA audits completed and, if findings requiring corrective action were identified, a brief (one-line) description of the findings.
6. The plan for future self-assessments of the CAP.
7. A copy of completed self-assessments of the CAP.
8. A list of all other self-assessments completed and, if findings requiring corrective action were identified, a brief (one-line) description of the findings.
9. A list of corrective action report documents (CARDS) written for findings or concerns identified in self- assessments and audits that required follow-up action. Include a short description of the finding, its status, and include a cross-reference to the audit or self-assessment number.

CORRECTIVE ACTION DOCUMENTS

10. A list of completed root cause evaluations completed with a brief description of the issue. Provide status of any actions developed as part of the evaluations and a reference, if not part of the root cause package, to the documents and/or CARDS directing and tracking the actions.
11. A list of completed apparent cause evaluations completed with a brief description of the issue. Provide status of any actions developed as part of the evaluations and a reference, and if not part of the root cause package, to the documents and/or CARDS directing and tracking the actions. Please identify if the apparent cause evaluations were full or limited evaluations.
12. A list of all open CARDS sorted by significance level and then initiation date. Include each report's identification number, the date initiated, a brief description/title of the issue, system affected if any, significance level, priority level, assigned organization, and, anticipated completion date, if available.
13. A list of CARDS closed, sorted by significance level and then initiation date. Include each report's identification number, a brief description/title, the significance level, the priority level, the date initiated and closed, assigned organization, system affected, cause codes assigned, and whether there was an associated operability evaluation.
14. A list of CARDS generated by other DTE organizations that involve or affect Fermi's operation, sorted by significance level. Include the date initiated, a brief description/title of the issue, other site(s) affected, system affected, significance level, status, assigned organization, and closure date or anticipated completion date, if available.
15. A list of completed effectiveness reviews of CARD-developed remedial and corrective actions with a brief description of the results of those reviews. Include a cross-reference to the CARD or CARDS for which the effectiveness review was conducted and, if applicable, CARD numbers documenting any additional follow-up actions.
16. A list of CARDS initiated for identified inadequate or ineffective corrective or remedial actions. Include the date initiated, a brief description, status, significance level of the issue, system affected, assigned organization, priority level to correct, completion/closure date or, if applicable, anticipated completion date, if available. Include a cross-reference to the CARD, CARDS, or evaluation that generated the original corrective action.
17. A copy of any performance reports or indicators used to track the corrective action program effectiveness for the past 24 months. The most recent data and end-of-quarter data will suffice; monthly reports are not required.
18. A list of CARDS issued during the past refueling outage sorted by system and component, including a brief description, status, significance level, priority level for each item, identifying and assigned organization(s), and actual or anticipated closure date.

TRENDS

19. A list of initiated CARDS that identify trends of conditions adverse to quality. Include the date initiated, a brief description, significance level, priority level for each item, and date closed or anticipated closure date.
20. Copies of any completed CAP trend reports starting in November 2011.

OPERATING EXPERIENCE

21. A copy of the most recent operating experience program effectiveness review.
22. A list of operating experience documents reviewed and any associated CARDS. Please provide identification of the originating organization, the initiating organization's document/reference number, a brief description/title of the issue, and status of the review and any developed follow-up actions. Indicate the initiation date and the closure date or the anticipated closure date if available.

SYSTEMS AND COMPONENTS

23. A list of the top ten risk significant systems and top ten risk significant components.
24. A list of operability determinations/evaluations. Include a brief description/title of the issue, date initiated, date closed or date anticipated to be closed. Include any operability evaluations that are still open and that were initiated prior to November 1, 2011.
25. Cause analysis, corrective actions documents, health reports, and trend analysis for systems and components considered Maintenance Rule (a)(1) at any time since November 1, 2011. Provide this information starting one year earlier from when the system or component entered (a)(1) status. Include dates when system/components entered (a)(1) status and, if applicable, returned to (a)(2) status. For recurring reports, quarterly reports are sufficient; monthly reports are not required.
26. A list of test failures (IST or Technical Specifications surveillances) with a brief description of component/system failed. Indicate if the failure was a maintenance preventable failure. Please include any failures of test equipment calibrations that necessitated a review of past surveillances and/or tests.
27. A list of temporary modifications with a brief description of the modification, installation date, and date closed or anticipated closure date. Include any open temporary modifications that were installed prior to November 1, 2011.
28. A list of rework items and repeat failures. Include cross-references to applicable Work Orders and CARDS.
29. A list of plant trips, downpowers (greater than 20 percent), LCO entries (not scheduled), and LERs, including dates of these events.

30. A list of open work orders with a brief description. Identify the work order as outage or non-outage, the date of initiation and scheduled or anticipated closure date, if available. Also provide the classification of the work orders with the recent industry classification scheme. Provide an explanation of the classification scheme and the procedure governing the classification.
31. Any trend reports for work orders. Trend reports that existed at the end of each calendar quarter are acceptable; copies of all monthly reports are not required.

SCWE

32. Results of safety culture/safety conscious work environment (SCWE) surveys or self-assessments completed since November 1, 2011. Also any actions resulting from the survey and the status of the action.
33. SCWE issues identified through alternate avenues, such as the employee concerns programs. If issue(s) are considered sensitive, in lieu of describing issue in the data package, provide a paper copy to the lead inspector at the start of the inspection.

REGULATORY ISSUES

34. Copies of all apparent, common and/or root cause evaluations related to identified adverse human performance trends.
35. Copies of CARDS, investigations, and corrective actions taken for issues identified in NRC findings since December 1, 2010. Identify the status of the corrective actions and any effectiveness reviews completed or scheduled. Include a copy of effectiveness reviews that were done.

ADMIN

36. A copy of the latest Fermi Nuclear Power Plant organizational chart and phone listing.
37. A list of the dates, times, and location for all scheduled meetings associated with the implementation of the CAP. Include any work order screening meetings.

5-YEAR SYSTEM REVIEW

38. An excel sortable list of CARDS associated with your reactor recirculation system going back to November 1, 2008. Please indicate in the list the status of the CARD (e.g. open, closed, working, etc.), initiation date, closure date, number of developed corrective actions and indication if any remain open, the classification/priority, and a descriptive title of the CARD, and the actual system or subsystem of the plant's reactor recirculation system.
39. A copy of site performance indicators (PIs), if any, associated with the reactor recirculation system going back to October 1, 2008. Only need to provide a copy of recurring PIs for every 6 months (i.e. 2 representative sets of each PI for 2012, 2 for 2011, etc. – for a total of approximately 10 sets of each PI).

40. A copy of the System Health report sections for reactor recirculation system, as they were presented in the second and fourth quarter reports of each year starting in 2008 until the current date.
41. A copy of any Maintenance Rule Action plans (a)(1) action plans with completion status for the compressed air systems, or their subsystems, that were developed since November 1, 2008.

Documents requested to be available on-site during the inspection:

- a. Updated Final Safety Analysis Report.
- b. Technical Specifications.
- c. Procedures and procedure index.
- d. Copies of any self-assessments and associated CARDS generated in preparation for the inspection.
- e. A copy of the QA conduct manual.
- f. A list of issues brought to the ECP/ombudsman and the actions taken for resolution.
- g. A list of the codes used in the CAP and Work Orders.
- h. A copy of the most recent monthly performance indicator document and the system health report and the equivalent documents from the end of the fourth quarter of 2011.
- i. A copy of the latest independent/offsite organization review of safety culture/safety conscious work environment and internal equivalent assessments if not provided as part of the requested data package.

Other:

On the first day of the inspection, or early on the second day, please provide the inspection team a briefing of your CAP. Include your expectations for personnel using the program and how the work order system fits into the overall scheme for addressing identified issues. Also please demonstrate how to use a computer to access CAP data.

The lead inspector will also request to talk to/interview about 20 to 40 personnel to seek information about the plant's SCWE. The lead inspector will randomly choose, from your furnished organization charts, the people he would like to interview and ask you to set up the interviews if people are available. Each interview will last about 20 to 30 minutes if individual interviews are done or about 60 minutes if small group (3 to 6 people) interviews are done.

J. Plona

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Sincerely,

/RA/

Michael A. Kunowski, Chief
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Letter to J. Plona from M. Kunowski dated August 23, 2013

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IDENTIFICATION AND RESOLUTION (PI&R) INSPECTION AT THE
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