



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

November 14, 2013

Mr. Dennis R. Madison
Vice President
Southern Nuclear Operating Company, Inc.
Edwin I. Hatch Nuclear Plant
11028 Hatch Parkway North
Baxley, GA 31513

**SUBJECT: EDWIN I. HATCH NUCLEAR PLANT – NRC PROBLEM IDENTIFICATION AND
RESOLUTION INSPECTION REPORT 05000321/2013008 AND
05000366/2013008**

Dear Mr. Madison:

On October 4, 2013, the U.S. Nuclear Regulatory Commission (NRC) completed a problem identification and resolution biennial inspection at your Edwin I. Hatch Nuclear Plant Units 1 and 2. On October 4, 2013, the NRC inspection team discussed the results of this inspection with Mr. Greg Johnson and other members of your staff. The inspection team documented the results of this inspection in the enclosed inspection report.

Based on the inspection sample, the inspection team determined that your staff's implementation of the corrective action program supported nuclear safety. In reviewing your corrective action program, the team assessed how well your staff identified problems at a low threshold, your staff's implementation of the station's process for prioritizing and evaluating these problems, and the effectiveness of corrective actions taken by the station to resolve these problems. In each of these areas, the team determined that your staff's performance was adequate to support nuclear safety.

The team also evaluated other processes your staff used to identify issues for resolution. These included your use of audits and self-assessments to identify latent problems and your incorporation of lessons learned from industry operating experience into station programs, processes, and procedures. The team determined that your station's performance in each of these areas supported nuclear safety.

Finally, the team determined that your station's management maintains a safety-conscious work environment adequate to support nuclear safety. Based on the team's observations, your employees are willing to raise concerns related to nuclear safety through at least one of the several means available.

The NRC inspectors did not identify any findings or violations of more than minor significance.

D. Madison

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In accordance with Title 10 of the *Code of Federal Regulations* 2.390, "Public Inspections, Exemptions, Requests for Withholding," 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's Public Document Room or from the Publicly Available Records (PARS) component of the NRC's Agencywide Documents Access and Management System (ADAMS). ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

/RA/

Steven D. Rose, Branch Chief
Reactor Projects Branch 7
Division of Reactor Projects

Docket No. 50-321, 50-366
License No. DPR-57 and NPF-5

Enclosure: Inspection Report 05000321/2013008 and 05000366/2013008
w/Attachment: Supplemental Information

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D. Madison

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Division of Reactor Projects

Docket No. 50-321, 50-366
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w/Attachment: Supplemental Information

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D. Madison

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Letter to Dennis R. Madison from Steven D. Rose dated November 14, 2013

SUBJECT: EDWIN I. HATCH NUCLEAR PLANT – NRC PROBLEM IDENTIFICATION AND
RESOLUTION INSPECTION REPORT 05000321/2013008 AND
05000366/2013008

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U.S. NUCLEAR REGULATORY COMMISSION

REGION II

Docket No.: 50-321, 50-366

License No.: DPR-57 and NPF-5

Report No.: 05000321/2013008 and 05000366/2013008

Licensee: Southern Nuclear Operating Company, Inc

Facility: Edwin I. Hatch Nuclear Plant

Location: Baxley, GA

Dates: September 16 – 20, 2013
September 30 – October 4, 2013

Inspectors: J. Sowa, Resident Inspector, Farley, Team Leader
D. Hardage, Resident Inspector, Hatch
N. Staples, Senior Project Inspector
J. Worosilo, Senior Project Engineer

Approved by: S. Rose, Branch Chief,
Reactor Projects Branch 7
Division of Reactor Projects

Enclosure

SUMMARY OF FINDINGS

IR 05000321/2013008, 05000366/2013008; September 16 – October 4, 2013; Edwin I. Hatch Nuclear Plant, Units 1 and 2; Biennial Inspection of the Problem Identification and Resolution Program.

The inspection was conducted by a senior project engineer, a senior project inspector, and two resident inspectors. No findings were identified. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process."

Identification and Resolution of Problems

The inspectors concluded that, in general, problems were properly identified, evaluated, prioritized, and corrected. The licensee was effective at identifying problems and entering them into the corrective action program (CAP) for resolution, as evidenced by the relatively few number of deficiencies identified by external organizations (including the NRC) that had not been previously identified by the licensee, during the review period. Generally, prioritization and evaluation of issues were adequate, formal root cause evaluations for significant problems were adequate, and corrective actions specified for problems were acceptable. Overall, corrective actions developed and implemented for issues were generally effective and implemented in a timely manner. However, the inspectors did identify minor performance deficiencies in the area of prioritization and evaluation of identified problems.

The inspectors determined that overall; audits and self-assessments were adequate in identifying deficiencies and areas for improvement in the CAP, and appropriate corrective actions were developed to address the issues identified. Operating experience usage was found to be generally acceptable and integrated into the licensee's processes for performing and managing work, and plant operations.

Based on discussions and interviews conducted with plant employees from various departments, the inspectors determined that personnel at the site felt free to raise safety concerns to management and use the CAP to resolve those concerns.

REPORT DETAILS

4. OTHER ACTIVITIES

4OA2 Problem Identification and Resolution

.1 Corrective Action Program Effectiveness

a. Inspection Scope

The inspectors reviewed the licensee's CAP procedures which described the administrative process for initiating and resolving problems primarily through the use of condition reports (CRs). To verify that problems were being properly identified, appropriately characterized, and entered into the CAP, the inspectors reviewed CRs that had been issued between September 2011 and September 2013, including a detailed review of selected CRs associated with the following risk-significant systems: Reactor Protection System (RPS), High Pressure Coolant Injection (HPCI), Direct Current (DC) System, and Emergency Diesel Generators (EDGs). Where possible, the inspectors independently verified that the corrective actions were implemented as intended. The inspectors also reviewed selected common causes and generic concerns associated with root cause evaluations to determine if they had been appropriately addressed. To help ensure that samples were reviewed across all cornerstones of safety identified in the NRC's Reactor Oversight Process (ROP), the inspectors selected a representative number of CRs that were identified and assigned to the major plant departments, including operations, maintenance, engineering, health physics, chemistry, emergency preparedness, and security. These CRs were reviewed to assess each department's threshold for identifying and documenting plant problems, thoroughness of evaluations, and adequacy of corrective actions. The inspectors reviewed selected CRs, verified corrective actions were implemented, and attended meetings where CRs were screened for significance to determine whether the licensee was identifying, accurately characterizing, and entering problems into the CAP at an appropriate threshold.

The inspectors conducted plant walkdowns of equipment associated with the selected systems and other plant areas to assess the material condition and to look for any deficiencies that had not been previously entered into the CAP. The inspectors reviewed CRs, maintenance history, completed work orders (WOs) for the systems, and reviewed associated system health reports. These reviews were performed to verify that problems were being properly identified, appropriately characterized, and entered into the CAP. Items reviewed generally covered a two-year period of time; however, in accordance with the inspection procedure, a five-year review was performed for selected systems for age-dependent issues.

Control Room walkdowns were also performed to assess the main control room (MCR) deficiency list and to ascertain if deficiencies were entered into the CAP. Operator workarounds and operator burden screenings were reviewed, and the inspectors verified compensatory measures for deficient equipment which were being implemented in the field.

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The inspectors conducted a detailed review of selected CRs to assess the adequacy of the root-cause and apparent-cause evaluations of the problems identified. The inspectors reviewed these evaluations against the descriptions of the problem described in the CRs and the guidance in licensee procedure NMP-GM-002-006, "Root Cause Analysis Instruction," and NMP-GM-002-007, "Apparent Cause Determination Instruction." The inspectors assessed if the licensee had adequately determined the cause(s) of identified problems, and had adequately addressed operability, reportability, common cause, generic concerns, extent-of-condition, and extent-of-cause. The review also assessed if the licensee had appropriately identified and prioritized corrective actions to prevent recurrence.

The inspectors reviewed selected industry operating experience items, including NRC generic communications to verify that they had been appropriately evaluated for applicability and that issues identified through these reviews had been entered into the CAP.

The inspectors reviewed site trend reports to determine if the licensee effectively trended identified issues and initiated appropriate corrective actions when adverse trends were identified.

The inspectors attended various plant meetings to observe management oversight functions of the corrective action process. These included CR screening meetings and Management Review Committee (MRC) meetings.

Documents reviewed are listed in the Attachment.

b. Assessment

Problem Identification

The inspectors determined that the licensee was generally effective in identifying problems and entering them into the CAP and there was a low threshold for entering issues into the CAP. This conclusion was based on a review of the requirements for initiating CRs as described in licensee procedure NMP-GM-002, "Corrective Action Program," management's expectation that employees were encouraged to initiate CRs for any reason, and the relatively few number of deficiencies identified by inspectors during plant walkdowns not already entered into the CAP. Trending was generally effective in monitoring equipment performance. Site management was actively involved in the CAP and focused appropriate attention on significant plant issues.

Based on reviews and walkdowns of accessible portions of the selected systems, the inspectors determined that system deficiencies were being identified and placed in the CAP.

Problem Prioritization and Evaluation

Based on the review of CRs sampled by the inspection team during the onsite period, the inspectors concluded that problems were generally prioritized and evaluated in accordance with the licensee's CAP procedures as described in the CR severity level determination guidance in NMP-GM-002-001, "Corrective Action Program Instructions." Each CR was assigned a severity level at the CAP coordinator (CAPCO) meeting, and adequate consideration was given to system or component operability and associated plant risk.

The inspectors determined that station personnel had conducted root cause and apparent cause analyses in compliance with the licensee's CAP procedures and assigned cause determinations were appropriate, considering the significance of the issues being evaluated. A variety of formal causal-analysis techniques were used depending on the type and complexity of the issue consistent with NMP-GM-002-006 and NMP-GM-002-007.

The inspectors identified three performance deficiencies associated with the licensee's prioritization and evaluation of issues. These issues were screened in accordance with Inspection Manual Chapter 0612, "Issue Screening," and were determined to be of minor significance and not subject to enforcement action in accordance with the NRC's Enforcement Policy.

- Technical Evaluation (TE) 596530 implemented a revision to procedure "Secondary Containment Test." Procedure changes cited in the TE were not implemented in the procedure exactly as referenced in the TE. Specifically, the requested step was added in Section 5.2 instead of Section 4.3.4 and the requested notes were not included in the procedure. NMP-GM-002-001, Corrective Action Program Instructions, Section 5.15 states in part that "for priority 1-3 corrective action items that cannot be completed as written, the responsible individual shall obtain a revision to the action item per the action item revision section." The failure to revise TE 596530 to include the implemented procedure revisions as required by NMP-GM-002-001 was a performance deficiency. The inspectors determined that this did not affect the overall effectiveness of the procedure and therefore, not more than minor. An explanation of the difference in the implementation was not provided in the resolution of the TE. The licensee generated CR 704692 to address the issue.
- Procedure NMP-GM-002-F04, "Causal Analysis Management Review Committee Grading Sheet," required the licensee to generate a CR if an Apparent Cause Determination (ACD) was rejected. This CR would include issues identified as needing revision and the requirement to resubmit to the MRC for final review. CR 638386 was written in May 2013 to address a rejected ACD for Corrective Action Record (CAR) 206061. CR 638386 did not contain issues identified that needed revision as required by procedure NMP-GM-002-F04. The failure to identify the issues from the rejected ACD that need revision in CR 638386 as required by the procedure was a performance deficiency. The inspectors determined that this is a minor procedural error that had no impact on safety equipment and caused no safety

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consequences and therefore, not more than minor. The licensee generated CR 704926 to address this issue.

- A crack on the “1A” battery cell 96 lid was identified during a walkdown with the battery system engineer and an NRC inspector. The system engineer initiated a CR and an Immediate Determination of Operability (IDO) was performed. NMP-AD-012, “Operability Determinations and Functionality Assessments,” required in part that “operability considerations require that a structure, system, or component meet all surveillance requirements.” Contrary to this requirement, the IDO for CR 709253 did not consider that surveillance requirement (SR) 3.8.4.3 which states in part, “verify battery cells show no visual indication of physical damage,” was not met. The failure to identify the crack in “1A” battery cell 96 as a failure to meet SR 3.8.4.3 was a performance deficiency. The inspectors determined that this is a failure to implement a procedural requirement that had no safety impact under the given situation and therefore, not more than minor. The licensee generated CR 712385 to address this issue.

Corrective Actions

Based on a review of corrective action documents, interviews with licensee staff, and verification of completed corrective actions, the inspectors determined that overall, corrective actions were timely, commensurate with the safety significance of the issues, and effective, in that conditions adverse to quality were corrected and non-recurring. For significant conditions adverse to quality, the corrective actions directly addressed the cause and effectively prevented recurrence in that a review of performance indicators, CRs, and effectiveness reviews demonstrated that the significant conditions adverse to quality had not recurred. Effectiveness reviews for corrective actions to prevent recurrence (CAPRs) were sufficient to ensure corrective actions were properly implemented and were effective.

c. Findings

No findings were identified.

.2 Use of Operating Experience (OE)

a. Inspection Scope

The inspectors examined licensee programs for reviewing industry operating experience, reviewed licensee procedure NMP-GM-008, “Operating Experience Program,” reviewed the licensee’s operating experience database to assess the effectiveness of how external and internal operating experience data was handled at the plant. In addition, the inspectors selected operating experience documents (e.g., NRC generic communications, 10 CFR Part 21 reports, licensee event reports, vendor notifications, and plant internal operating experience items, etc.), which had been issued since September 2011 to verify whether the licensee had appropriately evaluated each notification for applicability to Hatch Nuclear plant, and whether issues identified through these reviews were entered into the CAP. Procedure NMP-GM-008, “Operating

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Experience Program,” was reviewed to verify that the requirements delineated in the program were implemented at the station.

Documents reviewed are listed in the Attachment.

b. Assessment

Based on a review of documentation related to the review of operating experience issues, the inspectors determined that the licensee was generally effective in screening operating experience for applicability to the plant. Industry OE was evaluated by plant OE Coordinators and relevant information was then forwarded to the applicable department for further action or informational purposes. OE issues requiring action were entered into the CAP for tracking and closure. In addition, operating experience was included in root cause evaluations in accordance with licensee procedure NMP-GM-002-006.

c. Findings

No findings were identified.

.3 Self-Assessments and Audits

a. Inspection Scope

The inspectors reviewed audit reports and self-assessment reports, including those which focused on problem identification and resolution, to assess the thoroughness and self-criticism of the licensee's audits and self-assessments, and to verify that problems identified through those activities were appropriately prioritized and entered into the CAP for resolution in accordance with licensee procedure NMP-GM-003, “Self-Assessment Procedure.”

b. Assessment

The inspectors determined that the scopes of assessments and audits were adequate. Self-assessments were generally detailed and critical, as evidenced by findings consistent with the inspector's independent review. The inspectors verified that CRs were created to document all areas for improvement and findings resulting from the self-assessments and verified that actions were completed consistently with those recommendations. Generally, the licensee performed evaluations that were technically accurate. Site trend reports were thorough and a low threshold was established for evaluation of potential trends, as evidenced by the CRs reviewed that were initiated as a result of adverse trends.

c. Findings

No findings were identified.

.4 Safety-Conscious Work Environment

a. Inspection Scope

The inspectors randomly interviewed 20 on-site workers regarding their knowledge of the corrective action program at Hatch Nuclear Plant and their willingness to write CRs or raise safety concerns. During technical discussions with members of the plant staff, the inspectors conducted interviews to develop a general perspective of the safety-conscious work environment at the site. The interviews were also conducted to determine if any conditions existed that would cause employees to be reluctant to raise safety concerns. The inspectors reviewed the licensee's Employee Concerns Program (ECP) and interviewed the ECP manager. Additionally, the inspectors reviewed a sample of ECP issues to verify that concerns were properly reviewed and that identified deficiencies were resolved and entered into the CAP when appropriate.

b. Assessment

Based on the interviews conducted and the CRs reviewed, the inspectors determined that licensee management emphasized the need for all employees to identify and report problems using the appropriate methods established within the administrative programs, including the CAP and ECP. These methods were readily accessible to all employees. Based on discussions conducted with a sample of plant employees from various departments, the inspectors determined that employees felt free to raise issues, and that management encouraged employees to place issues into the CAP for resolution. The inspectors did not identify any reluctance on the part of the licensee staff to report safety concerns.

c. Findings

No findings were identified.

4OA3 Event Follow Up

.1 (Closed) Licensee Event Report (LER) 05000321, 366/2013-001-00 and 05000321, 366/2013-001-01, Unplanned RPS Actuation in Response to Reactor Coolant Chemistry Event Caused by a Condenser Tube Leak

a. Inspection Scope

The inspectors reviewed the LER described above, the associated causal determination (CAR 197902) and discussed the issue with the applicable staff. The licensee determined the direct cause of the pressure perturbations that occurred within the condenser were due to the "1A" condenser hotwell water level being maintained at or above its false bottom. The condenser hotwell water level indication was replaced, a divider wall was installed, and changes were made to the set points associated with the "1A" and "1B" hotwell level controllers to ensure normal operating water levels in the "1A" hotwell and allow for sufficient margin to the false bottom.

b. Findings

No findings were identified.

4OA6 Meetings, Including Exit

On October 4, 2013, the inspectors presented the inspection results to Mr. Greg Johnson and other members of the site staff. The inspectors confirmed that all proprietary information examined during the inspection had been returned to the licensee.

ATTACHMENT: SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensee personnel:

B. Anderson, Health Physics Manager
G. Brinson, Maintenance Manager
V. Coleman, Chemistry Manager
M. Crosby, Engineering Programs Manager
J. Edwards, Corporate ISI Program Owner
A. Gordon, Site Engineer ISI
S. Grantham, Training Manager
D. Hines, Site Design Manager
G. Johnson, Regulatory Affairs Manager
C. Lane, Engineering Director
K. Long, Operations Director
M. Madigan, Work Management Director
D. Madison, Hatch Vice President
L. Mikulecky, CAP Supervisor
R. Outler, PI Supervisor
D. Pagan-Diaz, Site Engineer ISI
S. Tipps, Principal Licensing Engineer
M. Torrance, Nuclear Oversight Manager
R. Varnadore, Site Support Manager
D. Vineyard, Plant Manager
A. Wheeler, Site Projects Manager

NRC personnel:

F. Ehrhardt, Chief, Branch 2, Division of Reactor Projects
E. Morris, Senior Resident Inspector

LIST OF REPORT ITEMS

Opened and Closed

None

Closed

05000321, 366/2013-001-00	LER	Unplanned RPS Actuation in Response to Reactor Coolant Chemistry Event Caused by a Condenser Tube Leak (Section 4OA3.1)
05000321, 366/2013-001-01	LER	Unplanned RPS Actuation in Response to Reactor Coolant Chemistry Event Caused by a Condenser Tube Leak (Section 4OA3.1)

Discussed

None

LIST OF DOCUMENTS REVIEWED

Procedures:

34SV-T22-001-0, Secondary Containment Test, version 14.2 and 15
52CM-MNT-039-0, Double Disk Gate Valve Corrective Maintenance, Version 3.0
34SV-T46-003-1, Standby Gas Treatment Ventilation and Operability, Version 11.0
34SV-T46-003-2, Standby Gas Treatment Ventilation and Operability, Version 9.1
52PM-E41-002-0, Turbine and Auxiliaries Major Inspection Version 15.1 and 17.0
42FH-ERP-001-0, Control Rod Blade Unlatching, Installation, Removal and Exchange
NMP-AD-012, Operability Determinations and Functionality Assessments, Version 12.1
NMP-AD-012-F01, Prompt Determination of Operability, Version 3.0
NMP-AD-012-GL01, Prompt Determination of Operability Guideline, Version 5.0
NMP-AD-022, Regulatory Oversight Process (ROP) Regulatory Process, Version 4.0
NMP-AD-028, 10 CFR 21 Evaluation and Reporting Requirements, Version 2.0
NMP-AD-030, Licensee Event Report (LER), Version 3.1
NMP-ES-002, System Monitoring and Health Reporting, Version 16.0
NMP-ES-005, Scoping and Importance Determination for Equipment Reliability, Version 12.0
NMP-ES-006-001, PM Template Management and PM Optimization Guidance, Version 3.0
NMP-ES-026, As-Built Notices (ABNs), Rev. 10.2
NMP-ES-041, Minor Design Change Packages, Rev. 10.0
NMP-ES-044, Preparation of Design Change Packages, Rev. 12.0
NMP-GM-002, Corrective Action Program, Versions 12.0 – 12.1
NMP-GM-002-001, Corrective Action Program Instructions, Versions 27.0 – 31.0
NMP-GM-002-002, Effectiveness Review Instruction, Versions 1.0 – 3.0
NMP-GM-002-F04, Causal Analysis Management Review Committee Grading Sheet, Version 14.0

Attachment

NMP-GM-002-006, Root Cause Analysis Instruction, Versions 3.0 – 8.0
 NMP-GM-002-007, Apparent Cause Determination Instruction, Versions 4.0 – 9.0
 NMP-GM-002-008, Common Cause Instruction, Versions 1.0 – 3.0
 NMP-GM-002-F40, Basic Cause Determination, Version 8.2
 NMP-GM-002-GL03, Cause Analysis and Coding Guideline, Versions 16.0 – 22.0
 NMP-GM-003, Self-Assessment Procedure, Version 20.1
 NMP-GM-003-001, Self-Assessment Instructions, Version 4.1
 NMP-GM-006, Work Management, Version 12.5
 NMP-GM-008, Operating Experience, Version 15.0
 NMP-GM-020, Event Response Team, Rev. 2.1
 NMP-GM-020-001, Issue Response Team, Rev. 2.1
 NMP-OS-006, Operations Performance Indicators, Version 14.0

Corrective Action Records (CAR):

191840, 359860, 369394, 369662, 372137, 457862, 586760, 598561, 679435, 192289, 193515, 192705, 194555, 192493, 194360, 195536, 192463, 196104, 205903, 196295, 195515, 193874, 193617, 195161, 191209, 195542, 193574, 195351, 194849, 194208, 196469, 194029, 206061, 195544, 176314, 192125, 192118, 194029, 192208, 193975, 196851, 206043, 192485, 194494, 196150, 196571, 194350, 197902, 207010, 205955, 193711, 193516, 205955

Condition Reports (CR):

365211, 389100, 414259, 422744, 449338, 452000, 476006, 513966, 591279, 602208, 611781, 621473, 452466, 528961, 371298, 592898, 593724, 596831, 496698, 656986, 334250, 402429, 485558, 473701, 684761, 691982, 643620, 553569, 589862, 632288, 633429, 642538, 638683, 438782, 193771, 440646, 441302, 441333, 441863, 112318, 353886, 423179, 608230, 350186, 350492, 351228, 360442, 371010, 404777, 407155, 408925, 411342, 430927, 455270, 601948, 638683, 704692, 704926, 704727, 364483, 534897, 603356, 508886, 685509, 603356, 535077, 535079, 535082, 535083

Technical Evaluations (TE):

288394, 313906, 660008, 535066, 299443, 299915, 327154, 446795, 690137, 601562, 502549, 564151, 636662, 403129, 403393, 403415, 403449, 403454, 403584, 403597, 304689, 500358, 458789, 514886, 514977, 514982, 528982, 525004, 332078, 295578, 332060, 332067, 334159, 332055, 392459, 453652

Work Orders (WO):

475692, 333814, 333810, 118952, 325536, 447939, 344960, 445207, 471906, 471932, 416247, 417842, 398870, 368708

Other Documents:

C71 Reactor Protection System Health Report Q2 2013
 NMP-GM-024-F04, Nuclear Safety Culture Leadership Team Quarterly Report Template
 Version 1.0 dated 8/19/2013 (2nd quarter 2013 report)
 Clearance 1-DT-12-1Z41-00168 (004)
 Quality Assurance Topical Report, version 12.0
 H-OPS-2012, Operations Activities Audit
 H-MNT-2011, Maintenance Audit
 High Pressure Coolant Injection System Health Report – 2nd quarter 2013

DCP 1071693001

52PM-R43-015-0, Diesel Generator Turbocharger and Heat Exchanger Inspection, Rev. 9.0

System Health Report: Emergency Diesel Generators, U1/U2, Q2-2013

S-14732, Control System Block Diagram Auxiliary System, Rev. 3

H-11605, Piping and Instrumentation Diagram Condensate and Feedwater Sys, Sheet 4,
Rev. 13

H-11196, Instruments-Miscellaneous Level and Pressure Transmitters, Rev. 14

Southern Nuclear Company Concerns Program Procedure, Version 12.0