



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
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May 31, 2016

Mr. Bryan C. Hanson
Senior VP, Exelon Generation Company, LLC
President and CNO, Exelon Nuclear
4300 Winfield Road
Warrenville, IL 60555

SUBJECT: DRESDEN NUCLEAR POWER STATION, UNITS 2 AND 3 – NRC PROBLEM
IDENTIFICATION AND RESOLUTION INSPECTION REPORT 05000237/2016007;
05000249/2016007

Dear Mr. Hanson:

On April 29, the U.S. Nuclear Regulatory Commission (NRC) completed a problem identification and resolution biennial inspection at your Dresden Nuclear Power Station, Units 2 and 3. The NRC inspection team discussed the results of this inspection with Mr. P. Karaba 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. Discussed in the enclosed report is an identified weakness associated with the quality of some of your self-assessments.

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.

B. Hanson

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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/

Jamnes Cameron, Chief
Branch 4
Division of Reactor Projects

Docket Nos. 50-237; 50-249
License Nos. DPR-19; DPR-25

Enclosure:
IR 05000237/2016007; 05000249/2016007

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U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Docket Nos: 50-237; 50-249

License Nos: DPR-19; DPR-25

Report No: 05000237/2016007; 05000249/2016007

Licensee: Exelon Generation Company, LLC

Facility: Dresden Nuclear Power Station, Units 2 and 3

Location: Morris, IL

Dates: April 11 through April 29, 2016

Inspectors: J. Rutkowski, Project Engineer and Team Leader
G. Hausman, Senior Reactor Inspector
G. O'Dwyer, Reactor Engineer
C. Phillips, Project Engineer
M. Porfirio, Resident Inspector, Illinois Emergency
Management Agency

Approved by: J. Cameron, Chief
Projects Branch 4
Division of Reactor Projects

Enclosure

SUMMARY

Inspection Report 05000237/2016007; 05000249/2016007; 04/11/2016 – 04/29/2016;
Dresden Nuclear Power Station, Units 2 and 3; Biennial Problem Identification and Resolution
Inspection Report

This inspection was performed by four NRC regional inspectors and the site Illinois Emergency Management Agency inspector. No findings of significance or violations of NRC requirements were identified during this inspection. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 5, dated February 2014.

Problem Identification and Resolution

On the basis of the sample selected for review, the team determined that implementation of the corrective action (CA) program at the Dresden Nuclear Power Station, Units 2 and 3, was generally good. The licensee demonstrated a low threshold for identifying problems and entering them in the CA program. Items entered into the CA program were screened and prioritized in a timely manner using established criteria; were properly evaluated commensurate with their safety significance; and corrective actions were generally implemented in a timely manner, commensurate with the safety significance. The team noted that the licensee reviewed operating experience for applicability to station activities. Audits and self-assessments were determined to be performed at an appropriate level to identify deficiencies although weaknesses with self-assessments were identified in one department. On the basis of interviews conducted during the inspection, workers at the site expressed freedom to enter safety concerns directly into the CA program or through their supervisors but some non-supervisory personnel questioned the value of identifying concerns for what they perceived as low-level issues.

NRC-Identified and Self-Revealed Findings

None

Licensee-Identified Violations

None

REPORT DETAILS

4. OTHER ACTIVITIES

4OA2 Problem Identification and Resolution (71152B)

The activities documented in Sections .1 through .4 constituted one biennial sample of problem identification and resolution as defined in IP 71152.

.1 Assessment of the Corrective Action Program Effectiveness

a. Inspection Scope

The inspectors reviewed the licensee's corrective action (CA) program implementing procedures and attended CA program meetings to assess the implementation of the CA program by site personnel.

The inspectors reviewed risk and safety significant issues in the licensee's CA program since the last NRC Problem Identification and Resolution (PI&R) inspection completed in March 2014. The selection of issues ensured an adequate review of issues across NRC cornerstones. The inspectors used issues identified through NRC generic communications, department self-assessments, licensee audits, operating experience reports, and NRC documented findings as sources to select issues. Additionally, the inspectors reviewed action requests/issue reports (ARs) generated as a result of facility personnel's daily plant activities. The inspectors also reviewed a selection of work orders (WOs), performance indicator reports, system health reports, and completed investigations from the licensee's various investigation methods, which included root cause evaluations (RCE) and apparent cause evaluations (ACE).

The inspectors selected electronic board components used in safety-related equipment to review in detail. The inspectors' review was to determine whether the licensee staff were properly monitoring and evaluating the performance of these and associated components through effective implementation of station monitoring programs. A five year review of the electronic component was undertaken to assess the licensee staff's efforts in monitoring for system degradation due to aging aspects. The inspectors also performed a partial system walkdown of emergency diesel generators and equipment associated with a station battery room ventilation to review if conditions of the equipment was appropriately represented in plant health reports, work orders, and the CA program.

During the reviews, the inspectors determined whether the licensee staff's actions were in compliance with the facility's CA program and 10 CFR Part 50, Appendix B requirements. Specifically, the inspectors determined whether licensee personnel were identifying station issues at the proper threshold, entering the station issues into the station's CA program in a timely manner, and assigning the appropriate prioritization for resolution of the issues. The inspectors also determined whether the licensee staff assigned the appropriate investigation method to ensure the proper determination of root, apparent, and contributing causes. The inspectors also evaluated the timeliness and effectiveness of corrective actions for selected issue reports, completed investigations, and eight NRC previously identified findings that included principally non-cited violations.

The inspectors also reviewed corrective actions from licensee's ARs 01513452, "NRC Preliminary White Finding–Flood Mitigation Procedure," 02445040, "NRC Report 2014–005 Preliminary White Finding for ERV," and 02437067, "FWLC 2–0640–33 Failed; Resulting in Loss of Baily FWLC SYS" which were not completed by the licensee as of closeout inspections for the associated violations.

Documents reviewed are listed in the Attachment to this report.

b. Assessment

(1) Effectiveness of Problem Identification

Based on the information reviewed, including initiation rates of ARs and information from interviews, the inspectors determined that the licensee has a low threshold for initiating ARs, and from the ARs reviewed, the threshold was appropriate and that all station departments were active in generating ARs. The inspectors did not identify any safety significant item that was not entered into the CA program. Some personnel stated that they might not document low-level issues, due to the perception that those issues would not be effectively addressed through the CA program. The inspectors also determined that the station was generally effective at trending low level issues to prevent larger issues from developing. The inspectors assessed the effectiveness of problem identification as adequate to support nuclear safety.

Observations

The inspectors found that issues were being identified and captured in the licensee's CA program. The licensee initiated approximately 13,000 ARs in calendar year 2015. The licensee identified that approximately 1727 ARs were in the approved status (reviewed) but assigned action was not complete. There were also approximately 795 issue reports in an approved status that were categorized as a condition not required to be in the formal CA program (categorized as an "NCAP"). The inspectors noted that licensee's procedures allowed for closing some low-level ARs to the work order system. The inspectors noted that at the time of the inspection there were approximately 2403 open work orders (WOs) with the majority of the orders classified as not critical. The inspectors concluded that the number of open ARs and WOs appeared consistent with industry averages.

The inspectors reviewed open corrective WOs, open corrective action items, and system health reports for the last five years for electronic component history. The inspectors also discussed the licensee's aging management program for those components with system engineers and physically verified the apparent physical conditions of some equipment containing those components with a system engineer. The inspectors did not identify any major conflicts between actual system conditions and the condition of the systems as represented in WOs, system health reports, and CA program documents. Additional details are provided in Section .1b.(2).

Findings

No findings were identified.

(2) Effectiveness of Prioritization and Evaluation of Issues

The inspectors concluded that the licensee's overall performance in the prioritization and evaluation of issues was generally appropriate. In particular, the inspectors observed that while the majority of issues identified were at a low level of significance, those issues and issues of more significance were assigned a review and action level appropriate for the identified condition evaluation and in accordance with governing procedures. Issues were appropriately screened by the originating departments, the Station Ownership Committee (SOC), Management Review Committee, and Operations shift management for items potentially impacting equipment operability. Evaluations in apparent cause and root cause reports reviewed by the inspectors were appropriate to support nuclear safety; however, the inspectors noted numerous examples in which it was not clear whether specified corrective actions had been completed from the review of completed ARs. Also the inspectors found some corrective actions were rescheduled beyond the initial scheduled completion dates and some developed actions were rescheduled several times.

Observations

The inspectors identified no items in the backlogs of the CA program or maintenance WO system that were risk significant, either individually or collectively, although the inspectors noted several instances of multiple extensions for actions. The inspectors also noted several instances where they questioned whether actions classified as an Action Tracking Item (ACIT) should have been specified as CAs. The inspectors questioned the ease of an ACIT being changed or cancelled with minimal or no review; the inspectors did not identify any examples of where an ACIT actions would have changed if it had been categorized as a CA. The inspectors reviewed the licensee's WO backlog and associated performance metric data and concluded that equipment issues were generally being addressed appropriately.

The inspectors had difficulty in following the activities in several ARs to final completion due to the lack of documented results and only references to other document numbers. Some examples were:

- AR 01239089, "Failed Equipment Is Obsolete - Engineering Required for Eval," showed status as complete and the SOC in the Action Request Details stated "WR [work request] generated to replace 2-3241-98," however, only one AR assignment was identified and the in-progress notes did not identify the WR number or the results of the engineering evaluation. The In-Progress Notes did state "EC 385199 generated on 7/13/11 to replace 2-3241-98," but there was no reference to the results of the engineering evaluation or when a replacement was installed.
- AR 01398536, "U3 MPT Protective Relay Obsolete with No Replacement," showed the AR status as complete and the SOC in the Action Request Details stated "OAD have 3 relays that can be refurb/repared" and "Stores has been notified of the relays on hand. Closed to actions taken." The AR did not indicate any assignments that scheduled actions to address and track the issue to resolution. With no In-Progress Notes available to determine what action the licensee took, the completion status of any required actions could not be determined.

- AR1493744 was written to address obsolete meteorological tower wind sensors. The AR was closed with a statement that a contract to obtain new sensors was initiated, but did not state the final outcome and whether parts were delivered.
- AR2602903 identified that the station lift pump transformer TR-41 was obsolete, but did not clearly state how the issue would be addressed.

The licensee satisfactorily answered the inspectors' questions and provided documentation that the issues had been resolved. However, as stated, these conclusions could not be reached based on a review of the CA program entries alone.

5 Year Review for Obsolescence and Age Degradation

The inspectors performed a review of the licensee's CA Program and associated documents focusing on electronic components to determine whether any obsolescence and aging issues existed for the last five years. The inspectors' review and evaluation were focused on obsolescence and aging issues to ensure corrective actions were: complete, accurate, and timely; considered extent of condition; provided appropriate classification and prioritization; provided identification of root and contributing causes; appropriately focused actions taken that resulted in the correction of the identified problem; identified negative trends; operating experience was adequately evaluated for applicability; and applicable lessons learned were communicated to appropriate organizations. The inspectors determined that the licensee established an Obsolescence Steering Committee (OSC) in accordance with Procedure ER-AA-550, "Equipment Obsolescence Process," Revision 2, which requires quarterly meetings to discuss, maintain and resolve a Top Ten List of obsolescence components. In addition, the OSC presents the obsolescence Top Ten List to the Plant Health Committee (PHC) on a semi-annual frequency. No findings were identified.

The inspector's review concentrated on the last five years of CA program actions associated with obsolescence and aging issues of the Unit 2 and Unit 3 Containment Oxygen Analyzer and the actions associated with the Control Room Habitability Calculations.

Through interviews and reviews of CA program documents, the inspectors found that during the time period between April 10, 2011, and April 29, 2016, the Unit 2 and Unit 3 Primary Containment Oxygen Analyzers were out-of-service for 374 days and 140 days, respectively. Unit 3 continued to remain out-of-service as of April 29, 2016. The inspectors observed that at one time Unit 2 and Unit 3 were out-of-service for 200 and 62 consecutive days, respectively. The Primary Containment Oxygen Analyzers are required to be operational per technical specification (TS) 3.6.3.1. If the Primary Containment Oxygen Analyzers are not operational, a manual sample must be taken every 7 days to verify the primary containment oxygen is within limits. This requires chemistry and radiation protection technicians to obtain the sample. The sample takes 4 man-hours to complete. As a result, a conservative 54 samples (i.e., 216 man-hours) and 20 samples (i.e., 80 man-hours) were required to maintain Unit 2 and Unit 3 TS requirements, respectively.

Findings

No findings were identified.

(3) Effectiveness of Corrective Actions

On the basis of the corrective action documents reviewed, the inspectors concluded that the CAs appeared generally appropriate for the identified issues. Those CAs addressing selected NRC documented violations were also determined to be generally effective and usually timely. The inspectors' review of Corrective Actions to Prevent Reoccurrence (CAPRs) did not identify subsequent recurrence of the addressed issues. The inspectors' review of the previous five years of the licensee's efforts to address issues with electronic components did not identify any recent negative trends or inability by the licensee to address long-term issues.

Observations

A maintenance fundamentals self-assessment (AR 2502328) completed in July 2015 listed two deficiencies. Maintenance workers and first line supervisors were not consistently applying all of the maintenance fundamentals. This conclusion was based on a series of ARs and observations made by the assessors. The sole action from these two deficiencies was to present a single slide at the beginning of the maintenance cycle training in April 2016 which was almost a year after the assessment was completed.

The Nuclear Oversight (NOS) assessments of maintenance in 2012, 2014, and 2016 all identified issues with the control of quality parts. Although these conditions adverse to quality were addressed on an individual basis the trend was not addressed effectively which resulted in the recurring deficiency.

Corrective Actions Associated with Root Cause Evaluations for White NRC Findings associated with Flood Mitigation Procedure, and Failed Electromagnetic Relief Valve

At the NRC closeout of inspections associated with cited violations, not all of the corrective actions that the licensee had developed were completed. However, the actions that were completed were deemed sufficient to close the violations. However, the NRC requires that those actions not completed also require eventual inspection. During this inspection the inspectors reviewed:

- AR 01513452, "NRC: Preliminary White Finding – Flood Mitigation Procedure." Corrective actions reviewed were deemed acceptable. The following items/assignments in the AR remained opened at the time of this inspection and remain to be reviewed in a subsequent inspection: 41 and 42.
- AR 2445040, "NRC Report 2014–005 "Preliminary White Finding for ERV." Corrective actions reviewed were deemed acceptable. The following items/assignments in the report remained opened at the time of this inspection and remain to be reviewed in a subsequent inspection: 25, 28, 35, and 36.

Findings

No findings were identified.

.2 Assessment of the Use of Operating Experience

a. Inspection Scope

The inspectors reviewed the licensee's implementation of the facility's Operating Experience (OE) program. Specifically, the inspectors reviewed implementing OE program procedures, attended CAP meetings to observe the use of OE information, completed evaluations of OE issues and events, and selected monthly assessments of the OE composite performance indicators. The inspectors' review was to determine whether the licensee was effectively integrating operating experience into the performance of daily activities, whether evaluations of issues were proper and conducted by qualified personnel, whether the licensee's program was sufficient to prevent future occurrences of previous industry events, and whether the licensee effectively used the information in developing departmental assessments and facility audits. The inspectors also assessed whether corrective actions, as a result of OE, were identified, and effectively and timely implemented.

In addition, the inspectors review included a sample portion of OE driven corrective actions resulting from 10 CFR Part 21 reports. The inspectors verified the licensee adequately evaluated the vendor's issues for applicability to the station. The inspectors also confirmed the licensee correctly justified whether programmatic controls were in place that would prevent similar issues at the site. In addition, the inspectors verified that the licensee initiated actions to detect, prevent, monitor and correct conditions to prevent future occurrences related to the vendor's report.

Assessment

In general, OE was effectively used at the station. The inspectors observed that OE was discussed as part of the daily station and pre-job briefings. Industry OE was effectively disseminated across the various plant departments and no issues were identified during the inspectors' review of licensee OE evaluations. During interviews, several licensee personnel commented favorably on the use of OE in their daily activities.

Observations

The team noted that root and apparent cause evaluations were required to evaluate whether internal or external operating experience was available associated with the event or failure being examined, and whether the evaluation and actions to address those items had been effective. Additionally, all root cause evaluations reviewed included an assessment as to whether the issue being evaluated had potential application to other similar components or plants.

The inspectors had one observation in the area of OE. AR 2578767, "10 CFR 21 Notifications Not Reviewed At Dresden," discussed that during the performance of the biennial OE program review performed in 2015, the licensee identified that three 10 CFR Part 21 reports from 2014, that did not specifically identify Dresden Station as being impacted by the report, were not evaluated for applicability to the station by the licensee. The inspectors reviewed 10 CFR Part 21 report number 2016-009 from the NRC public web site on April 27, 2016. This 10 CFR Part 21 report did not state that it was specifically applicable to Dresden Station. The inspectors selected this report because of its potential applicability to Dresden Station. Exelon internally generates a Daily

Industry Events Report (DIER) that compiles all industry OE every week day. The station was notified of this 10 CFR Part 21 report (2016-009) via the DIER on March 18, 2016. At the time the inspectors reviewed this report on April 27, 2016, the licensee had not yet assigned an action to review the report for applicability, a period of about 40 days. The licensee's procedure PI-AA-115-1003, "Processing of Level 3 OPEX Evaluations," Revision 2, Step 4.2.1 had a requirement to assign an action to review 10 CFR Part 21 reports for applicability with a completion date goal within 30 days of the time the action was assigned. There was, however, no time period specified for the assignment to review the Part 21 report after the receipt of the report. The licensee acknowledged this as an issue at the exit meeting on April 29, 2016. However, the issue was not placed into the CA program until May 9, 2016, when questioned by the inspectors.

b. Findings

No findings were identified.

.3 Assessment of Self-Assessments and Audits

a. Inspection Scope

The inspectors assessed the licensee staff's ability to identify and enter issues into the CA program, prioritize and evaluate issues, and implement effective corrective actions, through efforts from departmental assessments and audits.

Assessment

The inspectors concluded that most self-assessments and audits were typically accurate, thorough, and effective at identifying issues and enhancement opportunities at an appropriate threshold with some exceptions in one department. The inspectors concluded that personnel involved in audits and self-assessments were knowledgeable in the subject area they audited or assessed. In many cases, self-assessments and audits identified issues that were not previously recognized by the licensee.

Observations

The inspectors reviewed three radiation protection (RP) department self-assessments. Of the three RP assessments there was only one deficiency identified. One of these assessments was a review of all the areas the NRC planned to inspect over the next year (AR 1613009). No deficiencies were identified. The inspectors also reviewed AR 2614410 which identified that corporate RP had performed four assessments in the past year. Three of those assessments had no strengths, recommendations, or deficiencies. The fourth discussed a recommendation but no assignment to address that recommendation was put into the CA Program. The assessments performed by NOS in the RP area in 2015, however, had found seven deficiencies that were addressed (AR 2422723). Based on these observations, the inspectors concluded that the self-assessments performed by the station and corporate RP staff of the station's RP department were not effective.

b. Findings

No findings were identified.

.4 Assessment of Safety Conscious Work Environment

a. Inspection Scope

The inspectors assessed the licensee's safety conscious work environment (SCWE) through the reviews of the facility's employee concerns program (ECP) implementing procedures, discussions with the coordinator of the ECP, interviews with personnel from various departments, and reviews of issue reports. The inspectors also reviewed the results from 2012 and 2014 organization effectiveness surveys and meeting minutes of the Safety Culture Monitoring Panel.

As part of the overall inspection effort, inspectors discussed department and station programs with a variety of people. In addition, the inspectors held scheduled interviews with 59 non-supervisory individuals, in groups of four to eleven people, from various departments to assess their willingness to raise nuclear safety issues. Additionally other personnel were randomly asked their views of the effectiveness of the CA program.

The individuals for the scheduled interviews were randomly selected to provide a distribution across the various departments at the site. In addition to assessing individuals' willingness to raise nuclear safety issues, the interviews included discussion on any changes in the plant environment over the last 12 months. Other items discussed included:

- knowledge and understanding of the CA program;
- effectiveness and efficiency of the CA program;
- willingness to use the CA program; and
- knowledge and understanding of ECP.

The inspectors also discussed the functioning of the ECP with the program coordinator; reviewed program logs from 2014 and 2015; and reviewed two case files.

Assessment

The inspectors did not identify any issues of concern regarding the licensee's SCWE. Information obtained during the interviews indicated that an environment was established where the majority of licensee personnel felt free to raise nuclear safety issues without fear of retaliation. Licensee personnel were aware of and generally familiar with the CA program and other processes, including the ECP and the NRC's allegation process, through which concerns could be raised; and safety significant issues could be freely communicated to supervision. The inspectors did not observe and were not provided any examples where there was retaliation for the raising of nuclear safety issues. Documents provided to the inspectors regarding surveys and monitoring of the safety culture and SCWE generally supported the conclusions from the interviews even with 2014 survey issues identifying conditions that potentially might act to inhibit discussion of items.

Observations

Non-supervisory personnel in the interviewed groups stated that at their level there were no issues with working with and communicating with workers in other groups. Several of the groups interviewed expressed concerns with their supervisors' qualifications or a lack of support from their department managers.

All interviewees indicated that they could and would bring up safety issues with supervision, management, or through the CA program. Several of the groups stated the view that the CA program was ineffective for addressing low-level issues. None of the interviewed personnel stated that there was intimidation or retaliation when they brought up issues. Those same interviewees predominantly said they would use the ECP but saw no need to have to resort to the ECP for issue reporting.

b. Findings

No findings were identified.

4OA6 Management Meetings

.1 Exit Meeting Summary

On April 29, 2016, the inspectors presented the inspection results to the Site Vice President, Mr. P. Karaba, and other members of the licensee staff. The licensee acknowledged the issues presented. The inspectors confirmed that none of the potential report input discussed was considered proprietary and that all material considered proprietary by the licensee was returned to the licensee.

ATTACHMENT: SUPPLEMENTAL INFORMATION

SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensee

P. Karaba, Site Vice President
J. Washko, Station Plant Manager
G. Baxa, Senior Regulatory Engineer
F. Gogliotti, Director, Site Engineering
G. Morrow, Operations Director
S. Matzke, Corrective Action Program Manager
D. Walker, Regulatory Assurance – NRC Coordinator

Nuclear Regulatory Commission

J. Cameron, Chief, Division of Reactor Projects, Branch 4
G. Roach, Senior Resident Inspector

IEMA

M. Porfirio, Resident Inspector, Illinois Emergency Management Agency

LIST OF ITEMS OPENED, CLOSED, AND DISCUSSED

Opened

None

Closed

None

LIST OF DOCUMENTS REVIEWED

The following is a list of documents reviewed during the inspection. Inclusion on this list does not imply that the NRC inspectors reviewed the documents in their entirety, but rather, that selected sections or portions of the documents were evaluated as part of the overall inspection effort. Inclusion of a document on this list does not imply NRC acceptance of the document or any part of it, unless this is stated in the body of the inspection report.

PLANT PROCEDURES

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|----------------------|--|--------------------------------|
| DAP 14-19 | Oversight of Project/Modification Testing | 0 |
| ER-AA-550 | Equipment Obsolescence Process | 2 |
| ER-AA-310-1005 | Maintenance Rule – Dispositioning Between (A)(1) and (A)(2) | 7 |
| PI-AA-125-1001 | Root Cause Analysis Manual | 2 |
| LS-AA-104-1000 | Exelon 50.59 Resource Manual | 9 |
| PI-AA-125-1003 | Apparent Cause Evaluation Manual | 2 |
| PI-AA-115 | Operating Experience Program | 1 |
| PI-AA-115 | Operating Experience Program | 1 |
| PI-AA-115-1003 | Processing of Level 3 Opex Evaluations | 2 |
| PI-AA-125 | Corrective Action Program (Cap) Procedure | 3 |
| PI-AA-125-1001 | Root Cause Analysis Manual | 2 |
| PI-AA-125-1003 | Apparent Cause Evaluation Manual | 10 |
| PI-AA-125-1004 | Effectiveness Review Manual | 1 |
| MA-AA-716-001 | Quality Material/Components Control And Identification/Segregation of Non-Conforming Items | 8 |
| DIS 6600-08 | Unit 3 Diesel Generator Pressure Switches and Pressure Indicators Calibration | 1 |
| DIS 6600-08 | Unit 3 Diesel Generator Pressure Switches and Pressure Indicators Calibration | 2 |
| ER-AA-440 | Emergency Diesel Generator (EDG) Reliability Program | 1 |
| DOP 1300-02 | Automatic Operation of Isolation Condenser | 23 |
| DOP 1300-02 | Automatic Operation of Isolation Condenser | 24 |
| DOP 1300-02 | Automatic Operation of Isolation Condenser | 26 |
| DOP 1300-02 | Automatic Operation of Isolation Condenser | 27 |
| AD-AA-3000 | Nuclear Risk Management Process | 1 |
| CC-AA-309 | Control of Design Analyses | 11 |
| CC-AA-309-1001 | Guidelines for Preparation and Processing of Design Analyses | 8 |
| CC-AA-311-1001 | Controlled Document Prioritization | 8 |

PLANT PROCEDURES

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|----------------------|--|--------------------------------|
| DOS 7000-26 | Local Leak Rate Testing of Unit 2(3) Feedwater System Valves [2(3)-220-58A(B), [2(3)-220-62A(B)] | 7 |
| ER-AA-200 | Preventative Maintenance Program | 2 |
| ER-AA-200-1001 | Equipment Classification | 1 |
| ER-AA-310-1003 | Maintenance Rule – Performance Criteria Selection | 5 |
| ER-AA-550 | Equipment Obsolescence Process | 2 |
| MA-AA-733-1001 | Guidance for Check Valve General Visual Inspection | 7 |
| MA-DR-MM-4- 3201 | Feedwater Check Valve Maintenance | 3 |
| PI-AA-120 | Issue Identification and Screening Process | 3 |
| PI-AA-127 | Passport Action Tracking Management Procedure | 2 |

CORRECTIVE ACTION PROGRAM DOCUMENTS REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|----------------------|--|--------------------------------|
| 291401 | 3 8540 5, U3 Primary Containment O2 Analyzer Failed | 01/17/05 |
| 519376 | O2 Analyzer not Functioning | 08/13/06 |
| 861036 | Analyzer Flow not High Enough | 12/29/08 |
| 917864 | U3 O2 Monitor Having Erratic Indication Over 24 Hours | 05/10/09 |
| 939142 | Adverse Trend Identified on U3 DW O ₂ Analyzer | 07/06/09 |
| 961281 | Request a WO to Replace Following Components for U3 DW O ₂ | 09/03/09 |
| 1187682 | 2-2301-51 Check Valve is Obsolete | 03/15/11 |
| 1204088 | Control Room HVAC FASA Deficiency has no Tracking Mechanism | 04/18/11 |
| 1204088-17 | Provide Status CR Habitability Calculations | 06/14/12 |
| 1210549 | Contingency Relay is Obsolete w/ no Direct Replacement | 05/02/11 |
| 1213989 | CR Habitability Calculations Need Revision | 12/12/13 |
| 1224866 | U3 Drywell O ₂ Analyzer Flow Lo Alarm (923-5A B-3) | 06/05/11 |
| 1230101 | Inst Air Regulators Failed for 3-8501-3B and 3-8501-5B | 06/17/11 |
| 1239089 | Failed Equipment is Obsolete - Engineering Required for Eval | 07/12/11 |
| 1296084 | 2/3-1740-203 Obsolete and Parts no Longer Available | 11/30/11 |
| 1305676 | Material Requested in DIS 0700-13 is Obsolete | 12/21/11 |
| 1327169 | NOS ID: Uncontrolled Quality Part Found in MMD and EMD Shops | 02/15/12 |
| 1344929 | FASA Identifies Eng MCR Habitabl Calcs are Obsolete/Need Rev | 03/23/12 |

CORRECTIVE ACTION PROGRAM DOCUMENTS REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|--|-------------------------|
| 1374428 | U2 EDGCWP Failed to Start | 06/05/12 |
| 1393901–13 | Procedure Change Tracking due to Spare Parts Evaluation | 10/18/13 |
| 1398536 | U3 MPT Protective Relay Obsolete with no Replacement | 08/08/12 |
| 1434927 | U3 Battery Room HVAC Needs Mrule a(1) Determination | 11/02/12 |
| 1493744 | Met Wind Sensors are Obsolete and Requires Replacement | 03/28/13 |
| 1513452 | NRC: Preliminary White Finding – Flood Mitigation Procedure | 05/13/13 |
| 1590535 | 2–3902 MOV Failed to Open | 11/27/13 |
| 1617579 | Zones Unable to Test | 02/05/14 |
| 1618987 | As Left Zero not within Tolerance | 02/10/14 |
| 1622805 | Root Cause Report Requested for SGI Classification | 02/18/14 |
| 1626267 | NOS ID: Corrective Action not Assigned & Completed | 02/20/14 |
| 1626461 | ACE Requested on 3 HU Events | 02/26/14 |
| 1626461 | Security Requests ACE on 3 HU Events | 02/26/14 |
| 1626985 | NOS ID: Safety Related Parts not Traceable to Work Orders | 02/27/14 |
| 1636137 | NRC Issued Green NCV for SGI Issue | 03/14/14 |
| 1644740 | NRC Questions Why 2–3902 Valve Failure not MRFF | 04/08/14 |
| 1650033 | Mrule A1 Determination Needed for MRFF Z39–1 | 05/10/14 |
| 1658449 | Security - CCTV OSS | 05/10/14 |
| 1662096 | Issues with Procedure Revisions Identified | 05/20/14 |
| 1670444 | NRC Questions Regarding Iso Cond MOV 2–1301–3 | 06/11/14 |
| 1854476 | MOV 2–1301–3 Stroke Length Found Longer than Expected | 09/06/14 |
| 2404375 | Level IV Green Finding 3rd Quarter NRC Exit | 10/31/14 |
| 2411760 | Stud Cleaning Refuel CAM Alarm | 11/14/14 |
| 2414608 | 3–1601–60 Failed to Operate from MCR | 11/19/14 |
| 2431672 | U3 DW %O ₂ Slow Trend Up | 01/01/15 |
| 2437067 | FWLC 2–0640–33 Failed; Resulting in Loss of Bailey FWLC Sys | 01/14/15 |
| 2445040 | Corrective Actions – NRC Report 2014–005 Preliminary White Finding for ERV | 01/30/15 |
| 2470558 | Hittman Driver Released Without RP Approval | 03/18/15 |
| 2478121 | AFI EN.1.1, Engineering Fundamentals | 04/01/15 |
| 2486872 | Temp Shield SSP 2013–006 and –011 Need to be Made Permanent | 04/17/15 |
| 2490022 | Found FME In U2 D/G Main Bearing Low Oil Press (MB1) PS | 04/23/15 |
| 2490584 | Trng. Thorough Surrounding Written Exam Administration | 04/24/15 |

CORRECTIVE ACTION PROGRAM DOCUMENTS REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|---|-------------------------|
| 2490696 | IR to Document Possible Degradation of U2 DW O ₂ Sample PP | 04/24/15 |
| 2502176 | U2 Drywell O ₂ Analyzer System Issue | 05/18/15 |
| 2502695 | Mispositioned Test Switch During Performance of DIS 1500-05 | 05/19/15 |
| 2506613 | NOS ID: NIRB Results – RCR on FWLC Reactor Scrams | 05/28/15 |
| 2506847 | PMC – U2 and U3 Main Condenser Fouling | 05/28/15 |
| 2518096 | Water/Oil on U3 TB 517' Floor | 06/23/15 |
| 2518113 | Severe Weather Safeguards Suspension | 06/22/15 |
| 2518113 | Security - Severe Weather Safeguards Suspension | 06/22/15 |
| 2518254 | What Good are Flood Barriers if Wtr Comes in thru Floor Drains | 06/23/15 |
| 2519394 | NOS ID: Resolution of A 2013 RP Audit Def. not Effective | 06/25/15 |
| 2521704 | Corrective Actions – FASA (RA): ERV 95001 Preps | 06/30/15 |
| 2527516 | U3 SBO Secondary Exhaust Damper will not Full Open | 07/13/15 |
| 2527598 | FASA ID: Deficiency In Maintenance Fundamentals | 07/13/15 |
| 2527602 | FASA ID: Deficiency In Maintenance Fundamentals | 07/13/15 |
| 2532555 | UHS Insp – Calc for DGCW Pumps Based at 501 Elevation | 07/24/15 |
| 2548876 | SPC Closure and Needs ACE | 08/31/15 |
| 2549747 | Dreambox Failure | 09/01/15 |
| 2549747 | Dreambox 02 Failure | 09/01/15 |
| 2551306 | Rx Bldg. / Turb. 569' Elev. Interlock Door Bypassed | 09/04/15 |
| 2557390 | Clean Floor Drains are Backing Up | 09/18/15 |
| 2559581 | Clean Floor Drains Backed Up While Flushing Temporary Demin | 09/23/15 |
| 2560103 | U3 SBO Inverter Transformer Failure | 09/24/15 |
| 2561006 | U3 SBO PLC not in Run | 09/26/15 |
| 2564768 | Disengagement of Filters Unit 2 Spent Fuel Pool | 10/02/15 |
| 2565610 | Ejector Pit Heaters Submerged | 10/05/15 |
| 2567011 | ACE 2548876 Rejected by MRC | 10/07/15 |
| 2570579 | MRule: U3 SBO Requires MR (A)(1) Determination | 10/14/15 |
| 2574338 | REMP Missed Samples | 10/21/15 |
| 2578767 | 10 CFR 21 Notifications not Reviewed at Dresden | 10/29/15 |
| 2583258 | D2R24 LLRT FW CK 220-58B Exceeded Admin Alarm Limit | 11/06/15 |
| 2583264 | D2R24 LLRT FW CK 220-58B Exceeded Admin Alarm Limit | 11/06/15 |
| 2583276 | D2R24 FW CK 0220-62B LLRT Exceeded Admin Alarm Limit | 11/06/15 |
| 2587167 | Level 1 PCE While Removing Bladder From 62B FW Check Valve | 11/13/15 |
| 2591977 | NOS ID: CA Closure Documentation not Stand Alone | 11/24/15 |

CORRECTIVE ACTION PROGRAM DOCUMENTS REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|---|-------------------------|
| 2592330 | REMP Sampling Issues –Detached Wire | 11/25/15 |
| 2593333 | Lane 1 AVB Loose | 11/30/15 |
| 2593333 | Security-Lane 1 AVB Loose | 11/30/15 |
| 2596243 | Unit 3 Drywell O ₂ Analyzer Appears to be out of Calibration | 12/05/15 |
| 2601715 | FASA (EN): Emergency Diesel Reliability | 12/17/15 |
| 2602903 | TR-41 is Obsolete and Should be Replaced | 12/20/15 |
| 2605048 | REMP Sampling Issues | 12/28/15 |
| 2605164 | U2 517' Clean Side Floor Drains Clogged | 12/28/15 |
| 2611686 | U3 Ejector Pit is Frozen, Backup Up Drains in the Plant | 01/13/16 |
| 2614410 | RP Self-Assessment Gaps Identified | 01/15/16 |
| 2621750 | DG FASA: Obsolete Equipment Noted | 02/04/16 |
| 2633374 | Quarterly SC Meeting Summary of February 2016 | 02/26/16 |
| 2633687 | NOS Maintenance Audit | 02/19/16 |
| 2640695 | NRC FOF Inspection Presentation | 03/15/16 |
| 2640695 | NRC FOF Inspection Presentation | 03/15/16 |
| 2640697 | NRC FOF Inspection Presentation | 03/15/16 |
| 2640697 | NRC FOF Inspection Presentation | 03/15/16 |
| 2644583 | IR to Document Possible Degradation of U3 DW O ₂ Sample PP | 03/23/16 |
| 2645113 | Abnormal Trend on Unit 2 DW O ₂ Analyzer | 03/24/16 |
| 2652873 | IEMA Inspector Inquiry For SWC Issue | 04/08/16 |
| 2652902 | NOS ID Work Package Issue | 04/07/16 |
| 2653121 | MOV Limitorque Motors | 04/08/16 |
| 2653188 | 2A Recirc Motor Temps Erratic | 04/09/16 |
| 2653534 | 3A CCSW Pump Discharge Vavle Could not be Closed | 04/10/16 |
| 2653730 | EMD Planning Discretionary Crew Clock Reset | 04/01/16 |
| 2653764 | Hose Was Found Disconnected And Split On LIC 3-3541-10A | 04/09/16 |
| 2658154 | Alarm 923-5A A-4, U2 Drywell O ₂ Content High | 04/20/16 |
| 2660515 | Calculation DRE15-0013 Error Identified | 04/25/16 |

OPERATING EXPERIENCE

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|---|-------------------------|
| 1620074 | OPEX: Monticello Event Requires Possible Actions at Dresden | 02/12/14 |
| 1620462 | Braidwood OPEX Potential Applicability (NER BW-14-004) | 02/12/14 |
| 1672727 | PMC – Braidwood OPEX Review for Applicability (ICES #310905) | 06/18/14 |

| | | |
|-----------------|--|----------|
| 1689112 | Proactive Action to Ensure NPDES Sampling Performed | 08/04/14 |
| 2385995 | ERVR Vulnerability from ASD Power Cell PM Strategy | 09/25/14 |
| 2388710 | Dresden Susceptible to Similar NRC Violation Issued to Fermi | 09/30/14 |
| 2478177 | Evaluation Needed to Determine Proper Response of HPCI AOP | 04/01/15 |
| 2506698 | Need OPEX Review of Quad IR 2506106 | 05/28/15 |
| 2572426 | Review of ICES 317634 Determines Dresden Vulnerability | 10/17/05 |
| 2611812 | L2 IER 15-34 – DOA 0202-01 Gap Identified | 01/13/16 |
| 2016-009-00 | Loss of High Pressure Coolant Injection System Function as a Result of Failed Flow Controller Signal Converter (a 50.73 Report) | 02/26/16 |
| ICES Rpt 249702 | Failure of Regulator In Containment Environmental Monitoring Sys. Integrator/Computational Module Computational Module 3-8541-19 (Containment Oxygen Analyzer) | 06/17/11 |
| ICES Rpt 307946 | Rod Block Monitor Failed Quarterly Calibration Surveillance | 07/17/13 |
| ICES Rpt 310242 | Drywell and Torus Oxygen Analyzer | 02/10/14 |
| ICES Rpt 312505 | Reactor Building Floor Drain Sump Control Relay Failure | 07/15/14 |
| ICES Rpt 314317 | Intermediate Range Monitor Drive Motor Fuse Blown | 11/16/14 |
| ICES Rpt 314426 | Maintenance Rule Condition Monitoring Criteria Exceeded for Intermediate Range Monitor | 12/08/14 |
| ICES Rpt 314742 | Manual Reactor Scram Due to Transient Caused By Feed Water Level Control System Failure | 01/13/15 |
| ICES Rpt 315154 | Automatic Reactor Scram Due to Loss of Feedwater | 02/06/15 |
| ICES Rpt 319999 | High Radiation Sampling System Heat Trace Relay Chatter Caused by Worn Relay Contact Parts | 08/29/15 |
| | Must Know Operating Experience | 08/26/14 |

AUDITS, ASSESSMENTS AND SELF-ASSESSMENTS

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|----------------------|--|--------------------------------|
| 1589739 | Check-In Self-Assessment Dresden System Engineering Practices and Expectations | 02/27/14 |
| 1589739 | Dresden System Engineering Practices/Expectations | 02/27/14 |
| | Maintenance Audit Report NOSA-DRE-14-01 | 03/05/14 |
| | Check-In Self-Assessment Plant Engineering Support of Work Control E-Meetings | 05/05/14 |
| 1612032 | Plant Engineering Support of Work Control E-Meetings | 05/05/14 |

| | | |
|----------------|---|----------|
| 2409231 | Dresden Maintenance and Test Equipment (M&TE) Process | 07/31/15 |
| | Biennial Self-Assessment & Benchmark Program | 03/31/15 |
| | Level 3 Operating Experience Utilization | 10/30/15 |
| 2453271 | NRC Inspection 71124.08, Radioactive Solid Waste Processing and Radioactive Material Handling, Storage, and Transportation Assessment | 04/15/15 |
| 2478599 | Engineering Safety Check-In Self-Assessment | 05/15/15 |
| 2488514 | Dresden FLS Program Check-In | 09/11/15 |
| | Assessing Maintenance Fundamentals | 07/17/15 |
| 2575235 | FASA: Pre-NRC PI&R | 02/11/16 |
| 2575547 | Pre-NRC 71111.11 FASA | 02/25/16 |
| | Exelon Emergency Diesel Generator Reliability | 03/15/16 |
| 2601715 | FASA Exelon EDG Reliability | 03/08/16 |
| | Maintenance Audit Report NOSA–DRE–16–01 | 03/02/16 |
| 02521704–06 | Performa FASA Results Measurement Review | 02/09/16 |
| | IMD Work Practices | 06/25/15 |
| 2521704–06 | Perform a FASA Results Measurement Review | 02/09/16 |
| NOSA–DRE–14–05 | Engineering Programs and Station Blackout Audit Report | 04/07/14 |
| NOSA–DRE–15–05 | Engineering Design Control Audit Report | 08/10/15 |
| NOSA–DRE–15–12 | Engineering Programs and Station Blackout Increased Frequency Audit Report | 11/04/15 |
| | Dresden Station T–6 Assessment | No date |

DRAWINGS

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|----------------------|--|--------------------------------|
| 12E–2848G | Wiring Diagram Drywell O ₂ Analyzer System Panel 923–5A | AK |
| 12E–2848M | Wiring Diagram Drywell O ₂ Analyzer System Panel 923–5A | B |
| 12E–3848A | Schematic Diagram Containment O ₂ Sample Selector | D |
| 12E–3848A, Sh2 | Schematic Diagram Containment O ₂ Sample Selector | A |
| 12E–3848B | Internal Wiring Diagram Containment O ₂ Sample Selector | B |
| B–111 | Turbine Bldg Plumbing Floor Plan EL 517–06 Unit 2 | T |
| B–541 | Turbine Bldg Plumbing Floor Plan, EL 517–06 Unit 3 | F |

CONDITION REPORTS GENERATED DURING INSPECTION

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|--|-------------------------|
| 2654883 | Discrepancy Noted Between ICES # 249702 and ATI 01230101-03 | 04/13/16 |
| 2655164 | Reference PowerLabs Report Number is Incorrect in EACE | 04/13/16 |
| 2656097 | PI&R NRC Identified Issues | 04/15/16 |
| 2656290 | NRC Questioning U2 Recirc Dissolved O2 Indication | 04/15/16 |
| 2659453 | Clarification To ACE 2479781-02 Previous Events Section | 04/22/16 |
| 2661053 | NRC PI&R – LPCI Hx Tube Scaling Impact on DBA | 04/26/16 |
| 2661809 | PI&R: ACIT 1204088-07 has Inaccuracy | 04/27/16 |
| 2662353 | NRC PI&R Questioned CAP Assignments Tracking REMP Deviations | 04/28/16 |
| 2667267 | 10 CFR Part 21 Item not Reviewed at Dresden | 05/09/16 |

ROOT CAUSES AND APPARENT CAUSES REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|--|-------------------------|
| 1331916-06 | AEER AHU Belts Came off the Sheaves | 02/25/12 |
| | Apparent Cause Investigation Report (Equipment): 2A IAC Trip on High Element 2 Outlet Temp | 05/17/14 |
| 1662068 | Air Intrusion Into MPC #343 - RCE | 05/19/14 |
| 1854476 | MOV 2-1301-3 Stroke Length Found Longer than Expected - WGE | 09/16/14 |
| 2411760 | D3R23 Work Stopped on Refuel Floor After CAM Alarmed - ACE | 11/14/14 |
| 2431208 | Unit 2 Turbine Trip Due to Moisture Separator Hi-Hi Level (AC) | 02/06/15 |
| 2437067 | Two Reactor Scrams From A Feedwater Level Control System Failure with a Reactor Recirc Pump Runback (RC) | 03/13/15 |
| 2479781 | Degraded Lug Identified For TP J-18 In 902-8 PNL - ACE | 04/04/15 |
| 2488474 | U2 EDG Failure To Start – EACE | 05/19/15 |
| 2541257 | U3 EDG Failure To Start – EACE | 09/11/15 |
| 2562930 | Unit 3 B Reactor Building Vent Radiation Monitor Fuse Failure (AC) | 10/28/15 |
| 2608781 | Potential Low-Level HU Trend in MMD - ACE | 11/06/2015 |
| 2629853 | RPS EPA Breakers Failed to Trip (AC) | 03/21/16 |
| | Root Cause Investigation Report: Dresden Unit 2-2B Recirculation Pump Trip due to Inadequate | 08/08/14 |

ROOT CAUSES AND APPARENT CAUSES REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|--|-------------------------|
| | Ownership/Oversight during Implementation of ASD Project | |
| 1622805-02 | Security Document Classification (RCE) | 03/24/14 |
| 1626461-02 | Security Identified 3 HU Events (ACE) | 02/26/14 |
| 2411760-02 | Stud Cleaning Refuel CAM Alarm (ACE) | 12/11/14 |
| 2523462-02 | LORT Requal Results (AC) | 08/04/15 |
| 2502695-4 | Mispositioned Test Switch During Performance of DIS 1500-05 (AC) | 06/18/15 |
| 2548876-02 | U2 and U3 Main Condenser Fouling (ACE) | 09/11/15 |

WORK ORDERS REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|--|-------------------------|
| 01484189-01 | Degraded Recorder Causing Alarm | 10/26/11 |
| 1434927 | Unit 3 5712-1 Battery and Battery Charger Room HVAC a(1) Action Plan | 09/21/15 |
| 1462291 | 3-0203-3E ERV and 3-0203-4C MSSV a(1) Action Plan | 03/27/16 |
| 1650033 | 2-3902, U2 Standby Coolant Supply MOV a(1) Action Plan | 07/09/14 |
| 1710196 | Clean U2 Main Condenser South Tubes with Plastic Condenser Cleaner Plugs | 11/11/15 |
| | Clean Floor Drains Backing Up | 03/10/16 |
| 2419701 | AEER HVAC a(1) Action Plan | 02/29/15 |
| | Unit 0 49-1 – Miscellaneous Sumps and Drains a(1) Action Plan | 01/08/16 |
| 2553500 | Unit 3 SBO EDG 103-1 a(1) Action Plan | 01/08/16 |
| 01719343 – 01 | D2 30M/RFL TS LLRT VLV 0220-57B & 0220-58B FW INBD CHK VLV | 10/13/15 |
| 01719344 – 01 | D2 30M/RFL TS LLRT VLV 0220-57B & 0220-62B FW OTBD CHK VLV | 10/13/15 |
| 01775920 – 01 | Need Contingency Repair Work Order For 2-0220-62B | 07/28/15 |
| 01775920 – 02 | Need Contingency Repair Work Order For 2-0220-62B | 04/02/15 |
| 01775920 – 05 | Need Contingency Repair Work Order For 2-0220-62B | 11/17/15 |
| 01775920 – 06 | Need Contingency Repair Work Order For 2-0220-62B | 10/13/15 |
| 01775920 – 07 | Need Contingency Repair Work Order For 2-0220-62B | 12/11/14 |
| 01775923 – 01 | Need Contingency Repair Work Order For 2-0220-58B | 07/28/15 |
| 01775923 – 06 | Need Contingency Repair Work Order For 2-0220-58B | 07/28/15 |
| 01775923 – 07 | Need Contingency Repair Work Order For 2-0220-58B | 07/28/15 |
| 01775923 – 08 | Need Contingency Repair Work Order For 2-0220-58B | 10/13/15 |
| 01775923 – 09 | Need Contingency Repair Work Order For 2-0220-58B | 01/30/15 |

WORK ORDERS REVIEWED

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|----------------------|--|--------------------------------|
| 01775923 – 10 | Need Contingency Repair Work Order For 2–0220–58B Replace PS 3–6641–526 U3 D/G Main Bearing Low Oil | 12/11/14 |
| 01826415–01 | Press (MB1) 570 TB to RXB Interlock Door Circuit Logic | |
| 01868032 – 01 | Reconfiguration | 12/08/15 |

OTHER

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|------------------------|---|--------------------------------|
| 1434927 | Unit 3 5712-1 Battery and Battery Charger Room HVAC a(1) Action Plan | 09/21/15 |
| 1462291 | 3–0203–3E ERV and 3–0203–4C MSSV a(1) Action Plan | 03/27/16 |
| 1650033 | 2–3902, U2 Standby Coolant Supply MOV a(1) Action Plan | 07/09/14 |
| 2419701 | AEER HVAC a(1) Action Plan | 02/29/15 |
| 2553500 | Unit 0 49–1 – Miscellaneous Sumps and Drains a(1) Action Plan | 01/08/16 |
| 2570579 | Unit 3 SBO EDG 103–1 a(1) Action Plan | 01/08/16 |
| 2014–007 | ECP Case File | |
| 2015–001 | ECP Case File | |
| AP–913 | INPO Equipment Reliability Process Description | 01/04/00 |
| DRE–41511 | Failure Analysis of Element, Filter, 5 Micron, for Parker P3NF Series | 02/26/16 |
| DRE–48700 | Failure Analysis of a GE Circuit Breaker and GE Voltage Regulator Card | 06/16/11 |
| Dresden OE 1 | QRT Indicator | 02/01/16 |
| Dresden PE 2 | Request for Engineering Changes | 02/01/16 |
| Dresden PE 3 | Engineering Changes in Development | 02/01/16 |
| Dresden PE 4 | Engineering Changes in Implementation | 02/01/16 |
| Dresden PE 5 | Engineering Change Closeout | 02/01/16 |
| Dresden PE 6 | Engineering Change Incorporation | 02/01/16 |
| Dresden PE 6 | Engineering Change Incorporation | 03/01/16 |
| EC 385199 | Replace Obsolete/Failed U2 FW DO Analyzer 2–3241–98 | 01/00/00 |
| EC 398606 | Move HVAC Calculations to Supersede Status | 01/00/00 |
| Function 103–1 (U3) | Maintenance Rule Database: Station Blackout Diesel Generator | |
| Function 49–1 (U0) | Miscellaneous Sumps and Drains | |
| LS–AA–1012 | Semi-Annual Safety Culture Review | |
| TS 3.6.3.1 | Primary Containment Oxygen Concentration Amendment 237/230 | |
| UFSAR 9.3.2.6 | Primary Containment Oxygen Sampling System | 01A |
| WR00216398 | U3 Prim Containment Oxygen Analyzer | 08/13/06 |
| WR00290978 | Analyzer Flow Not High Enough | 12/30/08 |

OTHER

| <u>Number</u> | <u>Description or Title</u> | <u>Date or Revision</u> |
|---------------|---|-------------------------|
| WR00303847 | U3 O2 Monitor Having Erratic Indication Over 24 Hours | 05/11/09 |
| WR00313503 | Request a WO to Replace Following Components for U3 DW O2 | 09/04/09 |
| WR00371883 | (ASSY) U3 DW Air Sample Sys Return to Torus Upstrm FCV Meeting Minutes-Safety Culture Monitoring Panel-1st Quarter 2014 Meeting Minutes-Safety Culture Monitoring Panel-3rdt Quarter 2015 Organizational Effectiveness Survey Results Meeting Minutes-Safety Culture Monitoring Panel-4th Quarter 2015 ECP Logs, 2014, 2015, 2016 Equipment Reliability Excellence Plan Training Department Human Performance Improvement Plan, 1st Quarter 2016 Training Department Human Performance Improvement Plan, 4tht Quarter 2016 | 06/21/11 |
| | System Health Report Unit 2 EDG | 4th Quarter 2015 |
| | System Health Report Unit 2/3 EDG | 4th Quarter 2015 |
| | System Health Report Unit 3 EDG | 4th Quarter 2015 |
| | System Health Report Unit 2 SBO Diesel | 4th Quarter 2015 |
| | System Health Report Unit 3 SBO Diesel | 4th Quarter 2015 |

LIST OF ACRONYMS USED

| | |
|-------|--|
| AC | Alternating Current |
| ACE | Apparent Cause Evaluation |
| ACIT | Action Tracking Item |
| ADAMS | Agencywide Document Access Management System |
| AR | Action Request/Issue Report |
| CA | Corrective Action |
| CAPR | Corrective Action to Prevent Recurrence |
| CFR | Code of Federal Regulations |
| ECP | Employee Concerns Program |
| GE | General Electric |
| HPCI | High Pressure Coolant Injection |
| IMC | Inspection Manual Chapter |
| IMEA | Illinois Emergency Management Agency |
| IP | Inspection Procedure |
| IR | Inspection Report |
| NCAP | Identified Documented Condition not Required to be in the CA Program |
| NCV | Non-Cited Violation |
| NOS | Nuclear Oversight |
| NRC | Nuclear Regulatory Commission |
| OAD | Action Request Details |
| OE | Operating Experience |
| OSC | Obsolesce Steering Committee |
| PARS | Publicly Available Records |
| PHC | Plant Health Committee |
| PI&R | Problem Identification and Resolution |
| RCE | Root Cause Evaluation |
| RP | Radiation Protection |
| SCWE | Safety Conscious Work Environment |
| SOC | Station Ownership Committee |
| WO | Work Order |
| WR | Work Request |

B. Hanson

-2-

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Sincerely,

/RA/

Jamnes Cameron, Chief
Branch 4
Division of Reactor Projects

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