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JAMES D. SHIFFER
VICE PRESIDENT
NUCLEAR POWER GENERATION

June 11, 1986

PGandE Letter No.: DCL-86-164

Mr. John B. Martin, Regional Administrator
U. S. Nuclear Regulatory Commission, Region V
1450 Maria Lane, Suite 210
Walnut Creek, CA 94596-5368

Re: Docket No. 50-275, OL-DPR-80
Docket No. 50-323, OL-DPR-82
Diablo Canyon Units 1 and 2
Response to IEIR 50-275/86-14 and 50-323/86-15 - Notice of Violation

Dear Mr. Martin:

NRC Inspection Report 50-275/86-14 and 50-323/86-15, dated May 12, 1986, contained a Notice of Violation citing one Severity Level IV violation. PGandE's response to this Notice of Violation is enclosed.

As noted in the response, PGandE has implemented a surveillance program improvement action plan to improve the effectiveness of the DCPP surveillance program. The general plan was explained to the NRC Region V Staff during discussions held on April 25, 1986. Progress for completion of the action plan items presented to the Region V Staff is on schedule.

Kindly acknowledge receipt of this material on the enclosed copy of this letter and return it in the enclosed addressed envelope.

Sincerely,

J. D. Shiffer

Enclosure

cc: L. J. Chandler
M. M. Mendonca
B. Norton
H. E. Schierling
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0898S/0045K/DJH/24

ENCLOSURE

RESPONSE TO NOTICE OF VIOLATION IN

NRC INSPECTION REPORT NO. 50-275/86-14 AND 50-323/86-15

On May 12, 1986, NRC Region V issued a Notice of Violation (Notice) citing one Severity Level IV violation as part of NRC Inspection Report No. 50-275/86-14 and 50-323/86-15 (Inspection Report) for Diablo Canyon Units 1 and 2. This Notice cited a concern regarding the effectiveness of PGandE's Technical Specification surveillance test program. PGandE's response to this violation is as follows:

STATEMENT OF VIOLATION

A. Technical Specifications (TS) 4.11.2.1.2, Table 4.11-2, Item 4, note 4, (iodine and particulate sample) requires sample collection to be performed at least once per 24 hours for at least 7 days following a reactor startup.

   Contrary to the above, LER 2-86-009 reported that iodine and particulate sample collection was performed March 4, 1986, 43 hours and 45 minutes after previous sample following a reactor startup on February 24, 1986 (Unit 2).

B. TS 4.2.1.2.1 requires that the indicated Axial Flux Difference (AFD) shall be determined to be within its limits during POWER GENERATION above 15% of RATED THERMAL POWER by monitoring and logging the indicated AFD for each OPERABLE excore channel at least once per hour for the first 24 hours and at least once per 30 minutes thereafter, when the AFD Monitor Alarm is inoperable.

   Contrary to the above, LER 2-86-006 reported that no AFD monitoring or logging was performed with the AFD monitor alarm inoperable during the periods from 2:00 a.m. on February 20, 1986 to 1:15 p.m. on February 21, 1986 and from 12:00 midnight to 3:30 a.m. on February 26, 1986, while the reactor was at greater than 15% power.

C. TS 4.7.5.1 requires that each Control Room Ventilation System train shall be demonstrated OPERABLE at least once per 18 months by verifying that the heaters dissipate 5 $\pm$ 1 kW when tested in accordance with ANSI N510-1980.

   Contrary to the above, LER 1-85-039 reported that no surveillance was performed until February 25, 1986, 27 months and 7 days after the previous surveillance (Unit 1).

D. TS 4.3.1.1 Table 4.3-1 requires each reactor trip system instrumentation channel demonstrated to be OPERABLE by performance of reactor trip system instrumentation surveillance channel calibration every 18 months for OP Delta T and OP Delta P.

Contrary to the above, LER 1-86-001-01 reported the following missed surveillances:

1. Reactor coolant temperature channel 411/412 was calibrated on September 23, 1985, 35 months 12 days after previous calibration (Unit 1).

2. Reactor coolant temperature channel 431/432 was calibrated on April 22, 1985, 28 months 7 days after previous calibration (Unit 1).

3. Reactor coolant temperature channel 441/442 was calibrated on September 17, 1986, 34 months 27 days after previous calibration (Unit 1).

E. TS 4.3.2.1 Table 4.3-2 requires each Engineered Safety Feature Actuation System (ESFAS) instrumentation channel be demonstrated OPERABLE by performance of ESFAS instrumentation surveillance - channel calibration every 18 months for containment pressure.

Contrary to the above, LER 1-86-001-01 reported that containment pressure instrument, channel 935 was not calibrated until February 11, 1986, 24 months 1 day after the previous calibration (Unit 1).

F. TS 4.0.5 and ASME Section XI - IWV 3100 and 3522 requires each check valve, after installation and prior to service, to be tested by exercising it to the position required to fulfill its function.

Contrary to the above, LER 1-84-036-01 reported the following missed surveillances:

1. Unit 1 boron injection tank recirculation check VLV 8912 was not stroke tested to the fully closed position until January 14, 1986, 22 months 11 days after initial entry into Mode 3, when the valve was required to be operational.

2. Unit 2 boron injection tank recirculation check VLV 8912 was not stroke tested to the fully closed position until October 30, 1985, 3 months 5 days after initial entry into Mode 3, when the valve was required to be operational.

G. TS 4.3.1.1 Table 4.3-1 Note (2) requires power range neutron flux reactor trip high setpoint instrumentation channel to be calibrated daily by performance of a heat balance when reactor power is above 15% of rated thermal power.

Contrary to the above, LER 1-86-002 reported the following missed surveillances:

1. With Unit 2 above 15% power, a heat balance was not performed until November 25, 1985, 54 hours after previous heat balance.

2. With Unit 1 above 15% power, a heat balance was not performed until February 2, 1986, 48.5 hours after previous heat balance.

H. TS 4.0.5 and ASME Section XI IWV 3100, 3300 and 3413 require that stroke timing and position verification test be performed on power operated valves after installation and prior to service.

Contrary to the above, LER 2-85-023 reported that ten Unit 2 motor operated valves were not tested until October 3, 1985, 2 months and 9 days after initial entry into Mode 4, when the valves were required to be operational.

I. TS 4.0.5 and ASME Section XI IWP 3230 and IWP 3400 require inservice testing of pumps every 3 months and the frequency doubled if test result deviations in the "alert range" are identified until the cause if determined and corrected.

Contrary to the above, LER 1-85-037 reported the following missed surveillances:

1. Containment spray pump 1-2 was not tested until December 4, 1985, 92 days after previous test results identified an "alert range" deviation (Unit 1).

2. Containment spray pump 2-2 was not tested until December 5, 1985, 93 days after previous test results identified an "alert range" deviation (Unit 2).

This is a Severity Level IV Violation (Supplement 1).

ADMISSION OR DENIAL AND REASONS

PGandE acknowledges that the subject events occurred because of the reasons presented in the LERs listed in the Notice of Violation.

CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED

As noted in the Inspection Report, PGandE presented a detailed description of its action plan and methods to control Technical Specification (TS) surveillance to the NRC Region V Staff during discussions held on April 25, 1986. The surveillance testing program requirements are specified in Administrative Procedure C-3S1, "Surveillance Testing and Inspection." The surveillance tests are scheduled by the Preventive Maintenance and Test Scheduler (PMTS). Units 1 and 2 scheduling information is contained in PMTS File 8 and 58, respectively. AP C-3S1 also contains an index of the TS surveillance requirements and associated test procedures.

Major surveillance test program improvements were started in the fourth quarter of 1985 when several LERs identified weaknesses in the Master Surveillance Test Schedule. Also, the Systematic Assessment of Licensee Performance (SALP) Report numbers 50-275/85-29 and 50-323/85-26 dated October 18, 1985, for the period July 1, 1984, through July 31, 1985, identified what appeared to be a negative surveillance testing program trend. The SALP report recommended that PGandE management should reexamine surveillance control procedures and policies as well as staffing levels and training adequacy to ensure an effective overall program.

Based on the above, PGandE management reviewed the surveillance LERs and the surveillance test program and initiated a surveillance test program improvement action plan on December 12, 1985. This action plan consisted of:

- Reexamining the surveillance control procedures and initiating necessary improvements
- Providing additional staffing, including a dedicated Surveillance Test Supervisor to manage the surveillance test program
- Providing additional training
- Improving the PMTS computer program software and diagnostics

As a result of several missed surveillance LERs, PGandE initiated reviews of past surveillance records to ensure that all missed surveillances had been identified and appropriate corrective actions taken. From these reviews, PGandE identified and reported additional missed surveillances. These reviews are continuing and PGandE will promptly report any additional missed surveillances.

In addition to the above surveillance test program improvement action plan, PGandE has thoroughly investigated each missed surveillance and has taken extensive corrective actions regarding the specific root cause for each missed surveillance.

The root causes of the missed surveillances can be categorized as:

- Incomplete surveillance
- Inadequate procedure/procedure review process
- Inadequate communications/lack of effective tracking
- Training deficiencies
- Personnel error
- Missed incorporation of regulatory requirement

The specific corrective actions described in LERs to address the above root causes of the individual missed surveillances consisted of:

- Procedure revisions
- Additional training on procedures, PMTS, completed surveillance test procedure (STP) data reviews, and license changes
- PMTS manual and software data validity checks
- PMTS revisions to clearly specify individual test packages
- Supplement review of mode transition surveillance requirements by senior engineering personnel
- Independent review/walkdown of procedures

In addition, PGandE has taken or is currently undertaking the following corrective actions:

1. Reviews of completed Engineering and I&C STP files were performed to identify other missed surveillances and ensure that all root causes of missed surveillances were identified and appropriate corrective actions taken.

2. A supplemental review of regulatory requirement changes, and an independent review of Technical Specifications and STPs is being performed by DCPP's Regulatory Compliance Group to ensure all TS requirements are appropriately incorporated into STPs.

3. Each department that has surveillance responsibility will upgrade its procedure review/revision process to include (1) the lessons learned from the surveillance items and (2) the file reviews that are performed.

4. A training program has been partially developed which includes procedure revisions to AP C-3S1 and AP E-4, and lessons learned from the STP file and LER reviews. The lessons learned will be periodically reevaluated and incorporated into an ongoing retraining program. Plant management is involved in the development, implementation, and monitoring of this training program. The initial training session was conducted on May 9, 1986 for all DCPP surveillance test program department heads and test coordinators.

5. A special Plant Staff Review Committee (PSRC) meeting will be held once per quarter to assure DCPP is taking adequate overall corrective actions in response to identified problems. This special PSRC will overview the following to ensure application of lessons learned and that any trends are identified:

   - Effectiveness of Technical Review Groups
   - Trending of Nonconformance Reports (NCRs) and LERs, including summary of root causes and appropriateness of corrective actions
   - Human Performance Evaluation System findings

6. Quality Control is conducting a 100% ongoing review of completed STP data sheets to verify compliance with procedural requirements. This will continue at least through the completion of the surveillance test program action plan at which time plant managers will determine the extent of future reviews.

7. A PMTS error diagnostic check was instituted to minimize data entry errors.

CORRECTIVE ACTIONS WHICH WILL BE TAKEN

In addition to the above extensive corrective actions, PGandE is in the process of:

1. Performing QA reviews of Chemistry and Radiation Protection, Electrical and Mechanical Maintenance, and the Fire Marshal completed STP files.

2. Taking additional actions as deemed appropriate in accordance with the surveillance test program improvement action plan.

3. Promptly reporting any additional missed surveillances found during file reviews performed as part of the surveillance test program improvement action plan.

4. Periodically performing an overview assessment of NCRs and LERs and other problem indicators at a special PSRC as discussed above and applying any lessons learned.

In conclusion, PGandE management has taken extensive and timely corrective actions regarding surveillance-related problems, and is continuing to monitor this area to meet its commitment-to-prevent recurrence of these problems.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

The QA reviews of completed STP files will be completed by July 1, 1986. The actions being taken as part of the surveillance test program improvement action plan are ongoing as discussed in the April 25, 1986, management meeting with NRC Region V.