U. S. NUCLEAR REGULATORY COMMISSION

REGION III

Reports No. 50-237/95003(DRS); No. 50-249/95003(DRS)

Docket Nos. 50-237; 50-249 Licenses No. DPR-19; No. DPR-25

Licensee: Commonwealth Edison Company
Executive Towers West III
1400 Opus Place, Suite 300
Downers Grove, IL 60515

Facility Name: Dresden Power Station, Units 2 and 3

Inspection At: Dresden Site, Morris, IL

Inspection Conducted: January 24 through February 3, 1995

Inspectors: _____ 3/6/95
Clark L. Vanderniet, Reactor Inspector Date

_____ 3/6/95
George M. Hausman, Reactor Inspector Date

Ronald N. Gardner For 3/7/95
Edward R. Schweibinz, Reactor Inspector Date

Approved By: Ronald N. Gardner for 3/8/95
Geoffrey E. Grant, Director Date
Division of Reactor Safety

Inspection Summary

Inspection conducted January 24 through February 3, 1995 (Reports No. 50-237/95003(DRS); No. 50-249/95003(DRS))

Areas Inspected: Announced inspection of engineering, technical support and related management activities to establish a baseline of those activities to be used in future assessments and inspections. Additionally, the inspection was used to determine if design changes and modifications were being effectively controlled and implemented. The inspection was conducted utilizing portions of inspection procedures 37550 and 37700 to ascertain whether engineering activities were effectively accomplished and assessed by the licensee.

Results: Based on the results of this inspection a baseline has been established for engineering activities at the facility. The NRC has determined that the quality of engineering at the facility is poised for improvement; however, insufficient time has past since the changes have been

initiated to measure that improvement. Positive actions were observed in many areas affecting engineering activities (i.e., involvement in daily operations, technical quality of work, and staffing); however, these actions do not, by themselves, constitute all the necessary changes needed to produce lasting improvement. Continued vigilance in this area is appropriate. Additionally, several long-standing weaknesses were still evident including, administration of programs, adherence to engineering procedures, and the adequacy of documentation. No violations were identified as a result of this inspection.

DETAILS

1.0 Principal Persons Contacted

Commonwealth Edison Company

T. Joyce, Site Vice President
J. Hosmer, Engineering Vice President
*F. Spangenberg, Manager, Site Engineering and Construction
R. Gavankar, Chief, NETS Mechanical Structural
*R. Bax, Unit 2 Station Manager
*E. Eenigenburg, Unit 3 Station Manager
*T. Nauman, Unit 1 Station Manager
*R. Stols, Director, Safety Quality Verification
*G. Tietz, Unit 3 Operations Manager
*E. Drumhiller, Technical Staff Superintendent
*J. Williams, Station Support Engineering Supervisor
*D. Wheeler, Site Construction Superintendent

U. S. Nuclear Regulatory Commission

*C. Pederson, Deputy Director, Division of Reactor Safety
*W. Shafer, Chief, Maintenance and Outage Section
*P. Hiland, Chief, Reactor Projects Section 1B
*C. Vanderniet, Lead Reactor Inspector
*M. Leach, SRI, Dresden Station
*G. Hausman, Reactor Inspector
*E. Schweibinz, Reactor Inspector

* Denotes those present at the exit meeting on February 3, 1995.

Other persons were contacted as a matter of course during the inspection.

2.0 Introduction

The purpose of this inspection was to establish an engineering baseline for the facility, to be used as a reference point for future assessments and inspections. This was accomplished by performing the following objectives:

- Establishing the mission, staffing, direction, and intentions for engineering and technical support organizations, through interviews with licensee management personnel.

- Establishing the current status of the modification program including program procedures, modification scheduling, and prioritization, through a review of the modification program.

- Determining the thoroughness of modification packages with regard to requirements of the licensee's program and regulatory documents through package review and in-field modification walkdowns.

- Determining the level of understanding of management expectations and actual workloads of personnel through interviews, work evaluations and schedule reviews.

- Determining the licensee's effectiveness at problem resolution and communication interfacing by attending various staff meetings, reviewing previously completed Problem Identification Forms, and evaluating and reviewing licensee commitment tracking systems and identified corrective actions.

- Determining the licensee's ability to obtain, disseminate, evaluate and review technical information by examining plant programs for managing vendor, industry, and regulatory information.

2.1 Engineering Organization and Staffing

The licensee was in the process of restructuring and restaffing the engineering organization both on-site and at the corporate offices. Restructuring is part of the licensee's Engineering Strategic Direction (ESD) Plan implementation which is scheduled for completion by January 1, 1997. The present restructuring activities have the following objectives: increasing the engineering staff at the site, reducing the dependence on contracted engineering services, establishing one engineering organization at the site, and increasing the effectiveness of corporate engineering.

The corporate engineering group, Nuclear Engineering and Technology Services (NETS), has been restructured into seven functionally separate sections. Each section and each site engineering organization reports to the Engineering Vice President. The sections have been chartered to provide support, as necessary, to each of the site organizations and to increase their involvement at the site. During this inspection personnel from the NETS Mechanical and Structural section were at the site and were actively involved in on-going engineering activities. Involvement from the other NETS sections was not observed; however, due to the recent restructuring further evaluation will be necessary to determine the full implementation and effectiveness of the changes.

The On-site engineering staff has been restructured into one engineering organization. A Site Engineering & Construction Manager position has been created bringing Site Construction, Support Engineering and System Engineering into a single organization. Placing all three groups under common leadership was intended to improve communications and work relationships between the organizations as well as foster engineering accountability and improved on-site involvement. Early observations showed an increased involvement by engineering in the day to day facility operation and an improving sense of accountability for engineering issues. However, problems still exist in the acceptance of the new engineering presence and, at times, acknowledgement of engineering efforts regarding site issues by other site organizations. This was demonstrated recently regarding high pressure coolant injection (HPCI) system work planning and the troubleshooting of back leakage into the shutdown cooling system.

Staffing increases have been initiated in both support and system engineering groups which will significantly augment the current engineering staff. Management personnel stated that the staffing increases have been planned to reduce the licensee's dependence on contracted engineering services and reduce the workload currently placed on engineers. Currently, contracted engineering services comprise approximately 75% of all engineering at the site. Plans are to reduce this to approximately 25 % of all engineering, limited mostly to

large projects. Additionally, several staffing reassignments have been made in the engineering department which appear to be strengthening the department's capabilities. Again, positive signs were observed during the inspection; however, because of the timing of the staffing changes the effectiveness of the changes will need to be assessed at a future date.

2.2 Modification Program

The licensee's modification program continues to utilize several different procedures to control the initiation, prioritization, development, implementation, and closure of modifications. The current program still has many administrative flaws and procedural problems which the licensee has been in the process of addressing. Some of the problems include procedures not having clearly identified transition points, failing to reference companion procedures, and containing information that was out of date with the current modification process. An example of the types of problems existing in the current program has been illustrated in the following paragraph.

Requests for engineering support have to be initiated using Dresden Administrative Procedure (DAP) 21-05, "Engineering Requests." This procedure does not reference DAP 05-03, "SMRC/TRB Activities," which is a companion procedure. The engineering request procedures also do not direct the user to exit DAP 21-05 and enter Quality Engineering (QE) procedure 06, "Design Modifications," to perform the modification design phase. QE-6 does not reference any DAPs and does not instruct the user to exit and enter DAP 05-01, "Modifications," at the completion of the design phase and beginning of the implementation phase. DAP 05-01 does not identify an entry point, even though, that clearly occurs on page 15 of the procedure and it does not reference QE-6. Finally, several of the DAPs used in the program still refer to the Station Modification Review Committee (SMRC) and modification request forms (MRFs) which no longer exist. The licensee has attempted to provide training regarding the present process; however, a review of this training found it to be deficient. In conclusion, the current process was found to be outdated, cumbersome, and not adequately controlled.

The NETS organization has initiated an effort to rewrite all corporate engineering procedures. These Nuclear Engineering Procedures (NEPs) have essentially all been issued for approval and are available to the individual sites to implement at the direction of the Engineering Manager. This is an attempt to standardize engineering processes such as modifications, temporary alterations and field change requests between the six sites to facilitate better utilization of resources and enhance the exchange of information. Currently, the licensee has not implemented the NEPs at this site; however, they were in the process of establishing a schedule to do so.

The prioritization of modifications was another area where deficiencies were noted. Prioritization is completed during the initial evaluation and preparation of a modification request by a cognizant engineer using guidance from a system engineering memorandum. The current process has the modification request evaluated based on four categories (nuclear safety & quality, personnel safety, generation, and betterment & productivity) resulting in a total priority value. The final value is to be reviewed by the system engineering supervisor and re-evaluated by the Technical Review Board (TRB). Examples were identified where the system engineering supervisor reviews were called into question and where the TRB failed to properly

complete its re-evaluation of the prioritization. Additionally, documentation problems were identified on TRB approved section of the modification requests. These problems were discussed with the licensee and were attributed, in part, to the problems the licensee is having with procedures which was discussed above.

The issue of inadequate engineering procedures has been a long-standing one at the facility and has been discussed at length with the licensee staff and management over the past several years. The NEP program is the most recent program the licensee has developed and planned to implement to deal with this problem. Problems with the current engineering procedures effect almost every aspect of engineering work performed by the licensee and were a reoccurring theme throughout the inspection. This is a problem that needs a final solution and will be evaluated in the future based on completion of current program upgrades and NEP implementation.

2.3 Modification and Exempt Change Package Reviews

Overall, the technical quality of modifications reviewed was adequate. The packages that were reviewed met regulatory requirements, had adequate supporting documentation (with some exceptions as noted below), and exhibited compliance with technical design requirements. Difficulty was encountered by the inspectors when they questioned the original basis for modifications or previous equipment requirements. This information was not always documented in the packages nor were all companion documents referenced. Though this required some further research by the licensee, all supporting documentation for the modifications was found and all questions regarding the technical basis for the reviewed packages were resolved.

A pending package for upgrading and relocating bulk torus temperature recorders was found to provide inadequate documentation regarding the removal of electrical isolators which had been originally installed to meet Regulatory Guide (RG) 1.97 requirements. The package called for the removal of isolators but did not document how the removal would ensure the previous requirements would be met. A further search of vendor documentation showed that new optical output isolators were part of the new recorders and would meet the RG requirements. Even though the requirements were met, until requested by the inspector the issue had not been evaluated and documented by the licensee.

A package requesting the installation of additional piping supports was reviewed. The initial review showed that the reason for the additional supports was due to finding a larger valve actuator (SMB-00) on a valve than the originally designed actuator (SMB-000). No discussion was found in the package as to why the larger actuator was there or, why simply changing back to the smaller actuator was not considered. Further research discovered a valve study that had been completed showing that the larger actuator was, in fact, necessary to ensure the valve operated properly under all conditions. This further information, not referenced in the package, provided the necessary basis for the addition of the supports.

A recently completed package for installation of Unit 3 MSIV pilot valve solenoid failure detection circuitry was reviewed. This package did not identify all the procedures that were effected by the change, nor did it identify facility drawing deficiencies. When these problems became evident through the performance of routine surveillance and subsequent troubleshooting

the deficiencies were adequately addressed. Additionally, the problems that were identified were incorporated into the package for the Unit 2 MSIV pilot valves which was viewed by the inspectors as a positive action.

Administrative deficiencies were identified in all the packages that were reviewed in addition to the above listed documentation problems. Most of the problems stem from the inadequacies in the current engineering procedures and the control and implementation of the modification process.

There were over 600 modifications and exempt changes that were in an open status but had not been operationally authorized. In addition, there were over 200 engineering requests pending. This was considered a large backlog by the inspectors and the licensee was in the process of readdressing each of the pending modifications and requests. By readdressing the backlogged modifications the licensee hopes to significantly reduce the number and eventually reduce it to below 100. Discussions with licensee management indicated that they felt that many conditions existed at the facility where modifications had been suggested and planned simply because it was the easy thing to do. Inspectors did find evidence of this being true during their review of some engineering issues. A specific example, was the use of a modification to relocate an air regulator on an instrument air dryer instead of re-evaluating the frequency, method, and thoroughness of routine maintenance and cleaning. The review of modifications will be a major undertaking on the part of the engineering staff and the effect of the evaluations will need to be evaluated during future inspections.

2.4 System Engineering

System engineering has been considered weak at the facility for the past several years. However, recent staffing increases and changes appear to be positively affecting the situation. Overall, system engineer experience level was considered to be improving, largely due to the increased staffing levels. During interviews, most engineers were knowledgeable of system components; were aware of regulatory requirements for assigned systems; and were generally familiar with their system's maintenance history. However, persistent problems with system engineering continue to be evident especially with regard to instrument air and some other auxiliary systems. Also, while performing plant walkdowns, inspectors easily found unidentified material and engineering discrepancies indicating that system walkdowns by the engineers were still not effective. Several factors appeared to be affecting the ability of system engineers to improve their performance. These factors include a heavy workload dominated by emergent items, the lack of a clear understanding of management's expectations, and a lack of acceptance from organizations outside of engineering.

Engineers' workloads vary, as expected, depending on the systems assigned. System engineering functions currently include: preparation, approval, implementation, tracking, and completion of modifications; parts procurement and possible qualification; responding to Problem Identification Forms (PIFs), Information Notices, Generic Letters, industry technical bulletins and information letters; tracking, scheduling, completion, and closure of Nuclear Tracking System (NTS) items; evaluating all system work items and requests; supporting operations performance of surveillance and testing; trending and tracking of maintenance and surveillance items for maintenance rule input; and performing operability assessments. Complicating this long list of work items

were the many emergent work items that occur with a regular frequency at the site and divert the engineers' attention from day to day work. From the observations of the inspectors the majority of system engineering work appeared to be reactive rather than proactive. There was also a large amount of backlogged work items existing within the organization in the form of proposed modifications, existing nuclear work requests, and PIFs. As stated previously, the licensee was trying to address the backlog of work items and has been continuing to address the emergent items as they occur.

Additionally, system engineers did not always understand what management expected of them. Management's expectations as stated in System Engineering Memo (SEM) 6, "Expectations for Systems Engineering System/Program Engineers," and SEM 1, "Systems Engineering System Walkdown Guidance," have not been adequately communicated to the system engineers. A lack of training on the system engineering program informing engineers what was expected of them was also apparent. Discussions with system engineering management showed that they were aware of the problem and were planning to revise the program.

The reliance of groups outside of engineering on the system engineers has also been a long-standing issue. Recent changes in staffing and the more active system engineering involvement in station meetings and significant maintenance evolutions appears to be having positive effects on this relationship. However, before achieving the system manager concept, being initiated by management, further efforts will be needed to change the cultural conditioning of the outside groups.

Licensee management feels the increasing staffing levels and reduction in the backlog of work items will improve the current situation. This improvement will take time to occur due to the simple volume of outstanding work items and the training necessary for the new engineers. However, the present course of action set by engineering management appears to be positive and may effect change if the present level of support continues.

2.5 Support Engineering

Support engineering exhibits active involvement of management in its engineering efforts and a capable staff of engineers. In general, support engineers that were interviewed and observed were knowledgeable regarding the status of ongoing work. This can be attributed, in part, to the dedicated nature of their work; however, in most cases when support engineering was involved in discussions, support engineers took the lead on the issues. Nevertheless, problems have been identified with the thoroughness of the evaluations performed by support engineering and information often needs to be evaluated in further detail when questions arise. This was evident during the review of modification packages described previously.

While reviewing modifications with support engineers, the engineers expressed concerns with the lack of a mentoring program and the effects that has on the modifications prepared by new engineers. Concerns were also expressed at the inaccuracies used in the estimating of modification costs. The engineers, also, do not have a clear understanding of what is required to complete a modification. This would be a direct effect of the inadequate program and procedures that are currently used to administer the modification program.

Operability evaluations were performed primarily by support engineering personnel. Several evaluations were reviewed and the inspectors concluded that the evaluations were adequate.

The thrust of management to reduce the number of modifications at the station will involve significant effort on the part of support engineering personnel. Also, the planned reduced reliance on contracted engineering will increase the burdens on the support engineering staff. However, continued efforts on the part of management and the staff toward improving the level of engineering at the station, if continued, show promise and should produce results in the near future.

2.6 Top Twenty-Five Technical Issues

The top twenty-five issues list was intended to be a list of the most significant technical issues affecting facility operations. Issues were evaluated using System Engineering Memo (SEM) 29, "Technical Issue Resolution Program," and were weighted due to the significance and frequency of occurrence. In the recent past, this list has fallen into disuse by senior station management; however, engineering has continually used the list to pursue issues.

Some engineering personnel interviewed felt that the list was a waste of time because it only produced more meetings and required briefing more individuals. SEM-29 states that the system engineer will identify the need to provide station management with a heightened awareness of a technical issue by prioritization of all issues. It was clear from the observation of work that not all technical issues have been evaluated and ranked for considered inclusion on the list. The inspectors re-evaluated several issues on the current list using the criteria established in SEM-29. The review determined that the items had been ranked appropriately; however, the items were ranked by the system engineer without concurrence or review of management. This practice of ranking technical issues presents several problems:

- Many technical items are not being ranked because systems engineers don't feel the system is working or don't feel their issue warrants placement on the list.
- The ranking could be manipulated by the system engineer to ensure items important to their systems receive the highest possible ranking and attention.
- Items could be ranked lower than they really are.

Concerns with the utilization of the list by senior station management and the review of item ranking were discussed with management personnel who concurred with the inspectors' assessment of the issues.

During a review of specific items inspectors identified several communication and documentation weaknesses regarding the high pressure coolant injection (HPCI) turbine hydraulic control system setpoints and the 250 VDC battery problems. The weaknesses included: setpoint changes which should have been issued as temporary alterations; a failure to provide technical justification for permitting the setpoint changes; and a modification approval without evaluating whether added battery capacity would be beneficial and enable the HPCI auxiliary oil pump (AOP) to be cycled.

The setpoint changes regarded the temporary stopping of cyclic operations for the HPCI AOP. Specifically, HPCI turbine oil pressure switch setpoints produced AOP cyclic operations which in turn resulted in 250 VDC safety-related battery cyclic loading. The top twenty-five technical issues list stated that, "Currently the oil pressure switch is bypassed (AOP would run continuously once a start signal was received) to avoid the large inrush of current when the pump was started because the battery cannot support that surge in load." Initial discussions with the licensee's engineering staffs and a review of all documentation, indicated that the pressure switch setpoint changes were considered temporary until modification M12-2(3)-92-005-B was completed. DAP 05-08, "Control of Temporary System Alterations," stated that temporary setpoint changes were examples of a temporary alteration. However, no temporary alteration was generated for this change.

A review of the setpoint change documents SPC# 2-92-46 and SPC# 3-92-01, "Part I - Technical Data, Setpoint Change Justification," section showed that technical justification for permitting the setpoint changes was not provided. Only a statement identifying the purpose of the setpoint change was given. Based upon the inadequate technical justification given, the inspector raised several concerns regarding AOP operation with the bypassed pressure switch setpoint changes installed. No documentation of the system engineer's thought process was identified related to the setpoint change. As a result, several hours were expended by the inspectors and the licensee's staff in re-evaluating the thought process to resolve the inspectors concerns.

The 250 VDC problems issue was the result of an outstanding item associated with the Unit 3, October 1991, 250 VDC batteries service test failure (LER 91-013). This item dealt with the proposed transfer of the remaining non-safety-related loads off the 250 VDC safety-related batteries to the new 250 VDC non-safety-related batteries. The modification had been approved to transfer the remaining non-safety-related loads; however, calculations had not been performed to determine if the added battery capacity gained would be beneficial and would enable the HPCI AOP to be cycled.

The root cause of the October 1991 service test failure was attributed to insufficient capacity of the batteries due to incorrect vendor information and excessive loading. After additional vendor testing; a revised battery sizing calculation using the new vendor test data; the addition of new 250 VDC non-safety-related batteries; and the transfer of the turbine emergency bearing oil pump (EBOP) load from the safety-related batteries to the new non-safety-related batteries, the concerns with incorrect vendor information and excessive loading were resolved.

Though problems exist with the top twenty-five list in general, and some documentation problems exist with the specific items, the overall benefit gained by using the process was seen as positive. Management efforts to correct the current problems and raise the attention level of senior staff to items on the list were discussed and progress will continued to be monitored.

2.7 Document Change Requests (DCR)

The handling of DCRs at the facility has changed over the past year. The current process has discontinued the practice of making red-line and green-line pen and ink changes to drawings and instituted an on-line CAD system. This new system allows changes to be made to critical control room drawings

within 24 hours of issuing the DCR. Critical control room drawings revision backlog has dropped from a level of 150 to only 6, all of which were due to one partially completed modification. This is a significant improvement over old practices which took several months to complete. Improvements in processing other station functional drawings have also been noted; however, these changes were not as rapid as critical drawings.

The procedure used to manage the process was a Support Engineering Procedure, "Project Instruction for DCR Incorporation." The procedure was not currently part of the station administrative procedures and was not referenced by the DAPs or QEs used in the modification program. It does, however, appear to adequately control the DCR process and a Nuclear Engineering Procedure is planned to replace it in the near future. The procedure currently requires that all drawings and documents in the DCR shall be processed in 60 days. This was not being achieved and the licensee was in the process of re-evaluating this time limit. Also, the monthly status report required by the procedure, was to include a status of all DCRs not meeting the 60 days time limit. This was also not being accomplished; however, a review of a few DCRs showed that the status was known and controlled and the licensee was aware of the issue and the need to establish tighter controls on the new system. Overall, the processing of DCRs at the facility has been improved and once the administrative program difficulties are corrected will be a facility strength.

With regard to critical drawings that are maintained in the control room, the inspectors walked down a small portion of the low pressure coolant injection (LPCI) system, drawing M-29, Sheet 1 of 2. During the walkdown, discrepancies were noted between the drawing and the actual plant configuration. These discrepancies were minor; however, they demonstrated that in-field verifications of controlled drawings have not been accomplished by system engineers. This was discussed with the licensee and a plan was being established to address this issue.

2.8 Problem Identification Forms (PIF) Program

The PIF process was used at the station to identify problems that arise as a result of day to day facility operations. The process was actively used and all engineering personnel that were interviewed were familiar with the process. Inspectors attended several of the daily Event Screening Meetings where all PIFs written during the previous day were reviewed and discussed. During the meetings between eight and twelve PIFs were reviewed by a mix of station personnel representing all of the major departments. The meetings that were observed had, at times, spirited discussions on the issue and active participation of all attending personnel. This type of an exchange was seen as positive and would keep the PIF program dynamic and useful. However, other meetings were observed where the discussions were less candid and frank. It appears that the difference was largely due to the makeup of members at the meetings and that some individuals inhibit discussions while other encourage them. This process needs the former type of discussions to be productive and an asset to the site. The inspectors shared these observation with station management who agreed with the assessment and reaffirmed their commitment to the process.

2.9 Commitment Tracking System

The ability to obtain, disseminate, evaluate, and review technical information, and the programs for managing regulatory information were reviewed. An electronic Nuclear Tracking System (NTS) was used to keep track of commitments and corrective actions addressing specific issues by the licensee. Commitment tracking was one of the major focus areas senior management staff was currently addressing. The total number of NTS items has been trending down and, presently, each engineering group has approximately 200 items. Past practices allowed routine extensions for item due dates to be initiated by the responsible engineer with very little concurrence or oversight. The new engineering management has increased oversight responsibilities for NTS items and stated that they were committed to completing not extending items. However, this like the other changes in engineering at the facility was a recent change and time will be needed to determine if the trend continues and the efforts have the intended results.

2.10 Information Notices

The dissemination and evaluation of Information Notices (IN) has been another long-standing problem at the facility. The licensee has maintained a backlog of over 90 open INs over the past two years. Some of these INs have been open for several years and the licensee has made several attempts to correct this deficiency. Currently, the licensee has 90 open INs some dating back to the late 1980's. Two of the INs reviewed generated specific concerns with regard to the licensee's poor evaluation.

The review of IN 91-78, "Status Indication of Control Power for Circuit Breakers used in Safety-related Applications," identified a condition in which control power could be lost to safety equipment and power available indicating lights would remain lit. Therefore, station personnel would not be aware of the actual loss of control power to the breakers. The licensee attempted to correct this condition with a modification in 1984, in response to an earlier IN. The modification was cancelled due to an unreviewed safety question. In 1988, a modification was completed to the diesel generator (DG) output breakers to correct the condition on those specific breakers.

In 1992, the licensee reviewed IN 91-78 and re-identified the existence of the condition for 4160 VAC breakers (except for the DG breakers). This review also indicated that safety-related breakers should be modified to provide the true status of close control power for station personnel. The IN identified the problem associated with both 4160 and 480 VAC breakers; however, the licensee's review did not mention actions for 480 VAC breakers. In 1993, the engineering staff decided to make the modification; however, the Technical Review Board determined that this would be done with the concurrence of similar actions at a sister station.

The inspector discussed this item with the support engineers and licensee management and determined that the modification was not being pursued. The inspector also questioned operations personnel to determine the effect of a failure on the operators. The review indicated that operators were not aware of the condition and would assume control power was available if the lights remained lit. The licensee indicated that they would make the modification and train the operators. The completion of this modification and training will be an Inspector Followup Item (237/249-95003-01(DRS)).

A review of a second IN, 94-04, "Digital Integrated Circuit Sockets with Intermittent Contact," indicated a cursory review was performed by the licensee. The review did not indicate whether the licensee has the subject sockets installed in the plant or not. Since they had not seen the subject socket until shown by the inspector, it is not clear whether the licensee knew if they have them or not.

Based on this review, it is evident that problems still exist with the licensee's handling of INs. INs do not mandate corrective actions, however, INs may contain technical information which is pertinent to the operations of the facility. Management attention is needed to ensure applicable INs are reviewed by cognizant engineers in a timely manner and that the reviews/ corrective actions are adequate.

3.0 Inspection Followup Item

An inspection followup item is a matter that has been discussed with licensee personnel, which will be reviewed further by the inspector and involves some action on the part of the NRC or the licensee or both. An inspection followup item that remained open during this inspection was discussed in Paragraph 2.10.

4.0 Exit Meeting

The inspectors met with the licensee's representatives (denoted in Paragraph 1) during the inspection period and at the conclusion of the inspection on February 3, 1995. The inspectors summarized the scope and results of the inspection and discussed the likely content of this inspection report. The licensee acknowledged the information and did not indicate that any of the information disclosed during the inspection could be considered proprietary in nature.