



**Commonwealth Edison**  
One First National Plaza, Chicago, Illinois  
Address Reply to: Post Office Box 767  
Chicago, Illinois 60690

June 29, 1981

Mr. James G. Keppler, Director  
Directorate of Inspection and  
Enforcement - Region III  
U.S. Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen Ellyn, IL 60137

Subject: Dresden Station Units 2 and 3  
Response to I.E. Inspection Report  
Nos. 50-237/81-09 and 50-249/81-06  
NRC Docket Nos. 50-237/50-249

Reference (a): C. Norelius letter to C. Reed dated  
June 4, 1981

Dear Mr. Keppler:

Reference (a) transmitted the results of an inspection conducted by Mr. J. Grobe on April 2, 3, 6, 7, 9, and 10, of activities at Dresden Nuclear Power Station Units 2 and 3. Appendix A to Reference (a) identified four items of non-compliance with NRC requirements. Our responses to those items of non-compliance are provided in Attachment A to this letter.

We share your concern that critical fire protection equipment must remain operable. Over the past three years, substantial changes have been made to enhance the station's fire protection program, and many new surveillances have been instituted to ensure that equipment and detection systems remain functional. As pointed out by our own CECO. Quality Assurance audits, some items were overlooked in the initial preparation of the new procedures, and corrections to the procedures or to the station's computerized surveillance tracking program have now been initiated to resolve the deficiencies.

We do not agree, however, that the three detectors in item 4. of Attachment A were inoperable for approximately one year without being detected until identified in a QA audit. The three control and computer room smoke detectors had been removed from service as part of a modification, after a review by the Station Fire Marshal and an Operating Engineer. Their review determined that because the computer and control rooms share a common air conditioning and air recirculation system, smoke in either area would be promptly discovered by control room personnel, and

8107200411 810706  
PDR ADDCK 05000237  
Q PDR

JUN 30 1981

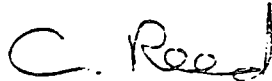
therefore adequate fire inspection was provided as required by Technical Specification 3.12.A.2.a. They overlooked the additional reporting requirements of Technical Specification 3.12.A.2.b, however, and failed to make a report to you within thirty days. Because the Fire Marshal felt that all necessary actions had been complete, his subsequent periodic reviews during the year of the overdue surveillance for these detectors did not prompt him to remember the reporting requirement

Following the Quality Assurance Audit, Licensee Event Report 80-035/03L-0 was submitted as required to your office. Also, the Fire Marshal was reinstructed to ensure a prompt and complete review of Technical Specification LCO's is made for any future similar events. Contrary to paragraph 2 of Reference (a), however, the three smoke detectors were not returned to service. Rather, the new detectors which had been installed but not tested were placed in service after an expedited testing program to ensure their operability. Proposed Technical Specification changes have also been submitted to reflect the installation of new smoke detectors.

We feel that these actions provided proper corrective action for the non-compliance, and that proper fire protection controls are being maintained in these areas.

The implementation schedule for the Fire Brigade Annual Hands-On Fire Fighting Practice Sessions for 1981 has now been confirmed. The Fire Brigade Hands-On Training is scheduled for July 6, 7, 8, and August 5, 6, and 7, 1981. This training will be conducted by Industrial Fire Equipment Company at Dresden Station. In addition to the annual training, some Fire Brigade members will also be scheduled to attend a one-day hands-on fire training session at the Great Lakes Firefighter Training Center. We expect this additional training will be initiated before fall, 1981.

Very truly yours,



C. Reed  
Vice-President

Attachment

cc: RIII Inspector

SUBSCRIBED and SWORN to  
before me this 29<sup>th</sup>  
day of June, 1981

Nancy M. Dascenzo  
Notary Public

2233N

ATTACHMENT A

COMMONWEALTH EDISON  
ATTACHMENT  
RESPONSE TO NOTICE OF VIOLATION

The item of non-compliance identified in Appendix A of the NRC letter, dated June 4, 1981, is responded to in the following paragraphs.

1. 10 CFR 50, Appendix B, criteria XVI states in part, "Measures shall be established to assure that conditions adverse to quality, such as...defective material and equipment...are promptly...corrected.

Commonwealth Edison Company Quality Assurance Program Topical Report CE-1-A, Revision 15, Section 16.0, states in part, "A corrective action system will be used to assure that such items as...defective material and equipment...which are adverse to quality and might affect the safe operation of a nuclear generating station are promptly...corrected."

Contrary to the above, fire barrier penetration seals which separate fire areas containing safety related equipment and/or cabling were identified by the licensee as defective in October, 1979 and had not been repaired when examined by the inspector on April 7, 1981. The time period that these seals have been defective is excessive and does not represent prompt correction of defective material and equipment.

Corrective Actions Taken and Results Achieved

Two of the four fire stops (for Panel 903-55 and Panel 903-56) were part of a modification to install the ACAD and CAM systems. Even though permanent fire stops were not installed, these two penetrations were sealed with temporary fire stops during the period from October, 1979 to April, 1981 as required by our procedure DFPP 4175-1. This procedure controls fire stop repairs that have occurred because of maintenance and modification work.

Since installation of this modification was nearly complete, work requests were written to permanently seal these penetrations, and permanent fire stops are now installed.

We agree that the remaining two fire stops were not pursued as expeditiously as they should have been. This was due in part to a lengthy period of uncertainty as to whether a fire stop was required in these risers. Also, it was due in part to lack of a followup system in the surveillance procedure to ensure that repairs were made in a timely manner. The previous mentioned work

request also called for permanent fire stops to be installed in Risers 306 and 307. Both risers have now been sealed on one side with permanent seal materials. The remaining side will be completed when arrangements can be made to do this work in high radiation areas.

Corrective Actions Taken to Avoid Further Non-Compliance

A procedure revision to surveillance procedure DFPP-4175-2 will be made to incorporate a method to track followup actions for ensuring that repairs are made.

Date When Full Compliance Will be Achieved

The procedure change to DFPP 4175-2 will be completed by August 31, 1981.

2. 10 CFR 50, Appendix B, Criteria VIII, states in part, "Measures shall be established for the identification and control of materials, parts and components . . . These measures shall assure that identification of the item is maintained . . . either on the item or on records traceable to the item, as required throughout . . . use of the item. These identification and control measures shall be designed to prevent the use of . . . defective . . . parts and components."

Commonwealth Edison Company Quality Assurance Program Topical Report CE-1-A, Revision 15, Section 8.0 states, in part, "A system of controls will be utilized to prevent the use of . . . items which have not received the required inspections and tests. Materials, parts, and components . . . will have their identity marked on the item or on tags and records traceable to the item."

Contrary to the above, there is no traceability of hydrostatic test records to fire hoses used in safety related areas either by hose serial number or by test data recorded on the hoses. This could result in use of defective equipment.

#### Corrective Actions to be Taken to Avoid Further Non-compliance

Hydrostatic tests of fire hoses throughout the station are required by procedure DFPP 4114-5. The yearly hydrostatic test specified in this procedure exceeds the requirement for a three-year hydrostatic test, as specified in Technical Specification 4.12.E.4. We have reviewed the procedure and feel that the steps in it comply with applicable standards, but that the need to label the fire hose after testing might be overlooked. To correct this deficiency, a step will be added to the surveillance check-off sheet which reads "hose tested and labeled". This step should adequately remind the personnel testing the hoses that the individual hose labeling must also be completed.

In addition, a tailgate session with the testing personnel from the Electrical Maintenance Department, both bargaining unit and management, will be held to emphasize the need for labeling the hoses.

#### Date When Full Compliance will be Achieved

The change to Procedure DFPP 4114-5, "Fire Hose Annual Inspection", will be issued and the tailgate session will be held by August 31, 1981.

3. Technical Specification, Section 6.2.A.11., states in part, "Detailed written procedures...shall be prepared, approved, and adhered to... Fire Protection Program implementation."

Contrary to the above, four fire protection program implementing procedures were not being adhered to as described below:

- a. Fire extinguisher inspection tags were not being utilized as specified in procedures DFPP 4114-2, "Reactor Building, Rad-waste, Cribhouse and Yard Loop Monthly Inspection," and DFPP 4114-3, "Turbine Buildings Monthly Inspection."
- b. Checklists for procedure DFPP 4114-4, "Master List of Portable Fire Extinguisher Annual Inspection Extinguisher Numbers," were not being properly completed, and hydrostatic testing was not being performed on carbon dioxide extinguishers in the specified time period.
- c. Checklists for procedure DAP 3-11, "Plant Cleanliness Inspection Program," were not being fully utilized to document followup actions on housekeeping problems and compressed gas bottles were not being stored as specified in the procedure.

#### Corrective Actions Taken to Avoid Further Non-Compliance

We concur that fire extinguisher inspection tags have not been utilized as specified in procedures DFPP 4114-2 and DFPP 4114-3. This deficiency was compounded at the station when the fire extinguisher tags were received late in February, 1981, rather than before the beginning of the new year. We are endeavoring to receive the extinguisher inspection tags for 1982 by November, 1981.

The monthly extinguisher inspections are performed by Operating Department personnel. During the upcoming fire brigade training in July and August, 1981, for these Operating Department personnel, the Fire Marshal will re-emphasize to them the need to thoroughly follow the procedure and to initial the tags upon completion of the inspection.

The annual inspections covered by procedure DFPP 4114-4 are conducted by Electrical Maintenance Department personnel. We feel that the review of the records of these annual inspections needs to be both strengthened and expedited. In November, 1980, we added a requirement for the inspection personnel to record the last hydrostatic test date of the extinguishers on the checklists as they are completing the inspection. However, there was, in the past, no requirement for the Fire Marshal to promptly review the total inspection surveillance procedure until all deficiencies were corrected and the completed work request package was processed for filing at the station. We have now prepared a change to DFPP 4114-4 to ensure that the Fire Marshal reviews the inspection check sheet as soon as the inspections are complete. He then will ensure that any deficiencies found during the inspection, including overdue hydrostatic tests, are subsequently corrected in a timely manner using the station work request system.

Procedure DAP 3-11, "Plant Cleanliness Inspection Program", requires a weekly inspection by each department head of the appropriate department's areas to ensure that the areas are kept clean. The department head or

his designee then ensure that any housekeeping discrepancies are corrected in those areas. It was not the intent of the procedure, however, to require completion of the plant cleanliness inspection form 3-11A for each weekly inspection. Rather, the form was intended to document an assigned cleanup responsibility only for those areas which were not routinely cleaned by stationmen, or which might not be cleaned in a timely manner by the responsible department. We believe that the requirement to return the completed Form DAP 3-11A to the originator after the area is cleaned imposes an unnecessary paperwork burden while adding nothing to the effective implementation of the program. The housekeeping discrepancies do get corrected, but the Xeroxed copies of the inspection form often are not returned to the originator as specified in the procedure. Consequently, we are preparing a revision to procedure DAP 3-11 to clarify that it is the department head's responsibility to ensure that the areas are cleaned in a timely manner, when required, but that copies of DAP 3-11A need not be returned to them.

The need to properly store and secure compressed gas bottles, as specified in procedure DAP 3-11, has been emphasized to personnel in the past, and continues to be an item which the department heads review during their planned inspections. We believe that substantial progress has been made over the last year in achieving full compliance with these storage requirements. However, to further ensure that compressed gas bottles are properly stored, we intend to have safety tailgate sessions for all station departments, stressing the importance of proper storage of compressed gas cylinders. These tailgate sessions will also be reviewed by station construction department management personnel.

Date When Full Compliance will be Achieved

The Fire Brigade Training which will stress the need to properly complete the fire extinguisher inspection tags will be completed in August, 1981. The revision to procedure DFPP 4114-4 to review the completed extinguisher check sheet by the Fire Marshal will be completed by August 31, 1981. The clarification of Administrative Procedure DAP 3-11 will be completed by August 31, 1981. Finally, the safety tailgate sessions will be prepared and conducted by September 11, 1981.

4. Technical Specification, Section 3.12.A, states

- "1. As a minimum, the fire detection instrumentation for each fire detection zone shown in Table 3.12-1 shall be operable at all times when equipment in that fire detection zone is required to be operable.
2. With the number of operable fire detection instruments less than required by Table 3.12-1:
  - a. Perform an inspection of the affected zone, if accessible, within 1 hour. Perform additional inspections at least once per hour except in inaccessible areas.
  - b. Restore the inoperable instrument(s) to operable status within 14 days, or prepare and submit a report to the Commission pursuant to Specification 6.6.B.2 within the next 30 days outlining the cause of the malfunction and the plans for restoring the instrument(s) to operable status."

Table 3.12-1 states that the minimum number of smoke detection instruments required to be operable in the Unit 2/3 Control and Computer Rooms HVAC system is three.

Contrary to the above, all of the Unit 2/3 Control Room and Computer Room HVAC System smoke detection instruments were out of service for approximately one year (third quarter 1979 until September, 1980). The licensee management (Station Fire Marshal) was initially aware of the out-of-service situation, but failed to comply with the technical specification action statements until the situation became a finding in a quality assurance audit in August, 1980.

Corrective Action Taken and Results Achieved

During an audit by an offsite Commonwealth Edison Quality Assurance inspector, it was discovered that the three Control Room and Computer Room smoke detectors listed in Technical Specification Table 3.12-1 had been removed from service for thirteen months without submitting the thirty day report to the NRC as required by Technical Specification 3.12.A.2.b. When the reporting requirement was realized, a deviation report was immediately written and an LER was submitted as required within thirty days. (Licensee Event Report 80-035/03L-0).

The three smoke detectors were permanently removed from existing ventilation ducts as part of the fire suppression, ventilation, and fire detection modifications to substantially upgrade the station's fire protection system. These three detectors were replaced by forty-nine new instruments to detect a fire in these areas. The Dresden Fire Marshal had reviewed the new modifications and the need to eliminate the three originally installed smoke detectors. His review determined that smoke in either area would be promptly discovered by



Control Room personnel because both rooms share a common air conditioning and air recirculation system. The Control Room is continuously occupied, and thus a fire inspection was provided as required by Technical Specification 3.1.2.A.2.a for operation with inoperable smoke detectors. The Fire Marshal overlooked the reporting requirements of Technical Specification 3.1.2.A.2.b., however. Further, his periodic review of the overdue surveillance for these three detectors, as indicated on the monthly computerized surveillance schedule, did not prompt him to remember the reporting requirement since he felt that all necessary actions had been completed. Thus, the detectors remained out-of-service without the required report having been made.

In addition to submitting the thirty-day report to the NRC as a result of the Quality Assurance audit finding, since the installation of the new smoke detectors was nearing completion, the Fire Marshal prepared an expedited testing program for them and they were declared operable within thirty days.

#### Corrective Action Taken to Avoid Further Non-compliance

Proposed Technical Specification changes have been submitted to the NRC to reflect the installation of the new smoke detectors. A revised surveillance procedure has been prepared to ensure continued operability of the new detectors. The first semi-annual check of their operability has been completed.

#### Date When Full Compliance Will be Achieved

We believe that full compliance has been achieved at this time.