

PRIORITY 1

(ACCELERATED RIDS PROCESSING)

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR:9509210017 DOC.DATE: 95/09/15 NOTARIZED: NO DOCKET #
FACIL:50-335 St. Lucie Plant, Unit 1, Florida Power & Light Co. 05000335 P
50-389 St. Lucie Plant, Unit 2, Florida Power & Light Co. 05000389

AUTH.NAME AUTHOR AFFILIATION
SAGER,D.A. Florida Power & Light Co. R
RECIP.NAME RECIPIENT AFFILIATION
Document Control Branch (Document Control Desk) I

SUBJECT: Forwards matrix including description of each corrective action & current status re series of events at facility. O

DISTRIBUTION CODE: IE22D COPIES RECEIVED:LTR 1 ENCL 1 SIZE: 10 R
TITLE: 50.73/50.9 Licensee Event Report (LER), Incident Rpt, etc. R

NOTES:

	RECIPIENT ID CODE/NAME	COPIES LTR ENCL	RECIPIENT ID CODE/NAME	COPIES LTR ENCL	
	PD2-1 PD	1 1	NORRIS,J	1 1	T
INTERNAL:	ACRS	1 1	AEOD/SPD/RAB	2 2	Y
	AEOD/SPD/RRAB	1 1	FILE CENTER	1 1	
	NRR/DE/ECGB	1 1	NRR/DE/EELB	1 1	
	NRR/DE/EMEB	1 1	NRR/DISP/PIPB	1 1	1
	NRR/DRCH/HHFB	1 1	NRR/DRCH/HICB	1 1	
	NRR/DRCH/HOLB	1 1	NRR/DRPM/PECB	1 1	
	NRR/DSSA/SPLB	1 1	NRR/DSSA/SPSB/B	1 1	
	NRR/DSSA/SRXB	1 1	RES/DSIR/EIB	1 1	D
	RGN2 FILE 01	1 1			
EXTERNAL:	L ST LOBBY WARD	1 1	LITCO BRYCE,J H	2 2	O
	NOAC MURPHY,G.A	1 1	NOAC POORE,W.	1 1	C
	NRC PDR	1 1	NUDOCS FULL TXT	1 1	U

NOTE TO ALL "RIDS" RECIPIENTS:

PLEASE HELP US TO REDUCE WASTE! CONTACT THE DOCUMENT CONTROL DESK, ROOM OWFN 5D8 (415-2083) TO ELIMINATE YOUR NAME FROM DISTRIBUTION LISTS FOR DOCUMENTS YOU DON'T NEED!

TOTAL NUMBER OF COPIES REQUIRED: LTR 27 ENCL 27



FPL

September 15, 1995

L-95-262
10 CFR 50.4

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, D. C. 20555

Dear Mr. Ebnetter:

Florida Power and Light (FPL) met with the Nuclear Regulatory Commission (NRC) on August 29, 1995 regarding a series of events at the St. Lucie Plant. During this meeting, FPL communicated an assessment of the recent events and proposed actions to correct the underlying common root causes. In addition, the NRC also provided an assessment of recent events at St. Lucie. At the conclusion of this meeting, FPL was requested to provide a status of the corrective actions by September 15, 1995.

During the week of September 5-9, 1995, an independent team of utility experts also conducted a review of the St. Lucie Plant events. The purpose was to identify commonality among the events and to determine plant weaknesses which may have contributed to the events.

Input from the organizational and programmatic root cause analysis conducted by the NRC and the report of the independent assessment team has been utilized to expand the original scope of the FPL action plan.

As committed to at the August 29 meeting, attached is a matrix which includes a description of each corrective action and its current status.

Very truly yours,

D.A. Sager
D. A. Sager
Vice President
St. Lucie Plant

DAS:JWH:kw
DAS/PSL #1261-95

cc: Stewart D. Ebnetter, Regional Administrator, USNRC Region II
Senior Resident Inspector, USNRC, St. Lucie Plant

9509210017 950915
PDR ADDCK 05000335
S PDR

JW

ST. LUCIE PLANT
PLAN TO IMPROVE OPERATIONAL PERFORMANCE

PROBLEM #1: Acceptance Of Long Standing, Repetitive Problems By Plant Management

ITEM	ACTION	DESCRIPTION	DATE
1	Immediate work stoppage on Unit 1 to impress on all personnel the need for change.	Employee meetings were held with President - Nuclear Division, Site Vice President and Plant General Manager. Meetings focused on the need to reduce equipment deficiencies which impact operations.	Complete
2	Kept Unit 1 shutdown to correct deficiencies which could impact operations.	Existing deficiencies (including work orders, jumpers, St. Lucie Action Reports and caution tags) were reviewed by senior plant management. 83 deficiencies which could adversely impact operations were added to the work scope of the Unit 1 shutdown. These deficiencies were corrected prior to returning the Unit to service.	Complete
3	Unit 2 was maintained at reduced power to resolve a long standing Heater Drain pump problem.	A plant modification was implemented to eliminate a history of low flow trips on the Heater Drain pumps. The same modification was made on Unit 1.	Complete
4	Improve the process for ensuring timely resolution of existing deficiencies.	Administrative procedure "Assessment of Abnormal Plant Configurations or Significant Material Deficient Conditions on Plant Operation" was developed to enhance outage scope review and ensure that equipment deficiencies are restored in a timely manner.	Complete

PROBLEM #1: Acceptance Of Long Standing, Repetitive Problems By Plant Management

ITEM	ACTION	DESCRIPTION	DATE
5	Identify and correct deficiencies on Unit 2.	A review of the scope for the upcoming Unit 2 refueling outage will be completed, which utilizes the new outage scope review process. Appropriate activities will be added to the current scope of work.	10/1/95

PROBLEM #2: Equipment Performance Is Not Satisfactory

ITEM	ACTION	DESCRIPTION	DATE
1	Strengthened technical leadership.	<p>Vacant Technical Manager position was filled on September 1, 1995.</p> <p>Consolidated plant engineers from the Maintenance department into the Technical department.</p> <p>Suspended SRO certification course. The Engineering Manager and Maintenance Manager returned to normal duty on August 19, 1995. They will complete this course at a later date.</p>	Complete
2	Strengthen root cause analysis.	<p>Reinforce and carry out Division policy that defines threshold of when formal root cause should be executed and standardizes root cause format.</p> <p>Refresh key personnel in the new technical group and engineering in root cause analysis methods.</p>	<p>10/1/95</p> <p>11/1/95</p>
3	Improve management visibility of equipment performance problems.	<p>Establish weekly management review of appropriate performance indicators and work backlog status, including magnitude of work, age of open items, and operator workarounds*.</p> <p>* Operator workarounds at St. Lucie include operator inconveniences which are categorized separately by other utilities.</p>	10/1/96

PROBLEM #2: Equipment Performance Is Not Satisfactory

ITEM	ACTION	DESCRIPTION	DATE
4	Expedite reduction of operator workarounds.	83 operator workarounds exist. These will be reduced by half.	6/1/96
5	Improve the post maintenance test program to ensure equipment will operate as designed in the plant.	<p>Test groups were consolidated under a single manager reporting to the Operations Manager on September 1, 1995.</p> <p>Review Unit 2 outage scope test procedures to ensure critical component functions are addressed.</p> <p>Revise process for post maintenance testing to improve coordination between Outage Management, Operations and Maintenance.</p>	<p>Complete</p> <p>11/9/95</p> <p>1/1/96</p>

PROBLEM #2: Equipment Performance Is Not Satisfactory

ITEM	ACTION	DESCRIPTION	DATE
6	Improve quality of work performed by contractor personnel.	<p>Re-emphasize that each FPL contract administrator is accountable for the quality of work performed by contractors.</p> <p>Provide training/re-training for FPL personnel assigned duties as contract administrators.</p> <p>Technical and engineering personnel will review procedures used by contractors during the upcoming Unit 2 refueling outage to identify quality control attributes/processes and desired confidence levels deemed critical for equipment performance.</p> <p>Inspection plans to meet these specifications will be developed.</p>	<p>10/1/95</p> <p>10/9/95</p> <p>10/9/95</p> <p>10/9/95</p>

PROBLEM #3: Personnel Performance Has Not Been Adequate

ITEM	ACTION	DESCRIPTION	DATE
1	Reinforcement of management expectations at Manager/Supervisor level.	Plant meetings have been held to reinforce high standards of personal accountability and will continue periodically. Nuclear Plant Supervisors met with their crews to set clear expectations for error free performance.	Complete
2	Increase management oversight.	Managers and supervisors have been directed to spend significantly more time monitoring work areas under their oversight.	Complete
3	Push high standards of accountability throughout the organization.	Reinforced expectations of recognition for superior performance and discipline for substandard performance.	Complete
4	Assess ability of first line supervision to address personnel performance issues.	The independent assessment team identified this as an area for further evaluation. Conduct an assessment of this issue and develop an action plan to resolve.	12/10/95

PROBLEM #4: Procedures Have Been Approved With Technical Deficiencies

ITEM	ACTION	DESCRIPTION	DATE
1	Improve the technical review for first time use of procedures under conditions different than originally intended.	<p>Plant Policy 105 has been revised to include a technical review for first time use of procedures under conditions different than originally intended.</p> <p>This policy will be integrated into the Infrequently Performed Test and Evolutions procedure.</p>	<p>Complete</p> <p>9/30/95</p>
2	Improve the Facility Review Group (FRG) process so that senior plant management can apply greater focus to safety significant procedures.	<p>FRG administrative accountabilities have been transferred from the Plant General Manager to the Licensing Manager.</p> <p>Reduce the volume of material reviewed by the FRG.</p> <p>Establish a screening FRG subcommittee to allow a more detailed critical review of safety significant procedures similar to the Company Nuclear Review Board (CNRB) subcommittee.</p>	<p>Complete</p> <p>10/31/95</p> <p>10/15/95</p>
3	Expedite correction of errors in plant procedures.	<p>Place emphasis on accountability of a procedure user to ensure that the procedure is correct and adequate.</p> <p>Adopt the definition of procedure compliance consistent with Turkey Point plant.</p> <p>Establish a schedule for upgrade of Operations Normal and Off-Normal procedures.</p>	<p>10/9/95</p> <p>10/9/95</p> <p>11/1/95</p>

PROBLEM #5: Management is not provided with sufficient information to assess/trend plant events.

ITEM	ACTION	DESCRIPTION	DATE
1	Improve assessment of deficient conditions.	<p>Combine the personnel from St. Lucie Action Request (STARs), In House Event (IHEs), and Human Performance Enhancement System (HPES) into a single group.</p> <p>Include all data bases in trending effort, including Operations, Security, Health Physics and Safety.</p> <p>Policy established to integrate personnel from outside St. Lucie plant into benchmarking efforts and plant assessments.</p>	<p>9/15/95</p> <p>12/31/95</p> <p>Complete</p>
2	Better utilize Quality Assurance (QA) capabilities.	<p>Management will review QA audit inspection plans quarterly.</p> <p>Delegate QA management oversight of Steam Generator Replacement Project from QA Manager to QA Supervisor.</p> <p>Establish a rotation plan of line/QA employees for 1996.</p> <p>Participate in QA audit technical specialist exchange program with other utilities.</p>	<p>10/1/95</p> <p>Complete</p> <p>12/31/95</p> <p>12/31/95</p>

PROBLEM #5: Management is not provided with sufficient information to assess/trend plant events.

ITEM	ACTION	DESCRIPTION	DATE
3	Upgrade log keeping activities to supply better communications to management.	<p>Management is conducting a daily review of Control Room logs to reinforce the expectations for detail and completeness.</p> <p>Computerize Control Room logs and make logs available to management electronically.</p>	<p>10/31/95</p> <p>10/31/95</p>
4	Improve focus of the Shift Technical Advisor (STA) during normal plant operation.	<p>Reassign the STA's to the Operations department.</p> <p>Reduce STA administrative duties.</p>	<p>Complete</p> <p>12/31/95</p>