U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Report Nos. 50-315/85033(DRS); 50-316/85033(DRS)

Docket Nos. 50-315; 50-316 License Nos. DPR-58; DPR-74

Licensee: American Electric Power Service Corporation
Indiana and Michigan Power Company
1 Riverside Plaza
Columbus, OH 43216

Facility Name: D. C. Cook Nuclear Plant, Units 1 and 2

Inspection At: D. C. Cook Site, Bridgman, MI

Inspection Conducted: October 22 through November 7, 1985

Inspector: H. A. Walker for 12/6/85 Date

Approved By: F. C. Hawkins, Chief 12/6/85 Date
Quality Assurance Programs Section

Inspection Summary

Inspection on October 22 through November 7, 1985 (Reports No. 50-315/85033(DRS); 50-316/85033(DRS))
Areas Inspected: Routine unannounced inspection by one regional inspector of licensee action on previous inspection findings and document control. The inspection involved a total of 96 inspector-hours onsite.
Results: Two violations were identified in the three areas (failure to provide proper corrective action-paragraph 2.j. and failure to follow procedures in the control of design documents-paragraph 3).

DETAILS

1. Persons Contacted

American Electric Power Service Corporation (AEPSC)

*M. W. Evarts, Licensing Specialist
*M. L. Horvath, Plant Quality Assurance Supervisor
*S. Looker, Research Assistant, Quality Assurance
*J. A. McElligott, Senior Quality Assurance Auditor
*S. Paul, Nuclear Safety and Licensing
D. V. Shaller, Nuclear Staff Engineer

Indiana and Michigan Electric Company (I & M)

*R. Allen, Planning
*J. D. Allard, Maintenance Superintendent
*N. Baker, QC Department Assistant
*T. P. Beilman, Planning Superintendent
*A. A. Blind, Assistant Plant Manager - Maintenance
*G. H. Caple, Senior Administrative Compliance Coordinator
*L. S. Gibson, Technical Engineering Superintendent
*T. A. Kriesel, Technical Superintendent - Physical Sciences
*P. W. Leonard, Administrative Compliance Coordinator - QC
*R. Russell, Planning
*W. G. Smith, Jr., Plant Manager
*J. F. Stietzel, Quality Control Superintendent
*B. A. Svensson, Assistant Plant Manager - Operations
D. Yount, Accounting Superintendent

USNRC

*B. L. Jorgensen, Senior Resident Inspector
J. K. Heller, Resident Inspector
C. L. Wolfsen, Resident Inspector

*Indicates those attending the exit meeting at D. C. Cook on November 7, 1985.

2. Licensee Action on Previous Inspection Findings

a. (Closed) Unresolved Item (315/83001-01; 316/83001-01): Independence of QA auditors. A review of selected records of audits performed by plant quality assurance revealed that auditors were not auditing their own work and that they did not have responsibilities in the areas audited.

b. (Closed) Unresolved Item (315/83001-03; 316/83001-03): Information on inspection hold point verification not in procedure. The inspector reviewed PMI-7090, Revision 0 with change sheet 1 ("Plant Quality Control Program") and QHI-7090, Revision 1 ("QC Surveillance Program").

These procedures adequately address the use of QC hold points. The inspector also reviewed a number of selected QC surveillance reports to verify that the procedural requirements were being implemented.

c. (Open) Unresolved Item (315/83001-04; 316/83001-04): Qualifications of persons allowed to verify inspections either not recorded or not sufficient. The inspector reviewed QHI-7091, Revision 0 ("Qualification and Certification for Quality Control Technicians") and 12 QHP-7091, QC.001, Revision 1 ("Qualification and Certification for Quality Control Technicians"). These procedures describe an adequate qualification/certification program for QC inspectors. Qualification/certification records were reviewed for four QC inspectors. Resumes included in the certification packages did not always support the experience and background used for certification of the inspectors. Based on discussions with appropriate individuals and other data included in the packages the NRC inspector is satisfied that the four inspectors have adequate experience for certification. This item will remain open until resumes are updated to accurately reflect qualifying experience.

d. (Closed) Unresolved Item (315/83001-05; 316/83001-05): Quality Control Implementation Coordinators (QCICs) not monitoring work in progress. Quality control procedures have been revised eliminating the QCIC function. Monitoring of work in progress is now performed by QC inspectors. The NRC inspector reviewed a sample of surveillance reports indicating that work in progress is being properly monitored.

e. (Closed) Unresolved Item (315/83001-09; 316/83001-09): Plant Manager Instructions (PMI) and Department Head Instructions (DHI) not receiving QA review. The inspector reviewed PMI-2010, Revision 8, with change sheet 6 ("Plant Manager and Department Head Instructions"). The current procedure requires QA approval of PMIs and DHIs prior to release for use. This requirement also applies to revisions and change sheets. A review of current PMIs and DHIs revealed two change sheets that were currently in use without QA approval. The inspector was provided with a letter signed by the QA Supervisor stating that QA had approved the two change sheets in question as well as a number of others. This method of documenting approval was used to prevent revising the procedures to document the QA review. The inspector has no other concerns in this area.

f. (Closed) Unresolved Item (315/83012-04; 316/83013-04): Audits of insufficient scope to satisfy technical requirements. The inspector reviewed records of six audits of plant activities and found no problems in this area. Previous reviews of Nuclear Safety Design Review Committee audits in Columbus (Inspection Report No. 85026) disclosed no problems with these audits. The inspector has no further concerns in this area.

g. (Closed) Open Item (315/83014-03; 316/83015-02): Design changes with incomplete safety evaluations. The design change and modification

program was reviewed during the inspection documented in Report No. 85026. During this inspection no problems were noted relative to safety evaluations. The inspector has no further concerns in this area.

h. (Closed) Unresolved Item (315/84016-01; 316/84018-01): Outdated quality control procedures. The inspector reviewed the quality control procedures to verify that they had been updated to reflect current organizational responsibilities. The procedures had been revised and are now acceptable.

i. (Open) Violation (315/84016-02A; 316/84018-02A): Commitment date for establishing an inspector qualification program was not met. The inspector reviewed QHI-7091, Revision 0 ("Qualification and Certification for Quality Control Technicians") and 12 QHP 7091 QC.001., Revision 1 (Qualification and Certification for Quality Control Technicians). These procedures describe acceptable methods for certification of QC inspectors. Procedure 12 QHP-7091, QC .001 contains the following statement, "Complete and full compliance to this procedure will be achieved by January 1, 1987." This item will remain open until the procedure is fully implemented.

j. (Closed) Violation (315/84016-02B; 316/84018-02B): Responses to corrective action requests were consistently late. The NRC inspector reviewed records for six QA audits. Eleven action requests were issued for the six audits. Responses to five of the action requests, associated with three of the audits, were not submitted within the 30 days specified by Revision 1 of AEPSC Procedure No. 18.2 (Audit Process, AEPSC Site Quality Assurance, D. C. Cook Plant"). It should be noted that the procedure does not provide a mechanism to extend the 30 day response date. Specific observations are as follows:

(1) Audit QA-85-5-01 - Response to the action request was originally due June 16, 1985. The due date was extended to July 15, 1985. The response was received September 12, 1985.

(2) Audit QA-85-07 - Two responses to action request No. 02 were due October 16, 1985 and had not been received by QA as of November 1, 1985.

(3) Audit QA-85-11 - Response to action request No. 07 was due on October 16, 1985, and was received on October 31, 1985. Response to action request No. 05 was due on October 16, 1985, and had not been received as of November 1, 1985.

Additionally, the inspector reviewed both the current issue and a sample of the "QA Open Items External Log" which is used to track responses to action requests. The inspector noted during the review that approximately 30 to 50 percent of the responses to action requests were overdue. This indicates that late responses to action

requests is a continuing problem and that previous actions taken to correct violation Nos. 315/84016-02B; 316/84018-02B have not been effective.

This failure to ensure the submittal of responses to action requests in accordance with established quidelines and to provide effective action to correct the previously identified violation is considered to be in violation of 10 CFR 50, Appendix B, Criterion XVI (315/85033-01; 316/85033-01).

k. (Closed) Violation (315/84016-02C; 316/84018-02C): A corrective action request was not issued by QA on the failure to perform required limit switch testing on the refueling crane during the 1983 Unit 1 refueling outage. The NRC inspector reviewed records for six QA audits and found no cases where appropriate followup of problems noted during audits was not taken. The inspector also verified through the review of records that required limit switch testing of the refueling crane was performed during the 1985 Unit 1 refueling outage.

l. (Closed) Unresolved Item (315/84016-04; 316/84018-04): Audit exit meetings delayed after completion of audits. The inspector reviewed records of nine audits and verified that exit meetings were conducted promptly upon completion of the audits. The inspector has no further concerns in this area.

m. (Open) Open Item (315/84016-07; 316/84018-07): Procedures being prepared for calibration of test and measuring equipment. The inspector verified the procedures for calibration of test and measuring equipment had been prepared. A number of these procedures were issued September 30, 1985. This item will remain open pending review at a later date to verify proper implementation.

n. (Open) Open Item (315/85007-01; 316/85007-01): Excessive use of procedure change sheets to revise procedures. The inspector reviewed the current practice of utilizing change sheets to revise procedures. The practice is continuing and does not appear to be decreasing. This item remains open pending a review of the system to verify that procedural requirements are met and that procedural control is adequate using the change sheet method of revision.

o. (Closed) Violation (315/85007-04A; 316/85007-04A): Failure to issue action requests when prevent or corrective action was necessary. The inspector reviewed AEPSC procedure 18.2, Revision 1 with change sheet 1 ("Audit Process, AEPSC Site Quality Assurance, D. C. Cook Plant"). This procedure describes the methods used for documenting, tracking and followup of problems identified in QA audits. The procedure no longer requires that action requests be issued on every issue identified during audits. Tracking and followup of items not documented on action requests appears to be adequate, and the inspector has no further concerns in this area.

p. (Closed) Violation (315/85007-04B; 316/85007-04B): Failure of the QA organization to perform timely followup of items in the Open Item Internal Staff Report. The inspector reviewed the current issue and other issues prepared since May 17, 1985. No followup items were noted to be past due and followup of items since May appeared to be adequate and timely. The inspector has no further concerns in this area.

q. (Closed) Violation (315/85007-04C; 316/85007-04C): Failure to ensure that deficiencies identified during audits are promptly corrected. The NRC inspector reviewed records for six audits and noted no cases where appropriate action was not taken on audit findings. The inspector also reviewed the action taken on the condition report backlog and noted that the backlog had been reduced by approximately two-thirds. A review of condition reports reviewed by the onsite review committee at their most recent meeting indicates that prompt review and processing of condition reports is occurring.

r. (Open) Violation (315-85007-04E; 316/85007-04E): Failure to provide an effective quality trending program. A computerized trending program is presently being developed based on INPO guidelines. The inspector was informed that the installation of computer hardware for this system has been completed. The following schedule for completion of trending related activities was provided by the licensee:

(1) Initiate manual trending effort (October 8, 1985)

(2) Train auditors in "root cause" determination; auditors enter cause and corrective action codes. (December 2, 1985)

(3) Start cause and corrective action coding of NRC Inspection Reports, AEPSC NCRs, and plant LERs. (January 2, 1986)

(4) Start development of a Corrective Action Trending Data Base and use computer program (Artimus). (March 1, 1986)

(5) Start issuing Corrective Action Trending Reports. (date dependent upon computer program development)

This item will remain open until the trending reports noted in (5) are issued and can be reviewed.

s. (Open) Violation (315/85007-05A; 316/85007-05A): Failure to issue site quality assurance audit reports within 30 days of the exit meeting. The inspector reviewed records for nine audits to verify that the reports were issued promptly. Two of the nine audit reports were issued late. Licensee personnel stated that one of the late reports was attributed to a change in QA management personnel. This item remains open pending additional review.

t. (Open) Violation (315/85007-05C; 316/85007-05C): Failure to process condition reports as required by PMI-7030. The inspector reviewed activities on condition report processing and noted that the condition report backlog has been substantially reduced and they are now being processed in a timely manner. PMI-7030 is currently being revised to improve the processing of condition reports. This item remains open pending review of the process subsequent to the implementation of the revised procedure.

u. (Open) Violation (315/85007-05D; 316/85007-05D): Failure to issue the annual trending and evaluation report required by PMP-7030, RPT. 003. The inspector reviewed PMP-7030, RPT.003, Revision 1 ("Review and Trending of Condition Reports by Shift Technical Advisors (STA's)") which was issued for use on October 4, 1985. This procedure now requires that a quarterly trend report be issued. The first report under this procedure is scheduled to be issued in January 1986. This item remains open pending review of trending reports based on the revised procedure.

3. Document Control

Document control activities were reviewed to verify compliance with regulatory requirements and quality assurance program commitments. The inspection was performed by observing and reviewing work activities, conducting personnel interviews and reviewing applicable procedures and records.

The inspector reviewed PMI-2030, Revision 4, ("Document Control") and 12 PMP-2030 VICs.001, Revision 0 with change sheet 1 ("Control of Vendor Documents"). The procedures were found to be acceptable.

The inspector verified implementation of the procedures by reviewing the master indices for various documents and verifying that selected documents were on file and were of the current revision. Distribution lists and transmittal records were also reviewed.

In performing the review the inspector noted that there was no index of technical specifications indicating the latest revision as required by paragraph 3.7 of PMI-2030. This inspector also noted a list of 54 overdue document transmittals which had not been returned within 10 days as required by paragraph 3.5.1 of PMI-2030. Due dates for transmittal returns were from December 10, 1984 to October 15, 1985.

These two failures to control documents in accordance with PMI-2030 are considered to be in violation of Criterion V, 10 CFR 50, Appendix B, (315/85033-02; 316/85033-02).

4. Exit Meeting

The inspector met with licensee representatives (denoted in Paragraph 1) at D. C. Cook on November 7, 1985. The purpose, scope and findings of the inspection were summarized. The inspector also discussed the likely

informational content of the inspection report with regard to documents or processes reviewed by the inspector. The licensee did not identify any such documents or processes as proprietary.