

U.S. NUCLEAR REGULATORY COMMISSION

REGION III

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Report Nos: 50-315/97023(DRS); 50-316/97023(DRS)

Licensee: Indiana Michigan Power Company

Facility: Donald C. Cook Nuclear Generating Plant

Location: 1 Cook Place
Bridgman, MI 49106

Dates: November 4-21, 1997

Inspectors: I. N. Jackiw, Project Engineer
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Approved by: Patricia Lougheed, Acting Chief, Lead Engineers Branch
Division of Reactor Safety

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EXECUTIVE SUMMARY

Donald C. Cook Nuclear Plant, Units 1 and 2
NRC Inspection Reports 50-315/97023(DRS); 50-316/97023(DRS)

This was an inspection to assess the effectiveness of the organizations process for promptly and effectively responding to deficiencies, tracking and analyzing adverse conditions, and maintaining effective communications. In addition, the inspectors assessed the licensee's effectiveness in communicating department expectations to their personnel. The report covered a two week on-site inspection by two regional inspectors.

Operations

- The inspectors determined that the reviewed procedures adequately addressed the licensee's goals and expectations for effectively implementing the corrective action process and the audit and self-assessment programs.
- The corrective action program was in transition and progress has been made in improving the quality of CR content. The licensee identified the problem with the training department not writing CRs, and not conforming to the new program and management expectations. The staff was identifying good items as they performed their normal work.
- The licensee was effective in identifying problems through audits and through the staff observing problems during their daily activities. However, the ability of the licensee to follow through to completion on corrective or preventative action was questionable.
- The audit/surveillance program covered the required areas and was identifying problems and concerns. Audit findings were documented in condition reports, which were used for tracking and to obtain corrective actions. The inspectors concluded that the licensee's surveillances and audits were effectively being conducted to identify problems and concerns. However, as noted in previous licensee findings and independently confirmed by the NRC, the followup (resolution) of the identified problems and concerns was not being resolved in a timely fashion.
- The ability of the licensee to track and trend conditions identified in conditions reports was marginal. The initial input of text data had problems due to the limited data field and the reliance of clerical staff to summarize the technical data into the small field. The causal codes failed to provide a meaningful sort capability which left the staff with a need to manually sort through numerous pages of data printouts and conditions reports. Finally the root cause investigations were not part of the KTP and had no automated method of tracking and trending the findings.



Report Details

Inspection Summary

Routine inspection of controls to identify, resolve and prevent problems. Effective processes were in place for the identification and resolution of problems, although corrective actions were not always timely and thorough. Extensive self-assessment was also in effect.

I. Operations

O1 Conduct of Operations

O1.1 Process Implementation and Effectiveness

The inspectors reviewed the licensee's assessment activities to evaluate the effectiveness of licensee controls in identifying, resolving, and preventing issues that degrade the quality of plant operations or safety. These controls included the corrective action and self-assessment programs, implementation of timely and effective resolution of technical issues, active involvement in ensuring the reliability of plant systems, and awareness of industry events and how they impact the plant.

The inspectors selected a sample of issues/problems for detailed analysis to assess the licensee's ability to identify and correct problems. Additionally, the inspectors evaluated the licensee's process for initial identification and characterization of the specific problems, elevation of the problems to proper levels of management for resolution, disposition of any operability/reportability issues and implementation of corrective actions, including evaluation of repetitive conditions. Items reviewed included:

- (1) Deficiencies requiring safety evaluations or operability determinations.
- (2) Procedural adherence deficiencies.
- (3) QA audits and self-assessments.
- (4) Deficiencies tracked in the licensee's corrective action programs, including the evaluation of deferred items, or interim resolutions.
- (5) Results of licensee audits that evaluated the effectiveness of the associated corrective action programs.
- (6) Interviews with selected individuals involved with the licensee's problem identification process to determine the extent of the individual's understanding of the process and willingness to report problems.

The inspectors reviewed a number of licensee documents which focused on compliance of the plant departments with applicable requirements of the licensee's corrective action



process, audits, and self assessments. The inspectors noted that these documents identified strengths and areas requiring improvements. The inspectors noted that the level of detail in the reports indicative of an in-depth review of the issues. The documents reviewed are listed in the back section of this report. More details regarding the above programs are provided in sections O3, O5 and O7 of this report.

Based on interviews with station personnel and review of the above documents which indicated that problems were being identified and corrective actions for those problems were being specified, the inspectors concluded the licensee's corrective action, audit, and self-assessment programs were effective. The inspectors considered that quality assurance activities were of appropriate depth and scope.

O3 Procedures and Documentation

O3.1 Program Procedures

a. Inspection Scope

The inspectors evaluated the licensee's procedures for conducting audits, performing self assessments, and for implementing the corrective action process to effectively identify problems and initiate resolution of these issues in a prompt and effective manner.

b. Observations and Findings

The inspectors reviewed applicable audit, self assessment, and corrective action procedures and interviewed licensee personnel. Based on this review, the inspectors noted that these procedures were adequate to achieve effective implementation of the audit, self-assessment and corrective action programs. The following procedures were reviewed:

- AEP Nuclear generation Group (AEPNG) Policy and Procedure Manual Procedure 800000-DIR-2000-03, "Self Evaluation Program," revision 1, dated May 5, 1997 - Expectations contained in this procedure included early adverse condition identification; increased productivity; questioning attitude; effective self criticism; proactive attitude; and emphasis on ownership.
- AEPNG 800000-POL-7030-01 "Corrective Action Program," revision 0, dated May 19, 1997 - Establish guidance for retaining and evaluating corrective action program data.
- Procedure 12 PMI 7030 CAG .001 "Condition Assessment Group (CAG)," revision 0, dated May 30, 1997.
- Procedure 227000-DIR-2400-01 "Policies; Directives, Controlled Memorandum and Procedure," revision 2, dated May 5, 1995 - The inspectors noted that this procedure was not up to date. For example, section 6.4.2 which discusses the



approver's code activities, still made reference to the Columbus corporate office responsibilities and the procedure also did not include in the reference list procedure 227000-ADM-7030-01. The licensee acknowledged these discrepancies and stated that the procedure would be revised.

No programmatic issues were identified during this review.

c. Conclusion

The inspectors determined that the reviewed procedures adequately addressed the licensee's goals and expectations for effectively implementing the corrective action process and the audit and self-assessment programs.

O3.2 Condition Reporting

a. Inspection Scope (40500)

The inspectors reviewed several condition reports to determine the threshold for reporting conditions, the adequacy of documenting conditions, and the corrective actions taken in response to the condition.

b. Observations and Findings

The licensee expected to have approximately 3000 CRs by the end of 1997. While this was a large number, many of the CRs were written for tracking and trending purposes and were closed following Corrective Action Review Group (CAG) review. Based on the number of CRs being generated and the CRs reviewed by the inspectors, the threshold for documenting conditions appeared to be low. In general, the staff was identifying good item as they performed their daily tasks.

A year and a half ago, the training department had been the lowest contributor in writing CRs. In February of 1996, the department received a new superintendent. He noted that the department had not written a single CR and that all identified problems were being entered into an internal tracking system. The internal system contained 1700 items. The superintendent focused his staff on reviewing the internal tracking items and clearing them out. At the time of this inspection, the number of internal items had been reduced to 400 and only CRs were being used to document problems in the training department.

The inspectors determined the documentation contained in the CRs was of sufficient detail to adequately describe the condition. This was partially due to the CAG returning CRs that were not adequately documented. By this process the staff received immediate feedback on what level of documentation was expected in the CR. The CAG also provided indirect feedback concerning what was needed to have a category "D" (trending) CR closed by the CAG. The inspectors noted that CRs that contained sufficient detail on what the root cause was and documented that corrective actions had been accomplished were consistently closed by the CAG. The operations department



appeared to recognize this point and had been taking the immediate actions when the CRs were initiated so that the department did not have to revisit the CRs later.

The inspectors noted that most corrective actions documented in the CRs were adequate. In a few cases, the CR documentation alone was not sufficient to verify that the appropriate actions were taken. The inspectors determined that in those cases, the licensee had taken appropriate actions but had not documented the actions in the CR. The corrective actions taken by the licensee for the CRs reviewed by the inspectors were adequate.

c. Conclusions

The corrective action program was in transition and making progress in improving the quality of CR content. The licensee identified the problem with the training department not writing CRs, and the staff was conforming to the new program and management expectations. The staff was identifying good items as they performed their normal work.

O5 Training and Qualifications

a. Inspection Scope (40500)

The inspectors reviewed audit reports which were issued before the operator licensing test failures in July of 1997. In addition, CRs, that were being generated due to an ongoing training audit and a corrective actions audit, were reviewed.

b. Observations and Findings

The licensee's audit program processed audit findings into three categories. For items that were significant and/or violated some requirement, a CR was written. The issue was then tracked through the CR process. The next lower level was for items that were of importance and had substantial data to support the findings. These findings were presented as recommendations and required the group being audited to respond to the recommendation within a given period of time. Finally, there were points of information (POI), which could reflect positive or negative findings but didn't have enough data to make a recommendation or issue a condition report. The POI required no response from the group being audited and was not required to be followed up by the auditors during the next scheduled audit.

Due to the higher failure rate during the July 1997 operator licensing exam, the inspectors reviewed the audit reports prior to the failures to determine if the licensee had identified precursors to the program's problems. Audit report QA-96-13 dated July 31, 1996, was such a report. In that report, the auditors identified a POI with several data points concerning operator training that should have flagged that the program had problems. The points were:

- The staff was having difficulty in maintaining accuracy and quality of handouts and overhead slides.



- Instructors had not been able to attend training to improve their operations knowledge or training skills.
- There was excessive use of casual overtime to maintain the workload (10-20 hours per week).
- Lesson plan and test preparations were being conducted during the week training was given. There was also an example where a requalification test had to be postponed due to the test not being ready in time.

This audit occurred soon after the new superintendent of training had taken the position. The test delay was the result of the superintendent pulling back the test because he felt the test was not adequate. While his action was appropriate and explains why the test was postponed, the underlying issue continued to speak of a program in trouble.

The training superintendent had completed a recent operator training course and was familiar with the types of problems identified above. It was a management decision to continue that current licensing class and fix the program after the class was completed. To the credit of the superintendent, he requested that additional audits be performed to better define the scope of the training problems. The results indicated that the training problem extended beyond the operations area.

During this inspection the licensee had two audits in progress - a corrective action audit and a training audit. The CRs that were generated due to the audits raised the inspector's concern over the licensee's ability to follow through on corrective actions once a problem had been identified. For example:

CR 97-3345 indicated that effective corrective/preventive actions were not completed for a 1994 audit and an early 1997 CR (97-500). In addition, a 1996 evaluation by an independent group identified findings in the area of engineering support. The CR stated, "By not completing corrective/preventative actions, the potential exists for engineers to perform work that they are not qualified/trained to do." The corrective/preventative actions developed for the CRs and the evaluation had been incomplete and ineffective. The concern was further supported by a Plant Engineering Self Assessment and a 1997 evaluation by an independent group.

CR 97-3360 noted a trend of continued corrective action program deficiencies based on audit findings from 1994, 1995, 1996, and 1997. The deficiencies were in the area of insufficient CR investigation and inadequate or incomplete preventive actions taken to preclude the recurrence of significant conditions adverse to quality.

The audits also documented several CRs (97-3218, 97-3219, 97-3223, and 97-3235) where the CR evaluator or approval authority was not qualified. This appeared to be part of the transition to the new corrective action program but demonstrated untimely actions in the area of training the staff.



Based on the above information, the auditing group appeared to be identifying significant issues and documenting them. However, the inspectors were concerned with the lack of action taken once the issues were raised. The recurrent theme of some of the issues also raised considerable concerns. Finally, the inspectors were concerned with the potential of engineers working on issues when they might not be qualified. The inspectors did verify, in a limited sample, that the engineering items addressed in Confirmatory Action Letter RIII-97-011 dated September 19, 1997, were being performed by qualified individuals.

Since the licensee had just recently identified these issues in the CRs identified above and since the audits were still in progress at the end of this inspection, the inspectors consider this issue an inspection follow up item (50-315/97023-01)(DRS); 50-316/97023-01(DRS)). The recurrent failure to take corrective actions once they had been identified, the specific issue of CR processing by unqualified personnel, the training qualifications of engineers, and the overall progress of the training department to correct the problems identified will be the focus of the follow up item.

c. Conclusions

The licensee was effective in identifying problems through audits and through the staff observing problems during their daily activities. However, the ability of the licensee to follow through to completion on corrective or preventative action was questionable.

07 Quality Assurance in Operations

07.1 Self-Assessment Program

The inspectors reviewed the documented self-assessment program description, implementing procedures, detailed plans and performance records. These documents and records were discussed with licensee personnel. The inspectors reviewed Self-Assessment Program processes which implemented the program. The process was adequate and appeared to describe a good self-assessment program. A description of self-assessment activities for the past year was also reviewed. These activities included the formation of the Implementation of these plans and was verified by reviewing reports of completed departmental self-assessments.

Based on the review of these records and the discussion of the self-assessment program and activities with licensee personnel, the inspectors considered the self-assessment program and implementation to be capable of providing valuable performance insights.

07.2 Audit / Surveillance Program

a. Inspection Scope

The inspectors reviewed the documented audit / surveillance program, including the audit/ surveillance log and schedules for 1997. Records for several completed audits/



surveillances selected from the logs were reviewed. The review results were discussed with licensee personnel.

b. Observations and Findings

The audit / surveillances logs and schedules indicated adequate coverage of plant activities. Records of selected audits/surveillances indicated that the audits were adequately performed. Findings were documented on CRs and were tracked using the CR system. A review of selected audit-related CRs indicated that the findings were adequately identified and tracked.

The inspectors noted that the licensee had recently been more active in the use of the monthly plant performance (PA) reports. The PA report assessed the important areas of the plant (maintenance, operations, plant support) on a monthly basis and provided senior licensee managers with an overall plant performance status for the month. The licensee stated that the PA report had recently also been including open long-standing issues, to emphasize the importance of prompt resolution of these issues. The Internal Performance Supervisor, Plant Performance Assurance Department (PPAD), was responsible for the issuance of the PA monthly reports. This department was responsible for issues that had previously been handled by the Nuclear Safety Design Review Committee located in the licensee's corporate offices. The department was also responsible for managing the performance assurance audits and surveillances for the plant. Review of the department's schedule indicated that about 30 audits were scheduled for 1997. The inspectors also noted that the PPAD had been active in participation in audits at other utilities and at the same time utilizing off site resources (from other utilities) to perform audits at the D. C. Cook plant.

The inspectors reviewed the following audits/surveillances and noted that these activities were conducted in accordance with the expectations of the program.

- Surveillance 97-63 dated 4/22/97 - "Shutdown Risk / Reduced Inventory"
- Surveillance 97-208 - "Review of Condition Reports for Potential Unit Startup Constraints." The licensee reviewed a total of 134 CR's and identified three as being required to be put on the Mode Constraint List.
- Surveillance 97-167 dated 9/3/97 - "Work Control Performance." This surveillance determined that management attention was still warranted in the area of planning and scheduling.
- QA 97-26 / NSDRC 248 dated - "Plant Operations." Two conditions, seven Recommendations and several Point of Interests were identified. Based on a sample of these issues, the inspectors confirmed that corrective actions were appropriately taken for the CRs and Recommendations.
- Audit QA 97-12 / NSRDC 246 dated 7/97 - "Environmental and Industrial Hygiene."



- Audit QA 97-18 / NSDRC 245 dated 6/97 - "Radiological Environmental Monitoring program."
- Audit QA 94-14 / NDRC 244 dated 5/97 - " QA Program 10 CFR 50, Appendix B, Joint Utility Management Audit (JUMA)." The audit identified weaknesses in meeting Performance Assurance and line management expectations. For example, the JUMA team identified that 60% of the licensee audits reviewed were extended for a period between one and four months; disruption of scheduled audits were caused by demands on Performance Engineering and Internal Performance resources; and audit findings did not have a firm follow up schedule.

c. Conclusion

The audit/surveillance program covered the required areas and was identifying problems and concerns. Audit findings were documented in condition reports, which were used for tracking and to obtain corrective actions. The inspectors concluded that the licensee's surveillances and audits were effectively being conducted to identify problems and concerns. However, as noted in previous licensee findings and independently confirmed by the NRC, the followup (resolution) of the identified problems and concerns was not being resolved in a timely fashion.

07.3 Corrective Action Process

a. Inspection Scope

The inspectors reviewed the documented methods used in the corrective action process. This review included detailed plans, implementing procedures, and records of performance. Implementation of these documents was discussed with licensee personnel.

b. Observations and Findings

The inspectors reviewed corrective action process documents which described the methods used for documenting problems and the corrective action process. This procedures described the use of the CR for problem identification and tracking and indicated that a CR would be categorized as a Category A, B, C, or D CR based on the importance and priority of the problem. Level A CRs were used to document the most significant problems, and Level B, C, and D CRs, those problems of decreasing importance and priority. Problems documented on Level D CRs did not require cause investigation and action to prevent recurrence. Licensee personnel stated that unnecessary root cause investigations and corrections were impacting other important efforts. An effort was underway to ensure proper CR classifications in order to avoid excessive root cause investigation effort.

The inspectors reviewed a corrective action log, which listed issued for 1996 and 1997. The list contained CRs which had been written during this one year period. The number



of CRs written and a cursory review of the type of problems documented indicated that the threshold for writing CRs was appropriately low. A listing of open CRs, which included scheduled completion dates, was also reviewed. However, many of the listed CRs were past the assigned completion dates.

A number of CRs were selected from these lists and reviewed. No problems were noted with the listings or the CRs reviewed.

A Correction Action Review Group (CAG) was established to review CRs which had been categorized as level C or D. The duties of the CAG included evaluating the appropriateness of operability and reportability determinations and assuring that appropriate immediate corrective actions were taken to resolve these important matters.

The inspectors attended meetings of the CAG on November 5 and 6, 1997. These meetings were held to discuss recently issued CRs. The discussions and decisions appeared to be appropriate and individuals were assigned to follow and expedite required actions. The CAG appeared to be a valuable tool to ensure prompt and thorough management review of significant problems.

The inspectors noted that during the re-engineering activities in May 1997, to improve the corrective action (CA) program, the licensee decided not to disband the individuals that participated in the revisions to the program, but instead to maintain this group to assess the effectiveness of the new revised CA program. So far, this group, the Corrective Action Continuous Improvement Group (CAPCIG), had met a number of times to assess the progress of the ongoing new corrective action activities. The inspectors reviewed meeting minutes of the CAPCIG and also interviewed members of the group. The inspectors concluded that, while the establishment of this group was a positive initiative to improve the quality of the CA program, additional attention was needed to achieve the full benefits of the group's contributions. For example, during the monthly CAPCIG meeting on June 30, 1997, the group developed a number of good observations and recommendations, such as, trending of condition reports in the revised corrective action program. However, this recommendation and other similar recommendations were not placed in the licensee's action item system, as originally intended, and therefore, did not receive the prompt attention required. The inspectors concluded that not enough resources were being dedicated to this effort.

During the exit meeting at the conclusion of the inspection, the licensee indicated that more attention would be focused on the CR program including more timely consideration of recommendations of the CAPCIG.

c. Conclusion

The new corrective action program was functioning well. The CRs reviewed in this area appeared to be adequately identifying problems; however, only limited inspector reviews of the effectiveness of corrective actions were performed. In addition, the inspectors concluded that additional attention was needed to achieve the full benefits of the corrective action continuous improvement efforts.



07.4 Trending

a. Inspection Scope (40500)

Using Inspection Procedure 40500, the inspectors reviewed the process used by the licensee to track and trend issues identified in CRs. This portion of the inspection was accomplished through interviews and document reviews.

b. Observations and Findings

The licensee used a tracking system known as the consolidated trends program (KTP) which was a main frame computer program written in the 1980's. While the KTP did meet the program requirements to have a system capable of tracking conditions and identifying trends, the KTP had significant limitations. The licensee acknowledged the limitations of the KTP and indicated that an improved system was planned to be implemented by late December 1997.

KTP contained several data fields for each CR. The two data fields most often used for trending and tracking were the causal code field and a text field which described the condition identified by the CR. Both data fields had significant limitations. KTP did not have a field for entering root cause investigations text.

On May 19, 1997, the licensee changed the number of causal codes that could be used in the system. Originally the causal codes numbered greater than 200, which made the system cumbersome for personnel trying to assign the appropriate code. In addition, the numerous codes made it difficult to know what specific code searches would capture a desired set of CRs. In May, the causal codes were reduced to 14. The inspector noted that personnel sometimes had difficulty finding one of the 14 causal code which was appropriate for a specific issue and that the "work practices" causal code became the default code when no other code fit the issue. Using one of the 14 causal codes to search the data base typically resulted in a large number of CRs which then required personnel to perform a manual search.

The text section of the KTP data base *description of condition* was the most used field, as personnel could search for specific words in the text. However the quality of the data field and the lack of updating the field with root cause information limited the effectiveness of the searches.

Initiators of the CRs appeared to provide an accurate description of the condition identified. However, when the description was placed in the data field, it had to be reduced to 180 characters by clerical personnel. The entered data had no spell check capability and was not reviewed by technical personnel to ensure the final input reflected the most important factors of the CR. The inspector noted mis-spelled words and some inconsistencies. Some inconsistencies were due to using different names for the same item, which would further confuse the search process. For example, CR 97-02354 noted that for part of the root cause investigation, the KTP was searched for the words "trip" and "switchyard." However, this CR *description of condition* text and never used



the word "switchyard," instead, it discussed a "345 kv yard." Therefore, a search for switchyard would not retrieve CR 97-02354.

The KTP *description of condition* was not updated with the root cause investigation results. Root cause investigations were required for all category A, B, and C CRs. Some category D CRs had sufficient root causes and corrective actions identified prior to CAG review, which allowed the CRs to be closed with no further investigation. While the initiator of a CR may have appropriately documented what was observed, the root cause sometimes revealed a cause other than what the initiator documented. Only the initiator's input was used to extract information for the KTP *description of condition*.

For example, the KTP *description of condition* for CR 97-2421 noted that a breaker failed to close and the causal code was "equipment failure." However, on page 3 of the CR, it stated that the cause was a failure to turn the synchronization selector switch far enough to properly position the switch. The real problem was operator error and/or inadequate training. In this specific case, the CR never had a formal root cause performed, as it was a category "D" CR and was closed by the CAG. Although the real root cause was documented in the CR before the initial data entry was made into KTP, the initiator's input was entered into the system instead of the real problem.

In another case, CR 97-2336 documented the failure of a balance of plant alarm to annunciate. Further in the CR an underlying issue was identified. A recent change had been made to the operator round sheets which reduced the number of items that operators logged as they performed their plant rounds. Since this point was no longer documented, the operators could not determine how long the alarm had been in and had not been as diligent in monitoring the parameter during their plant rounds. This was another CR that had sufficient information to be closed by the CAG and was classified as a category "D" CR. Once again, the information was available before initial data entry to the KTP but only the initiator's input was extracted for the KTP *description of condition*.

Since the KTP had no data field to document the root cause investigation text and since no procedure existed to update KTP text description of condition following the root cause investigation, useful information could not be entered into tracking and trending process. Only the causal codes were amended following the root cause investigation which (as discussed above) had limited application. KTP was incapable of tracking and trending the root causes associated with CR's.

The inspectors noted that many individuals considered KTP cumbersome and impractical. Some personnel reported that after obtaining a KTP search, they needed to sort through hundreds of *descriptions of condition* to find the appropriate CRs. Other personnel performed manual searches of completed CRs trying to identify a trend or common denominator. The radiation protection department pre-sorted the input data by using special alpha-numeric code words in the *description of condition* so that they could perform effective searches later. That same department also kept a separate text data base to manually search, since for that department, the manual search was faster



than using KTP. While it was admirable that individuals determined ways to work around the short comings of KTP, this further demonstrated the system's weaknesses.

c. Conclusions

The ability of the licensee to track and trend conditions identified in conditions reports was marginal. The initial input of text data had problems due to the limited data field and the reliance of clerical staff to summarize the technical data into the small field. The causal codes failed to provide a meaningful sort capability which left the staff with a need to manually sort through numerous pages of data printouts and conditions reports. Finally the root cause investigations were not part of the KTP and had no automated method of tracking and trending the findings.

V. Management Meetings

X1 **Exit Meeting Summary**

The inspectors presented the inspection results to members of licensee management at the conclusion of the inspection on November 21, 1997. The licensee acknowledged the findings presented.

The inspectors asked the licensee whether any materials examined during the inspection should be considered proprietary. No proprietary information was identified.



PARTIAL LIST OF PERSONS CONTACTED

Licensee

M. Ackerman, Nuclear Licensing
K. Baker, Production Engineering
P. Barret, Performance Assurance
A. Blind, Site Vice President
E. Fitzpatrick, Executive Vice-President
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D. Hafer, Engineering
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T. Quaka, Engineering
J. Sampson, Plant Manager
D. Sorrel, Performance Assessment
T. Stephens, Nuclear Licensing
T. Wagoner, Maintenance
J. Wiebe, Performance Assessment
S. Wolf, Performance Assessment

NRC

B. Bartlett, Senior Resident Inspector
B. Fuller, Resident Inspector

INSPECTION PROCEDURES USED

IP 40500 Effectiveness of Licensee Controls in Identifying, Resolving, and Preventing Problems

ITEMS OPEN

Open

50-315/316/97023-01 IFI Resolution of engineering personnel training and qualification issues



LIST OF DOCUMENTS REVIEWED

The following is a list of licensee documents reviewed during the inspection, including documents prepared by others for the licensee. Inclusion on this list does not imply that NRC inspectors reviewed the documents in their entirety, but, rather that selected sections or portions of the documents were evaluated as part of the overall inspection effort. Inclusion of a document in this list does not imply NRC acceptance of the document, unless specifically stated in the body of the inspection report.

Performance Assurance (PA) Audits

<u>Number</u>	<u>Date Issued</u>
PA-97-08	5/30/97
PA-97-11	10/28/97
PA-97-16	6/25/97
PA-97-19	7/22/97
PA-97-22	7/22/97

Performance Assurance (PA) Surveillances

<u>Number</u>	<u>Date Issue</u>
97-63	4/22/97
97-167	9/3/97
97-208	Open

Quality Assurance (QA) Audits

<u>Number</u>	<u>Date Issued</u>
QA 97-12	7/97
QA 97-14	5/97
QA 97-18	6/97
QA 97-26	

PA Monthly Report 5/23/97

Condition Reports (CR)

<u>Number</u>	<u>Report Date</u>
96-1140	7/18/96
96-1638	10/15/96
97-0381	2/7/97
97-500	2/24/97
97-0994	4/2/97
97-1370	4/29/97
97-1377	4/30/97
97-1584	5/22/97
97-1640	5/23/97



97-1749	6/10/97
97-1793	6/11/97
97-1958	7/10/97
97-2008	7/17/97
97-2022	7/18/97
97-2065	7/23/97
97-2323	7/19/97
97-2293	8/21/97
97-2335	8/26/97
97-2336	8/26/97
97-2354	8/27/97
97-2421	9/9/97
97-2469	9/12/97
97-2500	9/15/97
97-2522	9/19/97
97-2665	9/28/97
97-2703	10/3/97
97-2754	10/9/97
97-2790	10/10/97
97-3218	11/11/97
97-3219	11/11/97
97-3223	11/11/97
97-3235	11/11/97
97-3345	11/19/97
97-3360	11/21/97

Corrective Action Program Self Evaluation (NQ 97-03)

Monthly Performance Monitoring Report August 1997

Procedures

Title	Number	Rev.
Operating Experience Investigations	12 PMP 7030 OE.001	1
Condition Assessment Group (CAG)	12 PMP 7030 CAG.0001	0
Corrective Action Initiation	12 PMP 7030 INT.001	0
Condition Investigation and Approvals	12 PMP 7030 INV.001	0
Condition Report Investigative Techniques	227000-ADM-7030-01	0
Corrective Action Program	800000-DIR-7030-01	0
Corrective Action Program	800000-POL-7030-01	0
Guideline for Performing Self Evaluations	800000-ADM-2000-02	1
Self Assessment	800000-POL-2000-03	1
Self Evaluation Program	800000-ADM-2000-03	1
Reporting of Defects and Noncompliances Per 10 CFR 21	800000-LTG-7500-01	1
Corrective Action Program	PLTPMI-7300-TTG.001	23
Policies, Directives, Controlled Memorandum and Procedures	22700-DIR-2400-01	1

