November 16, 1998

MEMORANDUM TO: Docket File

FROM: Richard B. Ennis, Project Manager
Project Directorate I-2
Division of Reactor Projects - I/II
Office of Nuclear Reactor Regulation

SUBJECT: HOPE CREEK AND SALEM GENERATING STATIONS, CLARIFICATIONS REGARDING PSE&G REQUEST FOR QUALITY ASSURANCE PROGRAM CHANGES (TAC NOS. MA3902, MA3903, MA3904)

The attached information was transmitted by facsimile on November 16, 1998, to Mr. C. Manges of Public Service Electric & Gas Company (the licensee). This information was transmitted to facilitate a conference call in order to clarify the licensees submittal dated October 19, 1998, which requested changes to the Quality Assurance Programs for the Hope Creek and Salem Generating Stations. This memorandum and the attachment do not convey a formal request for information or represent an NRC staff position.

Docket Nos. 50-354, 50-272, and 50-311

Attachment: Items to Be Discussed with PSE&G Concerning its October 19, 1998, Quality Assurance Program Change Submittal

original signed by R.Ennis

DISTRIBUTION
Docket File
PUBLIC
RCapra
REnnis
PMilano
LCampbell

OFFICE	PDI-2/PM	PDI-2/PM
NAME	REnnis:mw	PMilano
DATE	11/16/98	11/16/98

OFFICIAL RECORD COPY
DOCUMENT NAME: HCSA3902.MEM

DF01

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

November 16, 1998

MEMORANDUM TO: Docket File

FROM: Richard B. Ennis, Project Manager
Project Directorate I-2
Division of Reactor Projects - I/II
Office of Nuclear Reactor Regulation

SUBJECT: HOPE CREEK AND SALEM GENERATING STATIONS, CLARIFICATIONS REGARDING PSE&G REQUEST FOR QUALITY ASSURANCE PROGRAM CHANGES (TAC NOS. MA3902, MA3903, MA3904)

The attached information was transmitted by facsimile on November 16, 1998, to Mr. C. Manges of Public Service Electric & Gas Company (the licensee). This information was transmitted to facilitate a conference call in order to clarify the licensees submittal dated October 19, 1998, which requested changes to the Quality Assurance Programs for the Hope Creek and Salem Generating Stations. This memorandum and the attachment do not convey a formal request for information or represent an NRC staff position.

Docket Nos. 50-354, 50-272, and 50-311

Attachment: Items to Be Discussed with PSE&G Concerning its October 19, 1998, Quality Assurance Program Change Submittal

ITEMS TO BE DISCUSSED WITH PSE&G CONCERNING ITS OCTOBER 19, 1998, QUALITY ASSURANCE PROGRAM CHANGE SUBMITTAL

1. It is unclear which changes are considered reductions in commitments. Some of the changes that PSE&G identified as editorial changes appear to be reductions in commitments (e.g., see Item 2 below).

2. PSE&G proposed the following "editorial" changes to FSAR Section 17.2.1.1.1 on Page 17.2-5 (HCGS) and Page 17.2-4a (Salem):

   Responsibilities of the Manager-Corrective Action, Emergency Preparedness, and Instructional Technology (Manager-CA, EP & IT) include the following:

   1. Administration of the Corrective Action Program

   2. ~~Management direction and control of all collection and~~ Overall management of the trending of Corrective Action reports related to human, organizational, and programmatic performance.

   ~~3. Performing statistical analysis trend reports for management.~~

   NRC Comment:

   Page 1 of Attachment 1 to PSE&G's October 19, 1998, letter to the NRC states that "Department managers are responsible for trending their individual departments and Engineering is responsible for equipment failure trending." The proposed change does not fully describe those individuals responsible for the corrective action and trending programs for areas other than Corrective Action reports related to human, organizational, and programmatic performance. Further, the proposed deletion of Item 3 eliminates the responsibility for the performance of statistical analysis trend reports. Please provide additional discussion and address these responsibilities in the proposed QAP change. Also, please refer to NRC Comment No. 11 regarding the proposed provision to only review selected nonconformance reports and the potential impact that this proposed change could have on the trending program.

3. PSE&G proposed the following "editorial" changes for the responsibilities of the Manager, Quality Assessment, in FSAR Section 17.2.1.1.1 on Page 17.2-6 (HCGS) & Page 17.2-5 and 17.2-6 (Salem):

   ~~14~~13. ~~Perform Code related inspections, tests performance, and review of~~ Conduct performanced based inspections of selected Code related activities, observe and perform selected testing, and review selected weld procedures for inclusion of QA requirements.

   ~~15~~14. Perform ~~design change package~~ pre-implementation review and closure review for compliance with Inspection Hold Points (IHPs) requirements for selected design change package by periodic assessment and inspection.

   NRC Comment

   Please discuss the criteria that will be used by QA for the selection process in Items 13

and 14 above for determining which design change packages to select for review. For those items not selected by the Manager, Quality Assessment, what organization is responsible for performing the activities once performed by the Manager, Quality Assessment?

4. PSE&G proposes the following change to FSAR Section 17.2.2 on Page 17.2-12 (HCGS) and 17.2-12 (Salem):

Substantive organizational changes to the QA program described herein will be submitted to the NRC within 30 days of implementation. Non-substantive **organizational** changes will be identified in the ~~annual~~ periodic UFSAR updates submitted in accordance with 10 CFR 50.71(e).

NRC Comment

If a substantive or non-substantive organizational change results in a reduction in QA commitment, the change needs to be processed in accordance with 10 CFR 50.54(a)(3).

5. NRC Comment

There is a conflict between the provisions contained in FSAR Section 17.2.2 on Page 17.2-13 (HCGS) and Section 17.2.1.1.1 on Page 17.2-6 (HCGS). Page 17.2-13 states that "all" revisions to NAPs are reviewed by QA and Page 17.2-6 implies that QA only reviews selected NAPs.

6. NRC Comment

PSE&G proposed a change for the QA involvement in the design change process in FSAR Section 17.2.3 on Page 17.2-21 (HCGS) and Page 17.2-20 (Salem) that eliminates the criteria used by QA to select design changes for which it will provide input for certain quality functions. Please discuss the criteria that will be used by QA for the selection of design changes to review to verify proper inclusion of quality requirements.

As a minimum, this FSAR section should require that **procedures be established and describe/contain provisions** that describe how QA selects design documents for review to assure that the documents are prepared, reviewed, and approved in accordance with company procedures and that the documents contain the necessary quality assurance requirements such as inspection and test requirements, acceptance requirements, and the extent of documenting inspection and test results.

7. In FSAR Section 17.2.5 on Page 17.2-23 (HCGS) and Page 17.2-22(Salem), PSE&G proposed a change that eliminates the provision that QA to review certain procedures in the Nuclear Administrative Procedures Manual to ensure that appropriate QA requirements are specified. Further, in the same FSAR section, PSE&G proposed that QA review selected documents affecting safety to ensure incorporation of quality requirements through periodic assessment and inspection activities conducted by "QA personnel or **personnel matrixed to QA**. Matrixed personnel are qualified in accordance with the QA training program or **other equivalent department training program**."

NRC Comments

Please discuss the criteria that will be used by QA for the selection of documents to be assessed or reviewed.

If QA is no longer identifying the QA requirements in these documents, what organization is responsible for performing this activity?

Periodic inspection and assessment by QA would require the QA individuals performing such inspection and assessment be qualified and certified in accordance with standards such as ANSI N45.2.6 and ANSI N45.2.23. FSAR Section 17.2.5 now permits personnel matrixed to QA to perform such activities. The organization chart and FSAR description does not appear to describe this matrixed relationship. It appears that the only organization that this would apply to is the PA Group. Please describe the matrixed organizational structure. Also, please describe the qualification and certification process for the individuals in the "matrixed organizations" that are permitted to perform the same inspection and assessment activities as and in lieu of QA personnel.

If the individuals performing the inspections are not part of the QA organization, the inspection procedure, personnel qualification criteria, and independence from undue pressure such as cost and schedule should be reviewed and found acceptable by the QA organization prior to the initiation of the activity.

Further, as discussed in Item 5 above, the process for QA review of Nuclear Administrative Procedures as discussed in FSAR 17.2.5 does not appear to be consistent with the provisions contained in FSAR Section 17.2.2.

8. PSE&G proposes the following changes to FSAR Section 17.2.6 on Page 17.2-25 (HCGS) and Page 17.2-24 (Salem):

QA involvement in work activity includes review of selected work procedures ~~prior to~~ approval to assess the for designation of independent inspection hold points (see 17.2.10), observation of selected work activities, and review of selected completed safety-related Work Orders ~~on a sampling basis, and~~ during periodic ~~QA surveillances and~~ assessments and inspections.

NRC Comments

Please describe the new criteria that will be used by QA for the selection of procedures and Work Orders to review as discussed in FSAR Section 17.2.6. Will the safety-significance of the system, structure, or component or activity be a consideration?

Other than the Authorized Inspection Agency's Inspector, there also appears to be groups other than QA group that performs independent inspections? Please discuss the independent inspections to be performed by the "qualified" individuals other than QA and the applicable requirements for the qualification of such "qualified" individuals as discussed on FSAR Page 17.2-30b (HCGS) and Page 17.2.31(Salem).

If the individuals performing the inspections are not part of the QA organization, the inspection procedure, personnel qualification criteria, and independence from undue pressure such as cost and schedule should be reviewed and found acceptable by the QA

organization prior to the initiation of the activity.

9. **NRC Comments**

FSAR Page 17.2-31 (HCGS) and FSAR Page 17.2-32 (Salem) has added the words visual inspection after the tern NDE, thus limiting the scope of the NDE activities addressed by this FSAR section to visual inspection. Please discuss the applicability of this section to the other types of NDE such as a liquid penetrant examination of a root pass on a weld or an end prep on a piece of pipe. It is unclear as to why the visual inspection limitation was placed on NDE activity. Does the visual inspection limitation also include ASME Section XI visual examinations (e.g., VT-1, VT-2, VT-3)?

10. PSE&G proposed significant changes to the nonconformance control program for HCGS and Salem as discussed in FSAR Section 17.2.15, "Nonconforming Material, Parts, and Components."

NRC Comments

FSAR Page 17.2.39 (HCGS) and Page 17.2.36/37 states, in part that QA will verify the satisfactory resolution of nonconformances on a selected basis through its normal maintenance program assessment and inspection activities. What is the criteria that QA will use for selecting the nonconformances to be reviewed?

The FSAR does not address QA involvement in nonconformances that are non-maintenance type nonconformances. Please describe QA involvement in non-maintenance nonconformances.

The rewrite of the last paragraph on Page 17.2-39 (HCGS and similar one for Salem) has inadvertently eliminated identifying who is responsible for dispositioning nonconformances for conditions outside the scope of the paragraph (e.g., design nonconformances, operator errors, and administrative nonconformances that are not associated with nonconforming equipment, but may place the plant in nonconformance with other requirements). QA and other organizational responsibilities need to be described for the definition and implementation of activities related to nonconformance control. This includes identifying those individuals or groups with the authority for the disposition of nonconforming items.

11. The last paragraph of FSAR Section 17.2.15, "Nonconforming Material, Parts, and Components," has added the word selected as follows:

QA and other organizations in the Nuclear Business Unit review selected nonconformance reports for quality problems, including adverse quality trends, and initiate reports to higher appropriate levels of management, identifying significant quality problems with recommendations for appropriate actions.

NRC Comments

The addition of the word selected could have an impact on the trending program and its results. If only selected nonconformances are reviewed, there is a potential that generic or repetitive problems that are considered insignificant may be ignored and not trended.

However, collectively those ignored and not selected nonconformance reports may be significant or reflect a trend. It is unclear as to why the word selected was used in this paragraph. The use of the word selected does not appear to be appropriate for this application.

12. In FSAR Section 17.2.16, "Corrective Action," PSE&G proposed to delete the provision for QA to review all responses to nonconformances and to only review selective responses for Conditions Adverse to Quality.

NRC Comments

FSAR Section 17.2.16 is silent on QA involvement in Significant Conditions Adverse to Quality (SCAQ). Does QA review all responses to SCAQ for adequacy? What criteria is used by QA to select the CAQs for review?

13. PSE&G proposed the following changes to FSAR Section 17.2.16:

Responses to SCAQ action ~~requests~~ documents are required to include ~~based on the four elements of corrective action, which are:~~

1. Identification of the cause of the deficiency
2. Action taken to correct deficiency ~~and results achieved to date~~
3. Action taken or to be taken to prevent recurrence
4. ~~Date when full compliance was or will be achieved~~

Responses to CAQ corrective action documents are required to include:

1. Identification of deficiency
2. Action taken to correct deficiency

For significant conditions adverse to quality, ~~such as LERs and NRC/INPO/CMAP findings,~~ the QA ~~Corrective Action Group~~ Department is involved in the review ~~of such conditions~~ and provides oversight to assure ~~timely~~ follow-up and close out through assessment and inspection activities.
~~Items 3 and 4 are optional for conditions adverse to quality.~~

NRC Comments

For SCAQ:

a. What organization is responsible for identifying and accepting the date when full compliance (SCAQ actions) will be achieved? What organization is now responsible for assuring timely closeout of SCAQs?

b. With the deletion of Item 4 under the SCAQ process and the deletion of the word timely (on HCGS Page 17.2-40), it appears that PSE&G has eliminated the controls to assure timely completion of actions for SCAQs. Follow up action should be taken by the QA organization to verify closeout of the corrective action in a timely manner.

14. **General Comments**

Throughout the proposed revision to the HCGS and Salem QA Program Description, one change has been made in several places and that change permits QA to perform certain activities on a selected basis. In general, the staff would expect QA to select activities based on their safety-significance using probabilistic and deterministic methods and data obtained from various trend reports.

Are PA personnel performing traditional QA type activities such as surveys/audits to qualify vendors, source inspection at vendors, receiving inspection, etc. qualified and certified in accordance with the applicable QA procedures by QA and in accordance with applicable QAP commitments (e.g., RG 1.146/ANSI N45.2.23, RG 1.58/ANSI N45.2.6)?

Are there non-QA and non-PA personnel performing traditional QA activities such as inspection, auditing, and surveillance? If yes, what are the training, qualification, and certification requirements for these individuals?