

U. S. NUCLEAR REGULATORY COMMISSION  
OFFICE OF INSPECTION AND ENFORCEMENT  
REGION IV

Report No. 99900650/79-01

Program No. 51000

Company: American Institute of Steel Construction, Inc.  
The Wrigley Building  
400 North Michigan Avenue  
Chicago, Illinois 60611

Inspection Conducted: October 15-17, 1979

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Date

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J. G. Spraul, Nuclear Engineer,  
Quality Assurance Branch  
Date

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Date

Summary

Inspection on October 15-17, 1979 (99900650/79-01)

Areas Inspected: Initial Management Meeting and implementation of Topical Report No. FCTPN-78, including audits, QA records, document control and control of nonconformances and corrective action. The inspection involved forty (40) hours on site by two (2) NRC inspectors.

Results: In five (5) areas inspected; no unresolved items were identified in any of the areas, no deviations were identified in two (2) of the areas, and the following deviations were identified in the remaining areas.

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Deviations: Audits - (1) the 1979 annual audit was not conducted by two (2) members of the Committee (See Notice of Deviation, Item C), and (2) the 1979 internal audit of ABSTECH had not been transmitted to the AISC Director Quality Certification (See Notice of Deviation, item D).

Document Control - procedures have not been established for the control of the topical report (See Notice of Deviation, item A).

QA Records - the topical report was not signed and dated (See Notice of Deviation, item B).

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## DETAILS SECTION

(Prepared by Ross L. Brown and D. G. Anderson)

### A. Persons Contacted

C. Peshek, Jr., Director of Quality Certification (AISC)  
G. E. Svendsen, Manager of Quality Assurance (ABSTECH)

### B. Initial Management Meeting

#### 1. Objectives

The objectives of this meeting were to accomplish the following:

- a. To meet with the American Institute of Steel Construction, Inc., (AISC) and ABS Worldwide Technical Services, Inc., (ABSTECH) management and those persons responsible for administration of the quality program and to establish channels of communication.
- b. To explain the NRC inspection program including LCVIP organization, VIB inspection methods and documentation.
- c. To inform AISC management that the purpose of this inspection was to verify that the program described in the topical report is being properly and completely implemented.

#### 2. Method of Accomplishment

The preceding objectives were accomplished by a meeting with Messrs. Peshek and Svendsen on October 15, 1979. The following is a summary of the meeting:

- a. The VIB organization was described and its relationship to NRC Region IV and Headquarters Components of the Office of Inspection and Enforcement.
- b. The conduct of VIB inspections was described and how our inspections are documented including the report, responses to reported findings, how proprietary information is handled, the Public Document Room (PDR) and the White Book.
- c. The AISC representative described the quality certification program.

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### 3. Results

The inspectors were provided the following information:

- a. The purpose of the AISC Quality Certification Program is to confirm that a certified structural steel fabricating plant has the capability to produce fabricated steel, of the required quality, for a given category of structural steelwork. The program is not intended to involve inspection and/or judgement of product quality.
- b. AISC has certified approximately seventy (70) steel fabricators in Categories I, II, III and MB.
- c. AISC has certified one company (Inryco Inc., Melrose Park, Illinois) as being capable of producing structural steelwork for commercial nuclear applications.
- d. The findings related to the program implementation is covered in other paragraphs of this report.
- e. AISC has a contract with ABS Worldwide Technical Services, Inc., (ABSTECH) to conduct the inspection/evaluations of structural steel fabricating plants; however, the AISC representative stated that AISC can use other qualified agencies to conduct the activity.

### C. Audits

#### 1. Objectives

The objectives of this area of the inspection were to verify that:

- a. Audit system is established which has organizational independence, authority, and is documented in procedures and/or instructions in accordance with commitments.
- b. Audit records include a written audit plan, team selection, audit schedule, and audit notification to the person or organization to be audited.
- c. Members of the audit team are independent of any direct responsibility for the activities being audited.
- d. Provisions exist for the reporting of the effectiveness of the quality assurance program to responsible management.

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- e. The audit includes the use of checklist or procedures, detailed audit reports, and timely identification, acknowledgment, documentation of nonconformances, and subsequent corrective action verification.
- f. Audit reports contain the audit scope, identification of auditors, persons or organizations contacted, summary of the results of the audit, the details of any nonconformances noted, the recommendations for correction, and distribution of the report to responsible management.

2. Method of Accomplishment

The preceding objectives were accomplished by an examination of the following:

- a. Section IX of the AISC Topical Report No. FCTPN-78 (topical report) that describes the required audits to be conducted by AISC and ABSTECH.
- b. AISC Register of Certified Structural Steel Fabricators - October 1, 1979.
- c. AISC - audit schedules for the one and two year (minimum) audits and the three (3) year recertification audits.
- d. Objective Criteria for "N" Supplement Checklist (preliminary draft) which gives the auditors instructions related to the definition and what is required for each item of the checklist.
- e. Qualifications of four (4) ABSTECH Lead Auditors.
- f. Audit report for the one fabricator certified to the "N" Supplement. (Nuclear)
- g. One audit report for a fabricator certified as a Category III (Major Steel Bridges).
- h. AISC - Quality Certification Program Standard Operating Procedures that describes the actions to be taken by AISC during the period from receipt of the application through the annual and renewal cycles.
- i. Internal audit report conducted by the Task Committee Nuclear Quality Certification Chairman in October 1979.

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### 3. Findings

In this area of the inspection, the following deviations from commitment were identified (See Notice of Deviation, item C. and item D.):

- a. Section II.A.8., of the topical report requires that two members of the Task Committee Nuclear Quality Certification, appointed by the Chairman, shall audit the Director Quality Certification annually for compliance with operating procedures and the topical report. The inspector identified that this annual audit was conducted by only one person. (Chairman of the Committee) and the audit report did not reflect any audit items which related to compliance with the requirements of the topical report. Management of AISC indicated that an audit checklist will be prepared that will address commitments in the topical report, and in the future the annual audit will be conducted by two members of the committee who will use this checklist in their audit.
- b. Section IX.B.2. of the topical report requires that audit reports prepared by ABSTECH will be sent to the AISC Director Quality Certification. It was found, by the inspector, that an internal audit of ABSTECH had not been transmitted to the AISC Director Quality Certification. During the inspection, management of AISC contacted ABSTECH and a copy of the audit report was being transmitted to the Director Quality Certification.

### D. Control of Nonconformance and Corrective Action

#### 1. Objectives

The objectives of this area of the inspection were to verify that procedures have been established and implemented for:

- a. The identification, control and disposition of nonconforming items identified during an audit.
- b. Determining the need for corrective action.
- c. Assigning preventative action.

#### 2. Methods of Accomplishment

The preceding objectives were accomplished by a review of the following:

- a. The topical report Section VI, that describes the requirement for reporting nonconformances and assigns the responsibility for the activity and determining the corrective action.

- b. The topical report Section VII, that assigns the responsibility and the need for determining actions to be taken to correct the discrepancy and to prevent recurrence.

3. Findings

No deviations or unresolved items were identified in this area of the inspection.

The audits conducted so far have not identified any nonconformances, therefore, the inspector was unable to review nonconformance reports for conformance with commitments.

- E. Document Control

1. Objectives

The objectives of this area of the inspection were to:

- a. Determine that procedures have been established and are being implemented for the control and distribution of quality documents.
- b. Verify that quality documents which are subject to the control and distribution system are identified by a QA Manual or other means.
- c. Verify that quality documents and subsequent revisions or supplements have been distributed in accordance with procedure and that the distribution is assured by receipt, acknowledgment or other means.
- d. Verify that quality documents are maintained current at distributed locations, where required.

2. Method of Accomplishment

The objectives identified above were accomplished by an examination of the following documents:

- a. Topical Report FCTPN-78, Quality Assurance for AISC Nuclear Quality Certification Program.
- b. Master List AISC Nuclear Certification Procedures.
- c. AISC Quality Certification Program Standard Operating Procedures.

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### 3. Findings

In this area of the inspection, the following deviation from commitment was identified (See Notice of Deviation, Item A):

Section V.A. of the topical report requires that copies of the topical report be controlled. Section III.B. further requires that the AISC Quality Certification Department develop and implement procedures which comply with the requirements of the topical report. The inspector found that not only was there no evidence of a procedure for document control, but there was a generic lack of procedures to implement the commitments of the topical report. A draft of a procedure for document control was generated during the course of the inspection for review by the inspector, however, management of AISC was advised that the topical report should be reviewed for commitments to the NRC and procedures written to implement these requirements where necessary.

### F. Quality Assurance Records

#### 1. Objectives

The objectives of this area of the inspection were to:

- a. Determine that a quality assurance records system is defined, implemented, and enforced in accordance with approved procedures, instructions, or other documentation for all groups performing safety related activities.
- b. Verify that quality assurance records are legible, completely filled out, adequately identifiable to the item involved, validated, listed in an index that indicates the record retention time, where the record is stored, and the location of the record in the records storage area and that changes or revisions to these records are controlled.
- c. Verify that a specific transmittal plan for transfer of quality assurance records between AISC and ABSTECH has been established and a system of receipt is in effect.
- d. Verify that a designated authority has been assigned the responsibility for the receipt and control of quality assurance records.
- e. Verify that a custodian has been designated to assure maintenance of these quality assurance records in a record storage filing system which includes a description of the filing technique and storage area, rules for access and control of record files, accountability of records removed from the record files, and security requirements.



- f. Verify that the quality assurance records storage facility is in compliance with applicable codes, standards, and regulations.
- g. Verify that the quality assurance records storage system is periodically audited to assure that the record control system is being implemented.

## 2. Method of Accomplishment

The objectives identified above were accomplished by an examination of the following documents:

- a. Topical Report FCTPN-78, Quality Assurance for AISC Nuclear Quality Certification Program.
- b. Report FCD-78, AISC Quality Certification Program.
- c. Procedures for Application for Certification, Inspection-Evaluation, and Plant Certification.

## 3. Findings

In this area of the inspection, the following deviation from commitment was identified (See Notice of Deviation, Item B):

Section VIII.A.2. of the topical report requires that quality related records be signed and dated by authorized personnel. VIII.A.1. further identifies the topical report as a quality record. The inspector determined that the three (3) controlled copies of the topical report had not been signed and dated as required. The inspector also found that a procedure for the control of quality assurance records did not exist. Since AISC is taking credit for a duplicate records storage system, i.e., one set at AISC and a duplicate set at ABSTECH, a system is necessary for the transmittal of these duplicate records. No procedures exist for describing how this activity will be implemented. AISC management committed to the preparation of these procedures and indicated that they will include completion dates in their letter of response.

## G. Exit Meeting

The inspectors conducted an exit meeting at the conclusion of the inspection. The meeting was held at the Inryco, Inc., plant, to report the findings to Chairman of the AISC Task Committee Nuclear Certification

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(Mr. Jasica). This committee is responsible for developing the criteria for Nuclear Quality Certification, Application, Instructions Program Description, Topical Report and Operating Procedures. Those persons present were:

- R. V. Jasica, General Manager, Inryco, Inc. and Chairman of the AISC Task Committee Nuclear Certification
- G. D. Mandis, General Superintendent, Inryco, Inc.
- C. Peshek, Jr., Director Quality Certification, AISC

The inspectors discussed the following items:

1. Scope of inspection.
2. Findings including the four (4) deviations. It was pointed out that these four (4) deviations are only representative of other procedures that are missing.

It will be necessary for AISC to review the topical report and other documents to determine their commitments, then develop the required procedures, instructions and records to comply with the commitments.

3. The method of responding to the four (4) deviations was described.
4. The method to be used for claiming any proprietary information that may be included in the report.
5. VIB followup inspection to verify that the commitments in the letter of response have been accomplished.

The management comments were mostly for clarification.

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