Florida Power

June 15, 1979
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CS-79-181

Mr. J. P. O'Reilly, Director
Office of Inspection & Enforcement
U.S. Nuclear Regulatory Commission
101 Marietta St., Suite 3100
Atlanta, GA 30303

Docket No. 50-302
License No. DPR-72
Ref: RII: JAM
50-302/79-04

Dear Mr. O'Reilly:

This is in response to the referenced inspection report. Enclosed are: 1. responses to the apparent items of non-compliance, 2. status of the QA program improvements that cover the eleven (11) items which required management attention (identified in paragraph 2 of the Details section of the referenced report), and 3. a summary of those actions taken or planned to improve the effectiveness of our Quality Assurance program.

Should there be further questions, please contact us.

Very truly yours,

FLORIDA POWER CORPORATION

W. P. Stewart

W. P. Stewart
Manager, Nuclear Operations

QBD for GPB
Nuclear Plant Manager

Enclosure I

Responses to Apparent Items of Non-Compliance

Notice of Violation

A. (Item #79-04-08)

As required by 10 CFR 50, Appendix B, Criterion V, "Activities affecting quality shall be prescribed by documented instructions and procedures and shall be accomplished in accordance with these instructions and procedures". The licencees's accepted QA Program, Section 1.7.6.7.1e, states in part, "Florida Power Corporation's Quality Program contains requirements and procedures to assure that each of the 18 criteria within 10 CFR 50, Appendix B are delineated, accomplished, and controlled by documented procedures . . . Written procedures shall be strictly adhered to in all matters relating to nuclear safety . . ."

1. CP-114, Procedure for Control of Permanent Modifications, Temporary Modifications, and Deviations, Revision 16, dated December 1978, states in part: Permanent Modifications are changes to the facility design that are intended to remain in the as-changed configuration during normal plant operation. Temporary modifications are short-term in nature; are normally employed for testing of circuits, systems, or components during plant operations; and are not left operative subsequent to a specific operation. Lifted wires, jumpers and temporary test devices are included as temporary modifications.

   Contrary to the above, Jumper Log serial 9-04, which replaced boric acid transfer pump CAP-1C in September 1977, was a permanent modification per Section 1.1 of CP-114, and, it was accomplished as a temporary modification per Section 1.2 of CP-114 without the approvals of Engineering, the Plant Review Committee and the Plant Manager as are required for permanent modifications.

2. The instructions contained in Modification Approval Record (M-78-1-1), Emergency Feedwater Turbine Bearing Oil Level Sightglass Modification, implemented September 1978, required modification of the sightglass piping per attached sketches and adjustment of sightglass level so that normal level was indicated in the center of the sightglass. The instructions also required inspection to verify proper installation.

   Contrary to the above, the sightglass piping construction for each turbine bearing sightglass was constructed with one less elbow and length of straight pipe than was specified by MAR-M-78-1-1; each turbine bearing sightglass was elevated approximately one-half inch higher than the specified elevation; and the QC inspector did not document the nonconforming piping construction or orientation.

3. CP-114, Procedure for Control of Permanent Modifications, Temporary Modifications, and Deviations, Revision 16, dated December, 1978, states in Section 4.1.4: "Engineering will review the MAR, and create the MAR package, including all information and material needed to perform the work in the field. They will fill out Part 2 of the MAR form . . ." Part 2 of the MAR form requires the listing of required functional testing. Similar requirements for delineation of required testing are contained in Section 5.3 of Safety-Related Engineering Procedure No. 6, Design Control of Modification Approval Record (MAR), Revised March, 1978.

   Contrary to the above, as of February 16, 1979, design control measures were not applied to MAR M-77-7-33 and MAR 77-7-33A modifications to emergency diesel generator alarm circuitry completed in July, 1978 in that the required functional testing to demonstrate operability of design was not delineated or performed.

A. The Licensee's accepted QA Program, Section 1.7.6.7.1k, states in part: ". . . 1. A test program is established to assure that all testing required to demonstrate that the item will perform satisfactorily in service is identified, documented, and accomplished in accordance with written controlled procedures . . ." Modification Approval Record (MAR) M-77-8-10 (Rotation of MUV-406) specified in Part 2 that a 3355 psig hydrostatic test was required. This MAR was completed in September, 1978.

   Contrary to the above, as of February 16, 1979, the hydrostatic test identified for MAR M-77-8-10 had not been performed.

A. Response:

We concur with your finding (A) in that written procedures were not strictly adhered to. We have recently implemented a training program for electricians and mechanics, and initiated changes in two of our procedures (CP-114 - Procedure for Control of Permanent Modifications, Temporary Modifications, and Deviations, and SP-443 - Master Surveillance Plan). We believe these actions, which are addressed below for each item, will prevent recurrence in the future.

We concur with your Finding A.1 in that CAP-1C replacement pump should have been installed by a permanent modification as per CP-114 and reviewed by Engineering, Plant Review Committee and Plant Manager. We have revised the Jumper Record in CP-114, Enclosure 2, to require that the Shift Supervisor complete safety analysis for each jumper prior to installation. If a jumper will constitute a change to a safety related component or a change to the facility as outlined in the FSAR, a 10 CFR 50.59 safety review is required and the jumper must be approved by the Plant Review Committee and Plant Manager prior to installation of the jumper. We have implemented a change in our Master Surveillance Plan SP-443 requiring the Shift Supervisor to review the Jumper Log the first Sunday of each month. The changes in these two procedures will prevent questionable jumpers (temporary modifications) similar to your finding from being installed, or those already installed from remaining installed for an excessive period of time.

With regard to your Finding A.2, our investigation has revealed that MAR M-78-1-1 was installed as required but the installation was subsequently changed to the configuration found by the Inspector during later maintenance on the turbine bearings. We have taken the following corrective actions: The Maintenance Superintendent counselled the Mechanical Supervisor and work crew involved, discussing with them the potential consequences of unauthorized changes to plant equipment. The pump oil site glasses were then returned to the required configuration of MAR M-78-1-1. We have recently (as of 1 March '79) implemented a training program for the mechanics and electricians. This training will be conducted on a monthly basis unless an outage condition exists. We believe that this training program and counselling with those individuals involved will prevent future recurrence.

With regard to your Finding A.3, following modification to the emergency diesel generator alarm circuitry, an adequate procedure for functionally testing this modification did not exist. CP-114 - Procedure for Control of Permanent Modifications, Temporary Modifications, and Deviations assigns to the Technical Support Engineer the responsibility to determine that any modification testing requirements are clearly identified and test procedures are developed as needed. This is defined on Page 4, Paragraph 3.3.1, Rev. 18. This determination is accomplished prior to a similar review by the Plant Review Committee.

The Plant Review Committee will review each modification and deviation for the considerations outlined on Page 5, Paragraph 3.4.1 of Rev. 18 which includes "test procedure adequacy to assure operability". All concerned personnel have been counselled to strictly adhere to approved procedures and to the seriousness of the consequences when they are not followed. Production Engineering has been requested to develop a procedure that will assure the emergency diesel generator's alarm circuitry affected by MAR's 77-7-33 and 77-7-33A do function as required.

With regard to your Finding A.4, a required Hydrostatic Test required by MAR 77-8-10 was not performed. An amendment to MAR 77-8-10 has been issued (MAR 77-8-10A), deleting the requirement for a Hydrostatic Test since this test is not essential to meet the requirements of ASME, Section XI. We have implemented a change to Page 5, Paragraph 3.4.2 of CP-114 - Procedure for Control of Permanent Modifications, Temporary Modifications, and Deviations which requires the Plant Review Committee to review all modifications upon completion for completeness of testing requirements, NDE Findings, etc. This procedure change should be sufficient corrective action.

Full compliance has been achieved.

B. (Item #79-04-16)

As required by 10 CFR 50, Appendix B, Criterian XIII, "Measures shall be established tc control the handling, storage . . . of material and equipment in accordance with work and inspection instructions to prevent damage or deterioration . . . ." The accepted Quality Assurance Program, Section 1.7.6.7.1m states in part, "The Florida Power Corporation Power Plant Materials Department Staff is responsible for material handling, storage . . . activities . . . in accordance with detailed written procedures . . . . These procedures provide full conformance with . . . ANSI N45.2.2 . . . ." ANSI N45.2.2 requires ". . . 6.2.1 . . . Access to storage areas shall be controlled . . . 6.2.2 . . . The storage area shall be cleaned as required to avoid the accumulation of trash, discarded packaging material . . . 6.2.4 . . . The use . . . of . . . drinks . . . in any storage area shall not be permitted . . . . 6.2.5 . . . Measures shall be taken to prevent the entrance of rodents and other animals into indoor storage areas . . . 6.4.2 . . . (6) Rotating electrical equipment shall be given insulation resistance tests on a scheduled basis . . . . 7.4 . . . An inspection program shall be established for equipment and rigging. A system shall be established that will indicate the acceptability of all equipment and rigging after each inspection . . . ." Power Plant Materials Quality Operating Procedure (QOP) 8.0 states in part: "4.2.9 Access to storage areas shall be controlled and limited only to personnel designated by the Stores Supervisor. 4.2.10 . . . The storage areas shall be cleaned as required to avoid the accumulation of trash, discarded packaging material . . . 4.2.12 The use . . . of . . . drinks . . . in any storage area shall not be permitted . . ." Preventive Maintenance procedure (PM) 109, Paragraph 8.3 states, "Visually inspect slings for excessive wear, broken wires, stretch, kinking or twisting."

Contrary to the above, measures had not been established to control the handling and storage of safety-related materials and/or were not in accordance with work and inspection procedures. As examples:

1. Access to storage areas was not controlled on February 13, 1979, in that four (4) persons were observed inside the safety-related material warehouse without escort, without authorization of the Stores Supervisor, and without the knowledge of the warehouse personnel.

2. The Environmental Control Warehouse was not cleaned as required in that an accumulation of trash and discarded packing materials was observed on both February 13, and 14, 1979.

3. Drinks were not excluded from the storage area in that an individual was observed inside the storage area on February 13, 1979, in the process of consuming a soft drink.

4. Measures had not been established as of February 13, 1979, to prevent the entrance of rodents and other animals into the indoor storage areas in that the physical construction of both warehouses containing safety-related materials was such that these animals could gain entrance with no rodent control service or program in effect.

5. Rotating electrical equipment was not insulation resistance tested on a scheduled basis or performed according to the licensee as of February 13, 1979, on two electric motors (stock numbers 62680471 and 63280479) which had been received and placed in storage according to the licensee's records, on February 19, 1975, and February 24, 1976, respectively.

6. The work procedure for inspection of slings did not require that they be marked to indicate acceptability following each inspection and, as of February 13, 1979, no records were available to indicate that the required inspections had been performed for slings used to handle safety-related equipment that was located outside of the spent fuel pit and reactor building areas.

B. Response:

With regard to items 1 through 5, corrective action is as follows:

Action/Results to Date:

1. Gates have been installed to block access to the storeroom.
2. The Environmental Control Storeroom has been cleaned and new racks installed.
3. Signs have been posted and training held regarding food and other prohibited materials.
4. A rodent control service has been contracted.

Future Action Required:

1. Permanent issue counters will be installed to provide additional security.
2. Standards for cleanliness and material handling will be incorporated into the QOP Manual and enforced by the Q.C. Specialist on a regular basis.
3. Building Maintenance will repair building openings providing access to rodents.
4. QOP 9.0 will be revised to provide for regular testing of insulation resistance for rotating electrical equipment by trained plant personnel. Documentation of such testing will be maintained in the storeroom.

With regard to item 6, the procedure for Load Testing Slings and Lifting Fixtures, SP-601 will be reviewed and revised to ensure all safety related lifts regardless of location will be adequately covered.

Full compliance will all items will be achieved by July 31, 1979.

C. (Item #79-04-07)

As required by 10 CFR 50.59, ". . . the licensee shall maintain records of changes in the facility. . . made pursuant to this section to the extent that such changes constitute changes in the facility as described in the safety analysis report . . . these records shall include a written safety evaluation which provides the bases for the determination that the change does not involve an unreviewed safety question . . . ."

Contrary to the above, as of February 16, 1979, tne licensee did not maintain records of three permanent safety-related modification MAR M-77-7-33 (Diesel Generator Alarm Additions), MAR M-77-8-10 (Rotate Valve MUV-406), MAR M-78-1-1 (Emergency Feedwater Turbine Bearing Oil Sightlass Modification), to the facility which included the bases for the determinations that the changes did not involve unreviewed safety questions.

C. Response:

Our corrective action to this item is as follows:

1. A formal letter of guidance has been generated and distributed to department heads including Production Engineering to provide general guidelines when executing the safety evaluation on MARs and PRRs.

2. AI-400 and CP-114 have been revised to route all PRRs and MARs through the Technical Specification Coordinator for his approval of the safety evaluations. In this method, we will assure that all MARs are properly evaluated with respect to 10 CFR 50.59.

Full compliance has been achieved this date.

D. (Item #79-04-09)

As required by 10 CFR 50, Appendix B, Criterion VI, " . . . measures shall assure that documents, including changes, are . . . distributed to and used at the location where the prescribed activity is performed . . ." The licensee's accepted Quality Assurance Program, Section 1.7.6.7.1f states in part: ". . . 6. Documents are available at the start of the work for which they are needed. . . ."

Contrary to the above, as of February 16, 1979, measures had not been established to assure documents were distributed to and used at the location where the prescribed activity is performed in that the staff member assigned the responsibility for determining the safety-related classification of modifications was not in possession of or knowledgeable of the existence of the Crystal River 3 Safety Listing which was issued in January 1977.

D. Response:

At the time of this NRC inspection, there existed a misunderstanding within plant staff personnel with regard to the "Crystal River 3 Safety Listing". The list which was issued in January, 1977 consists of a composite of sub-documents such as a master valve list, a master instrument list, etc. While some individuals were not aware of the fact that the composite of these sub-documents formed the "Crystal River 3 Safety Listing", they were utilizing the individual sub-documents as appropriate in making safety-related determinations. They have been counselled for understanding of the existing approved listing. We have currently issued a new preliminary comprehensive safety listing for review and comment. This listing is a composite tabulation of all electrical, heating, ventilating, air conditioning, instrumentation and control, mechanical and structural components associated with Crystal River Unit 3. This list correlates component tag numbers with the required safety designation needed to meet current regulatory requirements.

As a result of this inspection, the need for this listing to include safety-related consummables was identified. This section is currently under development and will be issued as part of the listing.

Full compliance will be achieved upon issuance of the new approved listing.

E. (Item #79-04-15)

As required by 10 CFR 50, Appendix B, Criterion XVII, sufficient records shall be maintained to furnish evidence of activities affecting quality and the applicant shall establish requirements concerning record retention. The accepted Quality Assurance Program, Section 1.7.6.7.1q states in part that "Florida Power Corporation has established and implemented a system for the collection, storage and maintenance of Quality Assurance Records as required by Regulatory Guide 1.88 and that the records transmitted to the quality files are in accordance with established written procedures. Also, Florida Power Corporation maintains a duplicate set of microfilmed information at a remote facility. Regulatory Guide 1.88 endorses ANSI N45.2.9. Section 5.3 of ANSI N45.2.9 requires that prior to storage of records in a quality assurance record file, a written storage procedure shall be prepared and a custodian shall be designated with the responsibility to enforce the procedure.

Section 5.6 of the Standard requires permanent and temporary record storage facilities to be so constructed or located as to protect contents from possible destruction . . . A satisfactory alternative to the establishment of a records storage facility is maintenance of duplicate records stored in a separate remote location." Section 4.2 of the Standard states: To assure their availability, a specific submittal plan shall be established for quality assurance records by agreement between the purchaser and supplier.

Contrary to the above, sufficient records were not being maintained consistent with applicable regulatory requirements in that, as examples, training records, completed preventive maintenance procedures, waste transfer records, quality assurance audit records, receipt inspection records, instrument department records and licensee event report records were not controlled by a procedure which met the requirements of Section 5.3 of the Standard committed to in the licensee's accepted QA Program; were not entered into a duplicate microfilm copy file for periods ranging from one (1) to two (2) years after the record was completed as required by the licensee's accepted QA Program; and/or were not maintained in acceptable single record storage facilities or duplicate, separate remote facilities as allowable by Section 5.6 of the Standard. Additionally, no specific submittal plan existed for the transfer of design records from either Gilbert Associates, Inc. or Babcock and Wilcox Company to Florida Power Corporation as required by the Standard.

E. Response:

This apparent item of non-compliance involves corrective action requirements by several individual Florida Power Corporation internal departments. Corrective actions follow by department:

Crystal River Unit 3 Plant:

With regard to training records and Licensee Event Reports, we intend to duplicate (Xerox) documents in these areas and maintain duplicate files in separate remote locations until microfilming can be completed. It is our intent to film this documentation within six (6) months of its initiation. We intend to achieve this goal no later than September 30, 1979.

The Preventive Maintenance Procedures, Waste Transfer Records, and Instrument Calibration Records identified by the finding are presently a part of, and controlled by, the Plant Operating Quality Assurance Manual (POQAM). Document Control Procedure DC-104, entitled Control of Quality Construction, Testing, and Plant Operating Records, supported by DC-101, Introduction to Document Control Procedures, details our control of plant generated Quality Assurance Records. These records are routed to the Administrative Department upon completion of the work activity and the review cycle, by way of a Procedure Approval and Transmittal Sheet as identified within AI-400, Plant Operating Quality Assurance Manual Control Document, which meets the criteria of Section 5.3 of ANSI N45.2.9.

The on-site Record Storage Vault, as identified in DC-104, meets the requirements of Section 5.6 of ANSI N-45.2.9, as determined from previous inspections by the NRC. It is our intent to route all quality documentation to that location within six (6) months of its receipt by the Administrative Department. Microfilming will subsequently occur and hard copies destroyed in less than one (1) year after receipt of the records. It is our desire to shorten this record cycle whenever possible, and we are striving for a turn-around time of three (3) months or less.

Quality Programs Department:

A. Corrective Steps Taken:

Quality Programs Department is effecting transmittal to the Plant permanent record file, all Quality Program audit records generated since issuance of the operating license (December 1976). This will be complete by August 1, 1979.

B. Corrective Steps To Be Taken To Preclude Further Non-Compliance:

Quality Programs Department will review its procedures for adequacy of delineation of Quality Assurance records requiring our submittal for retention in permanent plant records file and will revise its procedures, as necessary, to effect transmittal immediately upon record initiation. If during the course of this review, certain Quality Program Department generated records are identified which have not been transmitted to the plant file since operating license issuance, Quality Programs Department will effect transmittal of same.

C. Full compliance will be achieved by September 1, 1979.

Purchasing Department (Materials Management and Stores):

Corrective action consists of three specifics:

1. QOP-10.0 was revised 4/2/79 to more completely identify records and update handling procedures, including receipt inspection records.

2. Duplicate files will be kept for site records at Unit #1 & #2 Storeroom until completed files are transmitted to plant vault for safekeeping.

3. Cabinets will be replaced with locking type, 2½-hour burn units.

Full compliance will be achieved by August 31, 1979.

F. (Item #79-04-06)

As required by 10 CFR 50, Appendix B, Criterion IV, "Measures shall be established to assure that applicable regulatory requirements, design bases, and other requirements which are necessary to assure adequate quality are suitably included or referenced in the documents for procurement of material equipment and services . . . ." The accepted Quality Assurance Program, Section 1.7.6.7.1s states in part: "FPC is committed to comply with . . . ANSI N45.2.13-1976 . . ." ANSI N45.2.13 requires, in Section 11 and 8, that the purchaser prescribe to the supplier (1) those quality assurance records of compliance for which retention responsibility remains with the supplier, and (2) requirements for reporting and approving disposition of nonconformance.

Contrary to the above, as of Febraury 16, 1979, measures had not been established to place document retention responsibility or reporting and approving disposition of nonconformance requirements on the suppliers in that twelve of thirteen Purchase Orders/Requisitions reviewed did not contain the specific requirements of Section 11 or 8 of ANSI N45.2.13-1976.

F. Response:

Power Plant Materials procedure QOP-12.0 "Purchases of Quality Material and Services" was revised on March 9, 1979 to impose through use of standard Purchase Order attachment the specific referenced ANSI requirements.

Full compliance was achieved upon issue of the procedure revision.

G. (Item #79-04-17)

As required by 10 CFR 50, Appendix B, Criterion X, "A program for inspection of activities affecting quality shall be established and executed . . ." The accepted Quality Assurance Program Section 1.7.6.7.1j2 states in part: "Off-site FPC support personnel . . . performing inspections and examination activities shall be qualified to ANSI N45.2.6-1973. . . ." ANSI N45.2.6-1973 requires in Section 2.2 that, "Each person who verifies conformance of work activities to quality requirements shall be certified by his employer as being qualified to perform his assigned work . . . . " Section 2.2.3 of the Standard requires that, " . . . The job performance of inspection . . . personnel shall be evaluated initially and at periodic intervals, not to exceed two years . . ".

Contrary to the above, the established inspection program was not executed in that off-site FPC personnel performing shipping damage inspection and item inspection activities at the warehouse for safety-related items being placed in storage had not been certified as qualified to perform the work activities nor had they been evaluated initially or at periodic intervals.

G. Response:

Power Plant Materials Procedure QOP-2.0, Training, was revised 4/2/79 to provide better control of training operations.

Future Corrective Action:

1. An additional certification (pass/fail criteria) program will be instituted for storeroom personnel receiving, storing and issuing quality material, and all present personnel will be certified.

2. Off-site personnel providing support to material inspections will be certified by their respective areas and authorization to provide inspection services will be provided by management of these respective areas.

Full compliance will be achieved by September 15, 1979.

H. (Item #79-04-04)

As required by 10 CFR 50, Appendix B, Criterion XVIII, ". . . Audit results shall be documented." The accepted Quality Assurance Program, Section 1.7.6.7.1s states in part: "FPC is committed to comply with . . . N45.2.12 (Draft 4, Revision 2-1976)." Section 4.4 of ANSI N45.2.12 states in part: "An audit report . . . shall provide: . . . 4.4.4 a summary of audit results, including an evaluation statement regarding the effectiveness of the quality assurance program elements which were audited. . . ."

Contrary to the above, the results of audits were not properly documented in that all corporate audits conducted between January 4, 1978, and December 12, 1978, reviewed by the inspector, did not contain the required evaluation statement regarding the effectiveness of the quality assurance program elements which were audited.

H. Response:

A training program was held and documented with Quality Programs Department auditors to clarify and discuss the requirements to include an appropriate evaluation statement as per ANSI N45.2.12 and in accordance with Quality Administrative Procedure QAP No. 8.

Full compliance has been achieved.

Enclosure 2

QA Program Improvements that Cover the Eleven Items Which Required Management Attention (Paragraph 2 of Details Section of Report 79-04)

Item #79-04-02 QAP Revision Control

Response: Quality Administrative Procedures QAP-2, QAP-4, and QAP-14 have been revised to establish measures for follow-up control on procedure transmittals.

Full compliance has been achieved.

Item #79-04-05 Audit Checklists

Response: A training session has been held and documented with Quality Programs Department auditors to reiterate the requirement for utilizing all applicable standards referenced in FSAR Chapter 1.7 in the audit checklist development.

Full compliance has been achieved.

Item #79-04-11 Criteria for Performing 10 CFR 50.59 Safety Evaluations

Response: Compliance Procedure CP-114, "Procedure for Control of Permanent Modifications, Temporary Modifications and Deviations", is presently being revised to incorporate the changes necessary to resolve this item.

Additional corrective action related to 10 CFR 50.59 safety evaluations has been described in Enclosure 1, C Response.

Item #79-04-12 Changes to Safety Related Determinations

Response: Compliance Procedures CP-114, "Procedure for Control of Permanent Modifications, Temporary Modifications and Deviations" and CP-113, "Procedure for Handling Work Requests, Including Discrepancies and Corrective Actions," are presently being revised to ensure that plant personnel are given adequate guidelines for making safety classification determinations.

Item #79-04-14 Evaluation of Failures

Response: Surveillance Procedure SP-299, "Plant Reliability Reporting", has been revised to ensure that the Results Engineer review of failures determines common or generic failures and poor performance.

Full compliance was achieved March 2, 1979.

Item #79-04-18 Failure to Provide Required Housekeeping and Protective Caps

Response: An order has been placed for end caps and related items, however, due to influx of outage related materials, additional caps are on order and must be installed.

In addition, future corrective action will consist of:

1. Complete receipt of end caps and installation.
2. Revise QOP procedure providing specific standards for this protection.
3. Periodic reviews to assure compliance with Quality Operating Procedures will be performed by the QC Specialist.

Full compliance will be achieved by July 31, 1979.

Item #79-04-19 Failure to Provide a Weathertight Warehouse

Response: The areas adjoining storeroom doors have been graded and paved. A canopy has been completed over the receiving entrance. Doors have been weatherproofed.

Additional corrective action will consist of:

1. The door of the Environmental Control area will be repaired/improved to prevent entry of moisture.
2. The south wall of the Environmental Control area will be weatherproofed.

Full compliance will be achieved by July 31, 1979.

Item #79-04-20 Failure to Provide Adequate Space for Environmental Control Storage

Response: The Request for Engineering Information study regarding site warehousing was completed 4/30/79. Future actions on this matter include:

1. Work Order approval (budget expenditure authorized).
2. Engineering completion.
3. Construction.
4. Relocation of material from present storage area.
5. Notification of our Region II inspector when a firm date of construction start has been established.

Full compliance will be achieved by June 30, 1980.

Item #79-04-21 Failure to Provide Controls for Items with Limited Shelf Life

Response: Corrective action accomplished to date consists of:

1. Changes to the Materials Management Information System (MMIS) necessary to implement the program have been identified and specifications issued to Computer Services for programming changes.

2. Required engineering assistance has been identified and requested to establish storage standards/shelf life criteria for quality parts.

Future Corrective Action Required:

1. Program and test MMIS system changes.
2. Receive engineering recommendations.
3. Input data for materials presently in stock.

Full compliance will be achieved by December 31, 1979.

Item #79-04-22 Training of New Warehouse Employees

Response: Corrective action accomplished to date:

1. Formal training of forklift operators has been provided by Allis-Chalmers Corporation.

Future Corrective Action Required:

1. This training (and other similar specific training by equipment manufacturers) will be incorporated into QOP standards.
2. Periodic reviews to assure compliance with Quality Operating Procedures will be performed by the QC Specialist.

Full compliance will be achieved by July 31, 1979.

Item #79-04-23 Training of Compliance Engineer, Mechanics and Electricians

Response: A documented training program for Compliance Auditor training has been established and the criteria is being used for the compliance training program.

The training program for Mechanics and Electricians was implemented on March 1, 1979. Future training will be conducted monthly for Mechanics and Electricians unless a plant outage condition exists.

Full compliance has been achieved.

Enclosure 3

Summary of Actions Taken or Planned
To Improve the Effectiveness of Our
Quality Assurance Program

In addition to corrective actions and program changes described in Enclosures 1 and 2, we have taken steps to further increase the effectiveness of our Quality Assurance program. These are described below:

1. Quality Control Function - We are currently in the process of developing an upgraded Quality Control program at Crystal River Unit 3. This program will meet all applicable regulatory requirements, and will be implemented by formal procedural controls. At this point in our evaluation and program definition, we have concluded that an organization restructuring will be essential. This restructuring will result in increased net manpower devoted to QC functions, increased independence in that the management of the QC department will report directly to the Nuclear Plant Manager, and increased authority in that the QC department management will have the same organizational level as the management of the other in-plant functional departments. The resultant restructured organization will consolidate those functions now designated as Compliance and Quality Control into a single department. We are confident that this new, more formal dedicated approach will result in increased effectiveness of the FPC QA program as applied at Crystal River Unit 3.

   Florida Power Corporation management is committed to this concept and to supply necessary resources for implementation. The schedule for implementation will be limited only by our ability to write and revise necessary procedures, secure NRC approval of related QA program description changes, and to recruit and train qualified personnel to fill newly created positions.

2. Identification of Generic and/or Repetitive Problems - We have taken additional steps to increase our effectiveness in early identification of problems which may have generic implications or which may recur if non-routine action is not taken. These actions consist of:

   a. Specific delineation of responsibility to the Technical Specifications Coordinator for review of all Non-conforming Operations Reports (NCORs) for the purpose of concurring as to the adequacy of corrective action taken. If in his judgement, Engineering participation in the corrective action is warranted and has not been requested, he will initiate a Request for Engineering Information (REI).

   b. Specific delineation of responsibility to the Results Engineer for review of all Work Requests/Discrepancy Reports (WR/DRs) for the purpose of concurring as to the adequacy of corrective action taken. If in his judgement, Engineering participation in the corrective action is warranted and has not been requested, he will initiate an REI.

c. Specific delineation of responsibility to the Compliance Engineer for final review of all corrective actions for concurrence for adequacy. If in his judgement, corrective action was not sufficient and Engineering involvement is warranted, he will initiate an REI.

3. Management Involvement - We have recently implemented organizational changes within the Power Production Department which will increase management involvement in and attention to problem solving at Crystal River Unit 3. The previously defined position of Director, Power Production, has been upgraded to Assistant Vice President, Power Production. This will result in increased officer level participation in the operation of Crystal River Unit 3. The position of Manager, Nuclear Operations has been established and is a line position with the Nuclear Plant Manager reporting directly to the Manager, Nuclear Operations. This again will increase direct management attention to and involvement in Crystal River 3 operations.

Examples of increased management involvement in and attention to Quality Assurance effectiveness are a series of meetings which have been held recently as follows:

a. A thorough discussion between the Assistant Vice President, Power Production and the Director, Quality Programs regarding Quality Assurance Program responsibilities and interfaces.

b. A meeting with the Assistant Vice President, Power Production, the Manager, Nuclear Operations, the Director, Quality Programs, the Nuclear Plant Manager, the Crystal River Unit 3 Maintenance Superintendent, Operations Superintendent, Technical Services Superintendent, Administrative Supervisor and Compliance Engineer in attendance. This meeting was held to firmly establish the corporate policy and commitment to the quality assurance program, to discuss problem areas that may exist with regard to full adherence to applicable rules, procedures and regulations, generic problem solving including necessary resources required, and responsiveness in terms of reducing the time required to solve identified problems when they occur.

c. A meeting with the Assistant Vice President, Power Production, the Manager, Nuclear Operations, the Director, Quality Programs, the Nuclear Plant Manager, and the Manager, Production Engineering in attendance. This meeting was held to discuss possible methods for improvements in identifying and solving generic problems and timeliness in solving problems that have regulatory or safety significance.

d. A meeting with the Assistant Vice President, Power Production, the Manager, Nuclear Operations, the Director, Quality Programs and the Manager, Production Engineering to discuss improvements to and responsibilities relating to the procurement cycle for quality related purchase orders.

4. Regulatory Performance - In addition to previously described actions taken to improve quality program effectiveness and regulatory compliance, we plan to increase the Nuclear Support Services staff to include more licensing support. Additional personnel will be directed toward more thorough and rapid interpretation and application of new or revised regulatory requirements.