METROPOLITAN EDISON COMPANY SUBSIDIARY OF GENERAL PUBLIC UTILITIES CORPORATION

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March 3, 1975

Mr. James P. O'Reilly, Director
Office of Inspection & Enforcement - Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, Pennsylvania 19406

Dear Mr. O'Reilly:

Docket No. 50-289
Operating License No. DPR-50
Inspection Report 75-01

This letter and the attached enclosure are in response to your inspection report letter of February 7, 1975, concerning Mr. Spessard's inspection of our Three Mile Island Nuclear Station Unit 1 and the resultant findings of that inspection.

Sincerely,

R. C. Arnold
Vice President-Generation

RCA:cas
Enclosure: Response to Description of Apparent Violation
File: 20.1.1/7.7.3.2.1

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ENCLOSURE

Metropolitan Edison Company
Three Mile Island Nuclear Station, Unit 1
Docket No. 50-289
Operating License No. DPR-50
Inspection No. 50-289/75-01

Response to Descriptions of Apparent Violations

Apparent Violation 1

Criterion VI, Appendix B, 10 CFR 50 states in part that, "Measures shall be established to control the issuance of...procedures...including changes thereto, which prescribe all activities affecting quality." The FSAR Section 1A, Operation Quality Assurance Plan, Section VI states in part that, "...the Generation Division document control procedure further requires that each Manager and Station Superintendent provide in their procedures measures:...to ensure that approved changes be promptly transmitted for incorporation into documents; and to ensure that obsolete or superseded documents are eliminated from the system and not used..."

Contrary to the above, on November 19-20, 1974, plant heatup was performed using a controlled copy of OP 1102-1, Rev. 4 which contained 4 TCN's that were invalid. Additionally, on January 7, 1975, the Control Room File copy of OP 1102-1, Rev. 4 still contained the 4 invalid TCN's and did not contain the one valid TCN issued after the November 19-20, 1974, plant heatup evolution. It was determined that the 4 invalid TCN's were not followed during the heatup evolution.

Response:

a. Although the 4 TCN's were contained within the controlled copy of OP 1102-1 Rev. 4, it should be noted that these invalid TCN's were not followed during the heat up evolution of November 19-20, 1974, and therefore, there was no effect upon the quality of the performance of this work. However, the following actions were taken to resolve the problem:

1. In addition to verifying that the 4 TCN's attached to OP 1102-1 Rev. 4 were invalid, they were cancelled and removed from the procedure, and an audit of all effective (active) Temporary Change Notices was initiated and completed by January 30, 1975. This audit accomplished the following:

(a) TCN's no longer required for plant operations were verified as cancelled per Admin. Procedure 1001.

(b) All procedures to which active TCN's were applicable were verified as having the TCN attached per Admin. Procedure 1001.

(c) All TCN's which were cancelled were verified as having been removed from all the procedure files per Admin. Procedure 1001.

b. To avoid future violations of this type:

1. The Administrative Procedure 1001, Control of Documents is intended to provide the appropriate administrative controls to prevent the occurrence of a noncompliance such as was disclosed in the above violation. Detailed review of the procedure by responsible management indicated the procedure requires stronger controls relative to TCN cancellation to provide assurance that future compliance will be maintained.

2. Consequently, section 3.6.4 "Temporary ON-the-Spot Changes" of the Admin. Procedure 1001 is being revised to require the following:

   (a) Assignment of an individual (Supervisor) by name who will be responsible for issuing a permanent Procedure Change Request (PCR) to replace a TCN if the temporary change is intended to be incorporated into a permanent procedure change. This requirement will identify "Permanent Procedure Change" responsibility which is presently not defined in the procedure.

   (b) That there be a 90 day maximum time period for a TCN to remain effective regardless of the circumstances. This requirement will limit the number of effective TCN's to a less cumbersome number; will provide a date by which cancellation is imperative; will enhance the overall quality of the station procedures by minimizing the number of TCN's attached to them, and will virtually eliminate the chances that TCN's will become obsolete through being active for long periods of time.

3. The Shift Supervisor has the responsibility for control of TCN's. In this regard a weekly operations surveillance will be established to require the Shift Foreman or Shift Supervisor to audit the TCN Log Book. This audit will be made to insure the following:

   (a) Accuracy and completeness in the log of existing TCN's.

   (b) Compliance with the Administrative Procedure 1001 relative to TCN incorporation into a procedure.

   (c) TCN's are cancelled when required by either the 90 day limitation or when the TCN has fulfilled the function for which it was written, whichever occurs first.

c. Full compliance will be achieved as of 3/14/75.

Apparent Violation 2

10 CFR 50.59b states in part; "...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." 10 CFR 59a states in part; "that a proposed change... shall be deemed to involve an unreviewed safety question (1) if the probability of an accident...is increased (2) if a possibility for an accident...may be created or (3) if the margin of safety...is reduced..."

Contrary to the above the licensee's written safety evaluations for nine design changes completed in 1974, did not provide an adequate bases for the determination that an unreviewed safety question was not involved, in that the items constituting an unreviewed safety question, as defined above, were not addressed.

Response:

With regard to the nine subject design changes, subsequent audit has revealed that one of the design changes did not require a safety evaluation since the change did not affect nuclear safety, and the remaining eight changes were properly controlled in accordance with the requirements of the GPUSC QA program for startup & test. It is the licensee's position, therefore, that the above described event does not constitute a violation.

Apparent Violation 3

Criterion XVIII, Appendix B, 10 CFR 50, states in part, "a comprehensive system of planned and periodic audits shall be carried out...audit results shall be documented and reviewed by management having responsibility in the area audited..." The FSAR Section 1A, Operating Quality Assurance Plan Section XVIII, states in part; "...audit reports are transmitted...to the responsible managers or outside organizations..."

Contrary to the above, two audits conducted by the licensee (Audit Nos. 74-13 and 74-27) were not documented and distributed to management having responsibilities in the areas audited. Additionally, audit reports for two audits (Nos. 74-25 and 74-29) which were conducted on September 16, 1974 and October 28, 1974, respectively had not been issued as of January 9, 1975; period of 115 days and 73 days, respectively following audit performance.

Response:

a. The following actions have been taken to resolve the problem:

1. Audits 74-13 and 74-27 were never completed and therefore these audits could not and cannot be documented and distributed to management having responsibility in the area audited.

2. Audit 74-25 was issued on February 3, 1975, and Audit 74-29 will be published by March 14, 1975.

b. To avoid future violations of this type:

1. The Manager-OQA will ensure that in the future audits once scheduled, will only be cancelled with his written concurrence and that the responsible management is notified of the change and reasons therefor.

2. The Manager-OQA has established an audit tracking system and will ensure that all audits are published within 30 days of the audit exit interview.

c. Full compliance will be achieved for both of the systems addressed in b above by 4/4/75.

Apparent Violation 4

Criterion XVI, Appendix b, 10 CFR 50, states in part; "...that measures shall be established to assure that conditions adverse to quality, such as..., deficiencies, deviations...and non-conformances are promptly identified and corrected." The FSAR Section 1A, Operating Quality Assurance Plan Section XVI, states in part; "...the corrective action procedures include provisions for...the responsibility for timely disposition and followup action for nonconformances..."

Contrary to the above several of the licensee's nonconformances identified during his audits of the quality assurance program have not received prompt corrective action. For example, Audit Findings No. 74-11-4, 74-11-6, and 74-12-3 were targeted for completion by July 20, 1974; however, these were still open as of the date of the inspection, a period of about 6 months.

Response:

a. Audit Finding 74-11-4 was closed on January 7, 1975, and Finding 74-11-6 was closed on February 28, 1975. Finding 74-12-3 was reviewed by the Plant Operations Review Committee (PORC) in December 1974 and their resolution was reviewed and found to be inadequate by the Manager-OQA. A second review is in progress by the PORC and the finding will be closed by March 15, 1975.

b. To avoid future violations of this type, a more comprehensive policy for followup action of open audit findings has been established by the Manager-OQA. This system provides for actions to be taken at varying time spans from the established

finding closeout due date. A procedure will be issued formalizing the actions, and it is anticipated that no finding will take longer than 5 weeks after its scheduled due date to close out.

c. Full compliance will be achieved by April 4, 1975.

Apparent Violation 5

Technical Specification Section 6.1.I.3.e.8) states that "The General Office Review Board (GORB) will review audits and audit program of the Generation Division."

Contrary to the above, the GORB has not performed this review since the issuance of an operating license on April 19, 1974, (a period exceeding 9 months) although the GORB held 7 meetings during the period April - October 1974.

Response:

a. As corrective actions, the GORB will ensure that a GORB subcommittee:

1. Reviews all past quarterly audit program reports and present the results at the next GORB meeting, and

2. Based on these reviews, make recommendations as to any areas in which special GORB audits are believed to be required.

b. To avoid further violations of this type, the General Office Review Board (GORB) has appointed a subcommittee with the specific charter to:

1. Conduct reviews of the Met-Ed operational quality assurance program, as it pertains to TMI, by utilizing the quarterly audit program reports submitted by the Met-Ed Manager-OQA. This action will assure that audits are being accomplished in accordance with the requirements of the Technical Specifications and ANSI 18.7-1972 "Standard Administrative Controls for Nuclear Power Plants." In addition, the subcommittee will report a summary of this review to the GORB during a scheduled meeting, and

2. Based on these reviews, make recommendations as to any areas in which special GORB audits are believed to be required.

c. Full compliance will be achieved by March 26, 1975.

General Comment

With regard to the degree of effectiveness to which our Quality Assurance Program is implemented, it has been determined that continued management attention to the areas of personnel training and development will serve to strengthen QA personnel abilities to more strongly implement and maintain the program.