UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARIETTA ST., N.W., SUITE 3100
ATLANTA, GEORGIA 30303

Report Nos. 50-324/79-27 and 50-325/79-28

Licensee: Carolina Power and Light Company
411 Fayetteville Street
Raleigh, North Carolina 27602

Facility Name: Brunswick

Docket Nos. 50-324 and 50-325

License Nos. DPR-62 and DPR-71

Inspection at Brunswick Site near Southport, North Carolina, and at Company offices in Raleigh, North Carolina.

Inspected by: W. A. Ruhlman — W. A. Ruhlman — 8/27/79 — Date Signed

Approved by: R. C. Lewis — R. C. Lewis, Acting Chief, RONS Branch — 9/5/79 — Date Signed

SUMMARY

Inspection on August 6-9, 1979

Areas Inspected

This routine, announced inspection involved 24 inspector-hours onsite and at Company offices in the area of previously identified items.

Results

Of the one area inspected, one apparent item of noncompliance was found (Deficiency - failure to review procedures prior to issuance - paragraph 3.a under item 79-02-01), and one apparent deviation was found (failure to comply with commitments made to NRC in letter dated March 14, 1979, - paragraph 3.a under item 79-02-07).

DETAILS

1. Persons Contacted

Licensee Employees

*D. Allen, Brunswick QA Supervisor
*H. Banks, Manager-Nuclear Generation
*J. Boone, Project Engineer
*C. Gibson, Superintendent T and A
*J. Johnson, Manager-Operations Quality Assurance
*R. Johnstone, QA Technician
*L. Jones, Principal QA Engineer
*M. Kesmodel, Document Control Specialist
*E. Lashley, Senior QA Specialist
*R. Pollock, Principal QA Specialist
*R. Poulk, NRC Coordinator for Brunswick
*C. Rose, Operations QA Specialist
*B. Snipes, Senior QA Specialist
*A. Tollison, Brunswick Plant Manager
*W. Triplett, Administrative Supervisor

Other licensee employees contacted included technicians, document control, and office personnel.

*Attended exit interview

2. Exit Interview

The inspection scope and findings were summarized on August 8, 1979, with plant personnel and on August 9, 1979, with Company office personnel. Those persons indicated in paragraph 1 above attended one of these exit interviews. The licensee acknowledged the findings without comment.

3. Licensee Action on Previous Inspection Findings

a. Items of Noncompliance

(Closed) Deficiency (324/325/79-02-01): Appendix A, item K, failure to include QA personnel in the review and approval of QA related procedures. This item was closed prior to the end of the previous inspection since both immediate and permanent corrective action had been effected. The area was reinspected by a review of subsequently issued procedures for inclusion of a QA review, a new item of noncompliance was identified. The method used to prevent recurrence for the initially identified item was to have QA procedures reviewed by the PNSC since the QA Supervisor was usually the secretary for PNSC. However, while this worked for most cases (such as AI-2, meeting 79-121, on 7/13/79), it did not work in two cases identified during this inspection; revision of AI-6, "Plant Filing Instruction," and

revision of ENP-3, "Q-List Modification Procedure." The QA aspects of these procedures had not been reviewed by QA personnel. This failure is contrary to 10 CFR 50, Appendix B, Criterion VI which requires that changes to procedures be reviewed for adequacy by authorized persons prior to release and the accepted QA Program (FSAR, Section 13.4-7) item b under the responsibilities of the QA Supervisor which states that he is responsible for reviewing revisions to plant procedures to assure that quality requirements are adequately prescribed. These two procedures were reviewed by the QA Supervisor and found satisfactory prior to completion of the inspection, however, you are requested to document this action and results therefrom in your response. This failure is a repeat of the item noted above (324-325/79-02-01) and AI-6 is one of the procedures which was given as an example in the prior citation. This failure to provide required QA review is an item of noncompliance (324/79-27-01, 325/79-28-01).

(Closed) Infraction (324-325/79-02-02): Appendix A, item G, failure to follow audit procedures in that one audit finding was closed out before corrective action had been completed. As stated in the licensee's response, QAAI-1 was revised (Revision 6 dated 6/1/79, although this aspect had been covered in an earlier revision) to require that the lead auditor remove an item from the open item log when it is closed in a report (item F. on page 10). This item is closed.

(Closed) Deficiency (324-325/79-02-03): Appendix A, item I, failure to conduct annual audits as required, six examples. In a letter (OQA-79-38, file 2110) dated February 14, 1979, the licensee requested a change in his accepted QA Program from a commitment to ANSI N 45.2.12, Draft 4, Revision 1 to Regulatory Guide 1.144 of January 1979. That change eliminated the requirement for an annual audit. The licensee's letter then stated that audits would be conducted in accordance with Section 6, paragraph 6.5.3.1 of the facility's Technical Specifications. The letter also indicated that such action would commence with the date of the letter unless otherwise notified by NRR. Since NRR has not told the licensee that this is unacceptable, this item is closed.

(Open) Infraction (324-325/79-02-04): Appendix A, item A, failure to establish controls for handling, storage and preservation of materials as required by the accepted QA Program. The licensee's response to this item indicated that a survey was to be performed by the Company Materials Management Section by June 15, 1979; this survey was performed by the Company Materials Management Section by June 15, 1979. The warehousing recommendations contained in that report will not be fully implemented until December 31, 1980; thus the item remains open. The response also addressed corrective action for specific inadequacies identified in the IE inspection report; 15 items in Warehouse H, 4 in Warehouse C, and 2 in the in-plant warehouse. These items were inspected for conformance with the licensee's response. With the exception of

Warehouse C where the licensee erroneously referred to four bays under maintenance control when only two such bays are used by maintenance, the licensee's practices were as stated in his response. Until the permanent corrective actions are fully implemented, this item is open.

(Open) Infraction (324-325/79-02-05): Appendix A, item D, failure to have the segregation of Q list items as required and failure to have a program for the identification and control of items with limited shelf-life. The licensee's response indicated that the segregation of items would be addressed in the previously referenced (item 324-325/79-02-04 above) warehousing study; the study addressed this item, but resolution will not be effected until new facilities have been constructed (commitment date of December 31, 1980). The limited shelf-life portion of this item will be completed by August 31, 1979, according to the licensee's response. The inspector did review a Storekeeper Instruction, SK-2, Revision 0 dated 7/12/79. This procedure does provide for entering the expiration date of items when they are known at receipt. The areas covered by this item are open and will be reinspected after the respective commitment dates of August 31, 1979, and December 31, 1980.

(Closed) Infraction (324-325/79-02-06): Appendix A, item F, failure to have a documented training program for receipt inspectors and material handling equipment operators. Storekeeper Training Instruction, TI-501, Revision 0 dated 7/12/79 had been issued and implemented. All personnel performing receipt inspections had completed the required training and had been certified. All personnel using the material handling equipment had also completed the specified training and had been certified. This action closes the original item. However, the inspector found that the certification of receipt inspectors did not meet the specific items required by paragraph 2.2.4 of ANSI N45.2.6 as committed to by the accepted QA program in that the certificates did not contain the name of the employer (2.2.4 (1)) or the period of certification covered (2.2.4(5)). The procedure, TI-501, does not specify the effective period of certification either. Since the employer is well known, and since the certificates had only been recently issued (making the effective period of certification a future problem), these inadequacies were considered to be in form rather than content and no citation is issued. However, since these are specific requirements of the accepted QA Program, these items must be included or an exception taken. This action, the addition of employer's name and effective period of certification to the certificates, and the specification of an effective period in TI-501 or other appropriate documents, will be carried as an unresolved item designated 324/79-27-03, 325/79-28-03.

(Open) Deficiency (324-325/79-02-07): Appendix A, item J, failure to have records of the bases for the determination that a change or modification does not involve an unreviewed safety question as required

by 10 CFR 50.59(b). The inspector verified that the licensee's use of the word "unresolved" in response to this item was meant to be "unreviewed." With that clarification, the licensee's response was then inspected. The licensee stated that "Revisions to this procedure (ENP-3) approved on February 9, 1979, require written bases on all modification packages." While the subject procedure had indeed been revised as of February 9, 1979, the changes required that "Comments" be included on each modification form, not "written bases" for the determination that the modification does not involve failure to establish housekeeping, recordkeeping and document control programs which meet the requirements of the accepted QA Program's commitments to ANSI N45.2.3, N18.7, and N45.2.9. The licensee combined recordkeeping and document control issues when making his response, and he delineated 7 items which would be accomplished to effect corrective actions. The first commitment further stated that changes would be made as a result of that study; the budget items have been submitted, but the required changes have not yet been made. The remaining 6 items referenced in the response were inspected and found as stated except the revision to AI-2 (covering items 6 and 7 was accomplished on 7/13/19 as opposed to 6/30/79 as stated. With respect to housekeeping, the licensee gave a response indicating that a program would be implemented by September 1, 1979. Since the due date had not arrived as of this inspection, this item was not reviewed. However, as part of a fire prevention program inspection (50-324/79-28, 50-325/79-29) two areas were found (cable spreading room and battery room) with unacceptable housekeeping practices. These areas were cleaned up prior to the end of the inspection and the referenced report should be consulted for additional details. Until the housekeeping program is implemented and the changes recommended by the records review study have been implemented, this item remains open.

(Open) Infraction (324-325/79-02-09): Appendix A, item C, failure to establish measures to assure the calibration of safety-related instrumentation used to verify LCO conditions but not specifically required to be calibrated by the Technical Specification. As indicated in the licensee's response, the instruments have been identified. The licensee was in the process of writing calibration procedures, but the stipulated implementation dates (10/31/79 for identification of remaining an unreviewed safety question. In addition, the inspector reviewed selected safety-related modifications (#79-165, vessel level transmitter; #79-156, D/G saddle tank vents and Battery Room fire dampers; #79-090, drywell penetration seismic support; #79-083, bearing temperature monitor installation; 79-031; reactor recirculation system, setpoint change). In each of these cases, "comments" had been placed on the form as required by the procedure. In 3 (79-165, 79-083, 79-031) of the 5 examples reviewed, these "comments" did not contain the bases for the required determination; in the remaining examples the "comments" did provide a bases for the required determination. Since the procedure had not been revised to require a bases for the required determination as the licensee had stated in his response and since 3 examples were

found where the bases were not included, a deviation from the licensee's commitment to the NRC exists and is designated (324/79-27-02, 325/79-27-02). The inspector's sample was a random basis and should not be used to conclude that three-fifths of the modifications did not include the records of the bases. As with the original citation, the deviation deals with records (required by 10 CFR 50.59(b)) not with inadequate engineering determinations were found.

(Open) Infraction (324-325/79-02-08): Appendix A, item B, instruments, and 12/31/79 for implementation of complete program) have not been reached. This item remains open.

Failure to have or follow procedures for calibration of safety-related laboratory instrumentation. The citation addresses several related issues which were also addressed in the licensee response. The licensee had issued a letter dated March 30, 1979 placing these instruments under Volume VIII of the POM; this letter was retracted in a letter (OQA-79-65, file 2510) dated April 23, 1979. The licensee further stated that these instruments would, in the future, be controlled under section 6 of the Corporate QA Manual; these instruments have been added to that Section. Two procedures were identified as missing, one for calibration of a ph meter, the other for calibration of a conductivity bridge. RC&T Procedure 1300, Revision 0 dated 6/29/79 covers the standardization of ph meters and Procedure 1320, Revision 0 dated 6/29/79 covers calibration of portable conductivity bridges. The complete review of laboratory instrument and implementation of a calibration program for those used in activities affecting quality was not scheduled for completion until December 31, 1979; progress was being made and the item will be inspected after the commitment date. The licensee's response letter also included a statement that Section 13 of the CP&L Radiation Control and Protection Manual would be deleted; the licensee has decided to retain this Section for non safety-related items. The licensee will issue a supplementary response to clarify this commitment. Until the calibration program has been implemented for all laboratory instruments used in activities affecting quality, this item remains open.

(Open) Deficiency (324-325/79-02- Appendix A, item H, failure to have indication of calibration status on all safety-related instruments as required by the accepted QA Program. The licensee submitted a supplementary response for this item in a letter dated April 20, 1979 (OQA-79-73, file 2630(b)). The licensee was reviewed with respect to this supplemental response. The licensee took an additional exception to ANSI N45.2.8, Draft 3, Revision 3 to allow the use of external methods (status cards, computer printout) to indicate the status of calibration instead of calibration stickers on installed instruments. The letter stated that this method would be used unless notified as unacceptable by NRR. The remaining part of the supplemental response for this item stated that a list of affected instruments would be

developed by June 30, 1979; with the exception of Environmental Technical Specification and Fire Protection instruments, that list was completed. The instruments were to be included in a calibration program by December 31, 1979; this aspect will be reviewed later. The identified instruments were contained in a memorandum (OQA-79-121, file 2630 (b)) dated May 29, 1979. This item remains open.

(Open) Item (324-325/79-02-12): Inclusion of consumable/expanda items on the CP&L "Q" List. Review was in progress, original completion date was scheduled for September 1, 1979. This item remains open.

Audit practices, five specific areas. QAAI-1, Revision 6 dated 6/1/79 covered 3 of the 5 areas (need for detailed information, page 4; handling of field notes, page 7; handling of items previously identified by the audited organization, page 4). QAAP-1, Revision 7 dated 6/1/79 covered the remaining 2 areas (handling of items requiring immediate correction, item 6.3.6.6; handling of overdue responses, item 6.5.1). This item is closed.

Action to document pre-audit conference attendees. QAAP-1, Revision 6 dated 6/1/79, requires the documentation of attendees at the preaudit conference (page 5, item D.1). The inspector reviewed two recent audit reports and found that preaudit attendees were documented. This item is closed.

Review of all plant operating manuals. This item was not cited since Operations QA had identified this inadequacy during audit QQAS-78-10 dated 11/1/78. The required reviews were completed, OQA closed the item on 7/22/79. The inspector also reviewed the POM on a sampling basis and found that the required reviews had been conducted. This item is closed.

For transferring plant surveillance identified items to construction from operations. Procedure Joint QAI-1, "Transmitting of Deficiencies for Resolution", Revision 0 dated February 28, 1979 provided the needed methods. This item is closed.

(Closed) Item (324-325/79-02-17: Need to establish a method to control items which need rework or repair to replace the current use of Surveillance Reports. A procedure, QAP-10, "Method of Documenting Removal of Equipment for Repairs", Revision 0 dated 2/28/79, defines a method. The inspector reviewed the Nonconforming Equipment Form (NEF) log. This item is closed.

(Open) Item (324-325/79-02-18): Need for timeliness of corrective actions and responses. The licensee had written a procedure QAP-2, Revision 6, dated 6/15/79. As a result of this revision, the inspector found that responses were now being received. However, the procedure does not require that the response identify a date for completion of

corrective action. This identification was being required (by the direction of the QA Supervisor, above the written requirements of the procedure) on recent (since July 1, 1979) surveillance reports. However, since escalation actions are keyed to overdue commitments, this lack of commitment dates precludes procedural requirements for escalation. The licensee stated that the procedure will be revised by August 31, 1979, to require that the cause of the item found, the proposed corrective action, and a date for achieving full compliance be identified in the response. Until these additional provisions have been added to the procedure and backfitted to outstanding Surveillance Reports, this item remains open.

Of corrective action to surveillance reports when auditor and the responsible organization disagree. The provisions have been made in QAP-2, Revision 6, item 5.6; to date, this process has not been used. For audits performed by OQA, procedure OQA-2, Revision 4 dated 3/12/79 has an escalation process set forth in items 7.3 and 8.0. This item is closed.

(Open) Item (324-325/79-02-20): Need for a program for evaluation of repetitive failures. Although the original target date was August 1, 1979, the licensee had determined that the needed program would require additional time to properly generate. The target completion date was revised to be December 31, 1979. This item remains open.

(Closed) Item (324-325/79-02-21): Generate a procedure for receipt of Q material after normal working hours. SK-2, Revision 0 dated 7/12/79 now provides for such receipt. This item is closed.

Followup orally or informally transmitted design information with a written document. Engineering Department procedure 3.1, Revision 15, requires (item 3.1.3.1) that when it is necessary to transmit design information informally, such information shall be confirmed in writing. This item is closed.

Modifications to determine if a proposed modification affects nuclear safety. ENP-3, Revision 6 dated 2/9/79, paragraph 3.2.3 requires a determination to be made (and block 10 on the traveler appropriately checked) if a proposed modification could affect nuclear safety even when the modification itself is non safety-related. This item is closed.

(Open) Item (324-325/79-02-24): Update of drawings. This item was originally designated as 79-02-34 in Detail 9.c (page 20) of combined reports 50-324/79-02, 50-325/79-02; this item should be designated 79-02-24. The licensee has addressed this item in two letters, one dated March 14, 1979 (GD-79-654, file 3513(B)) the other dated August 1, 1979 (SD-79-1967, file 3513 (B)). As indicated in these letters the licensee has identified those prints which will require revision. All

completed plant modifications are to have their associated prints revised by 9/14/79. This item remains open. The revision of System Descriptions is due 12/31/79 as originally scheduled.

Required by Regulatory Guide 1.33, Appendix A. These were being reviewed, but the completion date of January 31, 1980, has not been reached. This item remains open.

(Closed) Item (324-325/79-02-26): Review use of revised AQAS-7 to assure reaudit of inactive vendors prior to being placed back on the active vendor list. The inspector discussed this item with the Principal Vendor Surveillance Specialist and reviewed the file for a recently revitalized vendor (Yarway). The system is operating as described in AQAS-7. This item is closed.