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

Region I

Report No. 50-289/79-16
50-320/79-20

Docket No. 50-289
50-320

License No. DPR-50
DPR-73 Priority -- Category C
C

Licensee: Metropolitan Edison Company

P. O. Box 542

Reading, Pennsylvania 19603

Facility Name: Three Mile Island Nuclear Station, Units 1 and 2

Inspection at: Middletown, Pennsylvania; Parsippany, New Jersey; Reading, Pennsylvania

Inspection conducted: July 17-31 and August 1-2, 1979

Inspectors: G. Napuda, Reactor Inspector — 8-31-79 date signed

J. Johnson, Reactor Inspector — 8-31-79 date signed

D. Kehoe, Reactor Inspector — 8-31-79 date signed

N. Blumberg, Reactor Inspector — 8-31-79 date signed

Approved by: H. B. Kister, Chief, Nuclear Support Section No. 2, RO&NS Branch — 8-31-79 date signed

Inspection Summary:

Inspection on July 17-31 and August 1-2, 1979 (Combined Report Numbers 50-289/79-16 and 50-320/79-20)

Areas Inspected: Routine, unannounced inspection by four regional based inspectors and one headquarters based engineer (QA Specialist) of previously identified items and the implementation of the Quality Assurance Program in the areas of: Design Changes/Modifications; Document Control; Procurement Control; Receipt, Storage and Handling; Records; Audits; QA/QC Administration; and Recent Changes to the QA Program. The inspection involved 308 inspector-hours onsite by four regional-based inspectors and one NRR engineer and 107 inspector-hours at the Metropolitan Edison and General Public Utilities Service Corporation corporate offices by three regional-based inspectors and one NRR engineer.

Region I Form 12
(Rev. April 77)

Results (Unit 1): Of the nine areas inspected, six items of noncompliance were found in six areas (Infraction - failure to report changes pursuant to 10 CFR 50.59(b), Paragraph 3; Infraction - failure to provide timely corrective action, Paragraph 9; Infraction - failure to properly control drawings, Paragraph 5; Infraction - failure to perform a modification in accordance with approved drawings, Paragraph 4; Deficiency - failure to control procurement documents in accordance with an approved procedure, Paragraph 6; and, Deficiency - failure to perform periodic inspections/surveillance of warehouse areas, Paragraph 7).

Results (Unit 2): Of the nine areas inspected, six items of noncompliance were found in five areas (Infraction - failure to report changes pursuant to 10 CFR 50.59(b), Paragraph 3; Infraction - failure to provide timely corrective action, Paragraph 9; Infraction - failure to properly control drawings, Paragraph 5; Infraction - failure to perform a modification in accordance with GP 1008, Paragraph 4; Deficiency - failure to perform periodic review of procedures, Paragraph 5; and Deficiency - failure to perform periodic inspections/surveillances of warehouse areas, Paragraph 7).

DETAILS

1. Persons Contacted

Metropolitan Edison Company

T. Barbagallo, Lead Procurement Engineer
M. Bezzilla, Unit 2 PORC Secretary
T. Faulkner, Unit 1 Supervisor Management Control
* P. Levine, Lead Audit Engineer
J. Logan, Unit 2 Superintendent
T. Mackey, Jr., Supervisor - QC
G. Miller, Station Superintendent
C. Nixdorf, Officer Supervisor
* W. Potts, Unit 1 Superintendent - Technical Support
* R. Prabhakar, Supervisor - QA Engineering
* G. Troffer, Manager - Generation Quality Assurance

General Public Utilities Service Corporation

* R. Fenti, Senior Site QA Auditor
* N. Kazanus, Manager - Quality Assurance
* D. Slear, Manager - Project Engineering
* M. Stromberg, Chief Auditor
* R. Wayne, Manager - Construction QA
* J. Wright, Manager - Site QA

Other Accompanying NRC Personnel

* H. Kister, Chief, Nuclear Support Section No. 2, Reactor Operations and Nuclear Support Branch, NRC:RI
* W. Belke, Reactor Engineer, NRR (QAB)

* denotes those present at the station exit interview conducted on August 2, 1979.

The inspectors also interviewed other licensee and GPUSC employees during the course of the inspection. They included engineering, construction, quality assurance, maintenance, stores, operations and administration personnel.

2. Licensee Action on Previously Identified Items

(Open) Deficiency (289/77-35-01): Record storage did not meet the requirements of ANSI N45.2.2. The licensee had advised NRC:RI, in a letter dated July 6, 1979, that because of the recent TMI-2 incident the permanent resolution to the record storage problem would be delayed from June, 1979, to October 31, 1979. The inspector therefore did not examine/review the implementation of the entire records system at this time (Reference Paragraph 7). This item remains open pending further review by RI during a subsequent inspection(s).

(Open) Deficiency (289/77-35-02): As-built drawings were not maintained up to date. The inspector noted that corrective actions with respect to NCR's 78-24 and 26 are nearing completion and the licensee plans to conduct an audit in this area in the immediate future. Additionally, a recurrent item of noncompliance was identified in the drawing control area (Reference Paragraph 4.c). Based on the foregoing this item remains open pending review by NRC:RI during a subsequent inspection(s) of the completed and verified corrective actions associated with NCR's 78-24 and 26 and examination of the report of the aforementioned audit.

(Open) Unresolved Item (320/78-10-03): Implementation of ANSI N45.2.9. Based on the discussion in Item 289/77-35-01 above, this item remains open pending further review by NRC:RI during a subsequent inspection(s).

3. QA Program

a. References

-- FSAR Chapter 17.2.

-- Operational QA Plan, Revision 7, dated September 26, 1978.

-- Implementing procedures listed in subsequent paragraphs of this report.

b. QA Program Changes Review

The inspectors reviewed the changes made to the Operational QA Plan (OQAP) and applicable procedures which implement the accepted QA Program description in order to ascertain that they were consistent with the accepted QA Program as described in FSAR Chapter 17.2. (FSAR 17.2).

(1) 10 CFR 50.59(b) requires the licensee to maintain records of changes to procedures to the extent that such changes constitute changes in procedures as described in the safety analysis report. Additionally, the licensee is required to perform safety evaluations to determine if such changes involved unreviewed safety questions, and when such changes do not constitute an unreviewed safety question the licensee shall submit a brief description and summary of the safety evaluation for each change to the cognizant NRC Regional Office at least on an annual basis.

Contrary to the above, the following changes made to the QA Program as described in FSAR Section 17.2 were not submitted to NRC:RI in the annual report subsequent to those changes (a safety evaluation had been performed):

-- OQAP Figures 1, 2 and 4 differ from FSAR Figures 17.2-1, 2 and 4 respectively and new OQAP Figure 6 was added.

-- The Station/Senior Unit Superintendents responsibilities differ between that as stated in OQAP Pages 8 and 9 and FSAR Pages 17.2-8 and 9 (List 8).

-- Reporting responsibilities/title differ between OQAP Page 9 and FSAR Page 17.2-9.

-- OQAP Page 13 changes the revision issue of the ANSI standards to that listed in FSAR Page 17.2-12.

-- OQAP Page 14 deletes the requirement of FSAR Page 17.2-13 that independent design verification will be performed for work done by "other organizations".

-- OQAP Page 14 deletes the FSAR Page 17.2-13 requirement to review and approve modifications prior to implementation.

-- OQAP Page 22 requirements for "off the shelf" procurement delete FSAR Page 17.2-19 requirements that such items will be evaluated to determine that their end use will not affect safety.

-- OQAP Page 22 permits vendors to provide services/work prior to an evaluation of that vendor's QA Program but does not delineate the specific surveillance requirements that will assure compliance with 10 CFR 50, Appendix B, Criterion VII.

-- OQAP Page 27 completely revises the intent of FSAR Page 17.2-24 with respect to inspection requirements for personnel independence, qualification and duties.

-- OQAP Page 28 deletes certain requirements and responsibilities described in FSAR Page 17.2-25.

-- OQAP Pages 34 and 35 do not address auditor independence, qualification or responsibility that is specifically delineated in FSAR Page 17.2-34.

This is considered to be an Infraction level item of noncompliance (289/79-16-01; 320/79-20-01).

(2) The inspector identified the following concerns during the review of the OQAP and discussed them with licensee representatives:

-- Clarification of the responsibilities of the Supervisor of QA, QA Engineers and the Licensing Section listed on OQAP Page 6.

-- Clarification of the responsibilities of the Station/Senior Unit Superintendent in the OQAP.

-- The OQAP should reflect the revision numbers along with the Regulatory Guide listing.

-- Description of the controls to be employed to assure that other organizations performing design work implement satisfactory design including independent design verification.

-- Describe provisions that will assure review and approval of proposed modifications prior to their implementation.

-- Describe provisions that will assure "off the shelf" procured items will not adversely affect safety.

-- Describe the specific methods employed to verify acceptability of services/work supplied by unapproved vendors.

-- Describe how the requirements of 10 CFR 50, Appendix B, Criterion X will be implemented.

-- Clarify test control measures including assignment of responsibility for reviewing, approving and documenting modification related test results.

-- Describe the requirements for auditor independence, qualifications and responsibilities.

The licensee stated that these concerns would be reviewed for possible inclusion into a OQAP revision or implementing procedures, but that a forthcoming major reorganization will affect the manner in which these concerns are addressed.

The inspector acknowledged the licensee's statement and stated that these concerns, including a review of the new QA/QC Organization, is an unresolved item pending further review during a subsequent inspection(s). (289/79-16-02; 320/79-20-02)

c. QA/QC Administration

The inspectors reviewed the referenced documents to verify that:

-- The scope and applicability of the QA Program was defined.

-- Appropriate controls were established to prepare, review and approve QA Program procedures, including changes thereto.

-- A mechanism was established to review and evaluate the QA Program.

Two unresolved items are discussed below.

(1) The inspector compared the TMI-1 Restart QA Program (General Public Utilities), Revision 0, to FSAR Chapter 17.2 and discussed with the licensee the following concerns as they relate to onsite General Public Utilities (GPU) activities.

-- Delineation GPU onsite responsibilities.

-- The need to describe GPU QA Manager's qualification requirements.

-- The need to address ANSI N45.2.5, 8, 12 and 13 (licensee commitments).

-- The need to describe resolution of disagreements between QA/QC and other departments/organizations.

-- Establishment of audit frequency for TMI-1 modification activities.

-- The need to address manner in which monitoring will be accomplished when required to supplement or supplant inspection.

-- Clarification of method to control special handling or storage requirements after an item is released from the warehouse.

-- Clarification of aspects of the QA Program that will be audited.

The licensee stated that these concerns would be considered for inclusion into the GPU QA Plan or appropriate implementing procedures, but that a forthcoming major reorganization will affect the manner in which these concerns are addressed.

The inspector acknowledged the licensee's statement and stated that these concerns are an unresolved item pending further review during a subsequent inspection(s). (289/79-16-03)

(2) Table 1 of the OQAP states that Fire Protection Systems and Shipping Packages for Radioactive Material are within the purvue of the QA Program. The inspector noted that the TMI Unit 1 QA Systems List includes these two items but they do not appear on the TMI Unit 2 QA Systems List. The licensee stated that this item will be reviewed and appropriate action taken.

Pending review of the licensees action by NRC during a subsequent inspection, this item is unresolved (320/79-20-03).

4. Design Change/Modification Control

a. References

-- Operational Quality Assurance Plan, Revision 7**

-- Quality Assurance Plan for Restart Modifications to TMI Unit 1, Revision 0**

-- QAP-M1, Quality Assurance Plan for TMI Unit 2, Recovery Modifications, Revision 0**

-- AP-1021, Plant Modifications, Revision 5**

-- AP-1043, Engineering Change Modifications (Unit 1 Only), Revision 0**

** Reviewed for changes since last QA inspection.

-- GP-1003, Control of Design Changes/Modifications, Revision 3

-- GP-1008, Quality Assurance Systems List, Revision 2**

b. Program Review

The documents listed above were reviewed to determine whether administrative controls for design changes/modifications have incorporated the requirements as described in the TMI Unit 1 and 2 Operational Quality Assurance Plan, Revision 7.

This review determined that administrative controls have been established which verify the following:

-- procedures for control of design changes/modifications have been developed

-- design document control has been established

-- channels of communications between the design organization and the individual responsible for implementation exist

-- design change/modification packages are being converted into plant records.

-- methods exist for identifying and reporting those design changes/modifications which are within the scope of 10 CFR 50.59

-- procedural controls exist for temporary modifications, lifted leads and jumpers

-- responsibilities have been delineated in writing to assure the implementation of the above.

No items of noncompliance were observed, however, one unresolved item is discussed below.

The inspector noted that GP-1003 states that the cognizant Met-Ed engineer will sign the approved for construction block on all interim drawings. The inspector determined from discussions with the licensee that it was intended that the GPUSC cognizant engineer will sign the subject block for those interim drawings which are generated as a result of Unit 1 Restart or Unit 2 Recovery modifications under the cognizance of GPUSC. This appeared to be a conflict with the delegation of responsibilities with respect to interim drawing approval.

** Reviewed for changes since last QA inspection.

The licensee acknowledged the inspectors comment and stated that Procedure GP-1003 would be revised to state that the cognizant engineer would sign the approved for construction block. This item is unresolved pending review by NRC:RI of the above stated revision. (289/79-16-04 and 320/79-20-04)

c. Implementation Review

The inspector reviewed the following modification packages.

Unit 1

-- CM 1219, Installation of Valve in Reactor Cavity Sump Drain Line

-- CM 1086, Change of Scale on the Nuclear Instrument Differential Amplifier (Power Range Channel)

Unit 2

-- CM 0031, Installation of Safety Related Gauges

-- CM 0310, Installation of Low Level Alarm on BWST

-- CM 0343, Replacement of Sample Valves SNV-111 and 112

-- CM 0361, Installation of High Gaseous Flow Trip on Valve WDG-V30A and B

Unit 1 Restart

-- RM-1, Butt Splicing and Application of Heat Shrink Tubing

-- RM-8, Relocation of Pressure Transmitters

The modifications listed above were reviewed to verify that the following requirements have been implemented.

-- 10 CFR 50.59 reviews were performed and documented.

-- design changes/modifications were reviewed in accordance with the requirements of the technical specifications and the QA Program

-- design changes/modifications were accomplished in accordance with written procedures

-- acceptance testing was accomplished and deemed satisfactory

-- procedures and drawings required to be changed or generated as a result of the design change/modification were updated or generated, and

-- the design change/modification package has been transmitted to the records retrieval department for incorporation as a plant record.

Two items of noncompliance were identified and are discussed below.

(1) The inspector noted during his review of modification CM-0343, that the job ticket authorizing implementation of the modification was processed as 'NON-QA', even though the modification had been designated as 'QA' during the engineering and design phase. As a result of this, the materials associated with the replacement of valves SNV-111 and SNV-112 were purchased without QA controls and the modification was implemented without QC involvement. The inspector further identified that the four sample containers in the Nuclear Sampling System were purchased without QA controls.

GP-1008, Quality Assurance Systems List, states that the Nuclear Sampling System is a QA cognizant system. This procedure further states, via the referenced equipment classification list and the valve lists, that the sample containers and associated valves are QA cognizant items.

Criterion II of 10 CFR 50, Appendix B, states that the applicant shall identify the system structures and components to be covered by the QA program and that the QA program shall provide control over activities affecting these systems, structures and components.

Contrary to Criterion II of 10 CFR 50, Appendix B and GP-1008 (a Met-Ed procedure) the four sample containers in the Nuclear Sampling System were originally purchased without QA controls and one of the four was modified without QA/QC involvement. This is an apparent item of noncompliance at the Infraction level. (320/79-20-05)

(2) The inspector noted during his review of Restart Modification package RM-1, that the drawings which had been used to perform the modification and to document the completed work had not been approved for construction in accordance with GP-1003.

GP-1003 states that the cognizant engineer will sign the approved for construction block on all drawings used to implement a modification. This signature signifies the cognizant engineers approval of the proposed design change and use of the implementation drawing.

Criterion VI of 10 CFR 50, Appendix B, states that measures shall be taken to control the issuance of drawings and that these measures shall include approval for release by appropriate personnel.

Contrary to Criterion VI of 10 CFR 50, Appendix B and GP-1003, this modification was performed with drawings which were not approved. This is an apparent item of noncompliance at the Infraction level (289/79-16-05)

Prior to the end of the inspection, the cognizant engineer verified that the drawings used to implement the modification were of the latest revision and were appropriate for implementing the subject modification.

5. Document Control

a. References

-- GP-0062, Central File Index, Revision 0**

-- GP-0063, Record Control, Revision 0, CM #4**

-- GP-0065, Generation Division Document Control, Revision 0, CM #2**

-- GP-1003, Control of Design Changes, Revision 3, CM #4**

-- GP-4702, Distribution and Review of Regulatory Guides, Revision 1

-- GP-5001, Distribution of QA Plans, Revision 0**

-- AP-1001, TMI Document Control, Revision 18**

** Reviewed for changes since last QA inspection.

b. Program Review

The documents referenced above were reviewed to verify that administrative controls for document control and records management have incorporated the requirements as described in the Operational Quality Assurance Plan for Three Mile Island Nuclear Station, Revision 7.

This review verified, except as discussed below, that administrative controls have been established which require:

-- master indices for all controlled documents including drawings;

-- distribution of current and control of obsolete documents including drawings;

-- resolution of discrepancies between as-built documents and the as-built facility; and,

-- preparation, approval, and revision of controlled documents.

No items of noncompliance were identified, however two unresolved items are described below.

(1) AP-1001 provides instructions for administrative control of all TMI Unit 1 and Unit 2 procedures, drawings, and documents. AP-1001 is approved by the Plant Operations Review Committee (PORC) and requires that other administrative procedures be approved by PORC.

Since the accident of March 28, 1979, the TMI Records Control Section has developed a separate system including procedures for control and distribution of Engineering Change Memos (ECM's) and technical drawings associated with Unit 2 recovery ope rations. The procedures currently in use are as follows:

-- MECO-DC-001, ECM Procedure, Revision 1

-- MECO-DC-002, ECM Processing, and

-- MECO-DC-003, Unit 2 Recovery ECM Distribution, Revision 6.

The above procedures are not part of the Station AP's, are not recognized by AP-1001, and have not been reviewed or approved by PORC.

These procedures were written during the emergency period following the accident. Since this time, no action has been taken to incorporate these procedures into the formally approved document control system.

This item is unresolved pending licensee action to establish formal review and approval of document control procedures for Unit 2 recovery operations. (320/79-20-11)

(2) During the review of GP procedures the inspector noted that many were overdue for their required biennial review. The licensee made documentation available to the inspector which indicated that QA and management had identified this discrepancy. The inspector also reviewed a schedule that had been approved by management which indicated that an evaluation had been performed and criteria established for eliminating this condition. The inspector verified that this review schedule had been implemented.

The inspector stated that the timeliness of these reviews would be examined further by NRC during a subsequent inspection(s) and this was an unresolved item (289/79-16-07; 320/79-20-07).

c. Procedure Control

The inspectors selected procedures from the computerized master procedure and revisions listing to determine if the established controls were being implemented. The selected procedures were reviewed at the various stated locations to verify specifically that:

-- the master index and master procedure file revisions were identical

-- current revisions were at the various designated locations in the procedure distribution listings

-- the required biennial procedure reviews were accomplished

The selected procedures and the revision noted at the respective locations are listed below along with specific observations.

(1) Unit 1

Procedure	CR	OS	HP	SM	EM	MF	MI
Administrative							
1001	18	18	-	-	-	18	18
1010	13	13	-	-	-	13	13
1018	2	2	-	-	-	2	2
1019	2	2	-	-	-	2	2
1021	5	5	-	-	-	5	5
Chemistry							
1800.2	-	4	4	-	-	4	4
1910	-	1	1	-	-	1	1
1908	-	3	3	-	-	3	3
1958	-	1	1	-	-	1	1
1973	-	3	2	-	-	3	3
Health Physics							
1602	-	3	3	-	-	3	3
1606	-	4	4	-	-	4	4
1607	-	2	2	-	-	2	2
1613	-	8	8	-	-	8	8
1621	-	14	14	-	-	14	14
Maintenance							
M 19	-	-	-	0	-	0	0
M 45	-	-	-	0	-	0	0
1410-Y-6	-	-	-	1	1	1	1
1420-LTQ-3	-	-	-	1	1	1	1
E 13	-	-	-	2	2	2	2
E 30	-	-	-	2	2	2	2
IC 12	-	-	-	1	1	1	1
Operations							
1202-35	2	2	-	-	-	2	2
1202-17	0	0	-	-	-	0	0
1202-14	4	4	-	-	-	4	4
1102-12	2	2	-	-	-	2	2
1103-8	10	10	-	-	-	10	10

Surveillance

1300-1	2	2	-	-	-	2	2
1300-1V18	0	0	-	-	-	0	0
1300-3Q	5	5	-	-	-	5	5
1303-11.8	8	8	-	-	-	8	8

Fuel

1502-1	6	6	-	-	-	-	-
1506-2	1	1	-	-	-	-	-
1507-3	4	4	-	-	-	-	-
1508-1	4	4	-	-	-	-	-
1550-08	3	3	-	-	-	-	-

CR - Control Room
OS - Operations Supervisor's Office
HP - Health Physics/Chemistry Lab Office
SM - Supervisor of Maintenance
EM - Electric Maintenance Shop
MF - Master File Copies
MI - Computerized Master Index

The inspector identified that Revision 2 of Procedure 1973 was in the Health Physics Office instead of Revision 3. After comparison between the two procedures the inspector determined that the earlier revision was the more stringent with respect to requirements. The cognizant supervisor immediately obtained and filed the current revision. The inspector stated that since this was an isolated instance where a current procedure was not at a given location he had no further questions.

(2) Unit 2

Procedure	CR	OS	HP	SM	EM	MF	MI
Administrative							
1001	19	19	-	-	-	18	18
1018	2	2	-	-	-	2	2
1019	2	2	-	-	-	2	2
1010	13	13	-	-	-	13	13
1021	5	5	-	-	-	5	5

Chemistry							
1908	-	3	3	-	-	3	3
1910	-	1	1	-	-	1	1
1958	-	1	1	-	-	1	1
1973	-	3	3	-	-	3	3
1800.3	-	0	0	-	-	0	0
Health Physics							
1602	-	3	3	-	-	3	3
1606	-	4	4	-	-	4	4
1607	-	2	2	-	-	2	2
1613	-	8	8	-	-	8	8
1622.2	-	5	5	-	-	5	5
Maintenance							
1410-Y-6	-	-	-	0	-	0	0
1410-Y-13	-	-	-	0	-	0	0
E-13	-	-	-	2	-	2	2
E-30	-	-	-	2	-	2	2
IC-12-1	-	-	-	1	-	1	1
2401-5.1	-	-	-	0	-	0	0
2403-1.1	-	-	-	2	-	2	2
2405-3.2	-	-	-	0	-	0	0
1420-LTQ-3	-	-	-	1	-	1	1
Operations							
2102-2.1	11	11	-	-	-	11	11
2103-1.3	3	3	-	-	-	3	3
2106-2.1	11	11	-	-	-	11	11
2106-2.2	9	9	-	-	-	9	9
2202-1.5	3	3	-	-	-	3	3
2202-1.6	2	2	-	-	-	2	2
2203-2.1	2	2	-	-	-	2	2
2203-2.2	7	7	-	-	-	7	7
Surveillance							
2204-8.B26	0	0	-	-	-	0	0
2204-8.C35	0	0	-	-	-	0	0
2204-8.E26	0	0	-	-	-	0	0
3301-M1	5	5	-	-	-	5	5

Refueling

2501-5.4	2	2	-	-	-	2	2
2501-7.1	2	2	-	-	-	2	2
3501-1.1	0	0	-	-	-	0	0

CR - Control Room
OS - Operation Supervisor's Office
HP - Health Physics/Chemistry Lab
SM - Supervisor of Maintenance
MF - Master File Copies
MI - Computerized Master Index

One apparent item of noncompliance is discussed in the following subparagraph.

(3) Biennial Procedure Review

ANSI N18.7-1976 requires that plant procedures be reviewed every two years. Procedure AP 1001 requires certain plant procedures to be reviewed every two years and states further that the review will commence at commercial operation of Unit 2.

The inspector noted that most procedures had been issued or revised within two years prior to commercial operation and/or the March 28, 1979 incident. However, the inspector identified that numerous procedures had not been revised prior to the start of commercial operation or were due for their required biennial review between commercial operation in December, 1978 and the incident. The following are selected examples that were due for their required reviews:

Alarm Response Procedures

-- 2203-1.7, Nuclear Services River Water Failure, Revision 0, dated 2/3/77

-- 2203-2.5, Control Room HVAC Failure, Revision 2, dated 2/24/77

-- 2204-8.B26, Pressurizer Level HI/LO, Revision 0, dated 9/14/76

-- 2204-8.C35, Makeup Filters Differential Pressure HI, Revision 0, dated 9/14/76

-- 2204-8.D7, Core Flooding Valve Abnormal (Closed), Revision 0, dated 9/14/76

-- 2204-8.E9, DHCC Pump Motor Flow LO, Revision 0, dated 9/16/76

-- 2204-8.E26, Pressurizer Level LO/LO, Revision 0, dated 9/14/76

-- 2204-17.A3, Condensate Polishing System Trouble, Revision 0, dated 3/18/77

-- 2304-3.D3, Secondary Coolant Specific Activity, Revision 0, dated 12/16/76

Health Physics Procedures

-- 1607, Air Sampling for Radioactive Gas, Revision 2, dated 1/19/76

-- 1608, Air Sampling for Tritium, Revision 2, dated 1/19/76

Additionally, a licensee representative stated that the required procedure review program had not been implemented subsequent to commercial operation. This failure to establish and implement a procedure review program is contrary to 10 CFR 50, Appendix B, Criterion V, ANSI N18.7-1976 and AP 1001 and is considered a Deficiency level item of noncompliance (320/79-20-12).

d. Drawing Control

The inspectors selected drawings from the architect/engineers' (A/E) supplied master drawing and revision lists to determine that established controls were being implemented. The selected drawings were examined at the various stated locations to specifically verify that:

-- drawings were maintained in accordance with governing procedures

-- new and obsolete drawings and drawing changes were controlled

-- "as built" conditions were incorporated (selected sample)

-- current drawings were distributed as required

-- drawings were legible

With respect to Unit 2 drawings, the inspectors also utilized the Recovery Program Drawing List and Status (Burns and Roe letter B&R-GPU-R-012, dated July 16, 1979) and, Temporary Systems Drawing Distribution List MECO-DC-003. The selected drawings and results are discussed in the following subparagraphs.

(1) Unit 1

Drawing	MI	SAC	HAC	CRS1	CRS2	I&C	EM
209-093	3	3	3	3[2]	3	3	3
209-142	2	2[2]	2	2[2]	-	2[2]	2[2]
209-145	1	1	1	1	1	1	1
209-496	6	5[3]	6	5[3]	5[3]	-	-
209-500	4	4	4	4	4	4	4
209-587	1	1	1	1	1	1	1
209-600	4	4	4	4	4	4	4
209-648	6	6	6	6	6	-	4[2]
209-658	2	1[1]	2	1[1]	1[1]	2	1[1]
209-810	2	2	2	2	2	2	2
209-814	1	1	1	1	1	1	1
210-083	3	3[3]	4	-	-	3[3]	3[3]
210-085	3	3[3]	4	-	-	3[3]	3[3]
210-084	5	4[3]	5	-	-	5	5
208-564	7	7	7	6[3]	-	7	-
208-572	6	6[4]	6	6[4]	-	6	-
302-011	22	22	22	22	22	22	22
302-081	16	16[3]	16	16	[illegible]	16	-
302-101	17	17	17	17	17	17[3]	-
302-121	11	11[5]	11	11	11	11[5]	-
302-161	14	14	14	14	14	14[3]	-
302-163	13	13[3]	13	13	13	-	-
Sheet 2							
302-202	17	17[5]	17	17	17	-	-
302-231	24	-[6]	24	24	24	21[7]	-
302-281	12	12	12	12	12	11[7]	-
302-610	24	24	24	24	24	24[2]	-
302-631	[8]	11	[6]	[6]	[6]	[6]	-
302-640	22	22	22	22	22	21[3]	-
302-661	18	18	18	18	18	18[2]	-
302-671	19	19[3][4]	19	19	19	19[3][4]	-
302-695	2	2	2	2	2	2[3]	-
302-719	24	24[3][4]	24	24	24	22[3]	-
302-831	24	24[3]	24	24	24	24[3]	-
304-614	9	9[3]	9	-	-	9[3]	-
304-709	4	4[3]	4	-	-	3[3]	-
304-642	26	26[3]	26	-	-	26[3]	-

MI - Architect-Engineers Supplies Master Index
SAC - Site Aperture Card Set
HAC - Corporate Headquarters Aperture Card Set
CRS1 - Control Room Print File, Set 1
CRS2 - Control Room Print File, Set 2
I&C - Instrument and Calibration Office Shop
EM - Electric Maintenance Shop

[1] Drawing/Aperture Card had Drawing Change Notice (DCN) stamping

[2] Drawing/Aperture Card had DCN stamping but no identifying DCN number

[3] Drawing/Aperture Card did not have required DCN stamping

[4] Obsolete Drawing/Aperture Card also retained but not identified as such

[5] Affected by two DCNs but only one DCN number stamped on Drawing/Aperture Card

[6] Missing from designated/required location

[7] An obsolete revision stamped with discarded/obsolete DCN

[8] Not listed on Master Index

(2) Unit 2

Drawing	MI	SAC	CR	I&C	MM
2005	4	4	4	-	4
2024	25	25	25	-	25
2026	-	-	27[4]	-	-
2027	24	24	22[4][2]	-	-
2029	26	26	26	-	-
2031	-	-	14[4]	-	-
2037	11	11	11	-	11
2045	19	19	18[2]	-	18[2]
2078	4	4	-	-	-
2084	4	4	-	-	-
2092	4	4	-	4	-
2414	19	19	19	-	19
2517	10	10	10	-	-
2601	-	-	11[4]	-	-
2630 Sh 1-30	-	-	-[3]	-	-
2093 Sh 9	1	1	-	1	-

2093 Sh 44	2	2	-	2	-
2093 Sh 64	2	2	-	2	-
3006 Sh 6	18	18	-[1]	-	-
3011	8	8	-[1]	-	-
3091 Sh 41	8	8	8	-	-
MO 06[7]	3[5]	-	3[5]	-	-
MO 10[7]	1	-	-[1]	-	-
MO 11[7]	3	-	3	-	-
MO 13[7]	4	-	4	-	-
MO 14[7]	7	-	7	-	-
MO 15[7]	0	-	-[1]	-	-
MO 16[7]	3	-	3	-	-
MO 18[7]	0	-	-[1]	-	-
MO 21[7]	14	-	13[2]	-	-
MO 22[7]	13[6]	-	12[2]	-	-
MO 23[7]	0	-	-[1]	-	-
MO 27[7]	0	-	-[1]	-	-
MO 28[7]	2	-	2	-	-
MO 30[7]	3	-	3	-	-
MO 36[7]	5	-	-[1]	-	-

MI - Architect/Engineer Supplied Master Index
SAC - Site Aperture Card Set
CR - Control Room
I&C - Instrument and Calibration Office
MM - Mechanical Maintenance Shop

[1] Missing from designated/required location

[2] Not the required latest revision

[3] Stamped both "Controlled Copy" and "Information Only"

[4] Not stamped "Controlled Copy"

[5] Do not depict "as-built" conditions in that:

-- CAPGUN pumps 1-4 do not have solenoid operated valves inside the building as shown on MO 06, Revision 4

-- CAPGUN pump No. 6 has valves AS 1-4 which are not shown on drawing

-- Revision 3 depicted two isolation valves. Revision 4 deleted valve No. ALC-30 which is still in place (in line to sample station)

-- Tap-off connection for valve ALC-133 is in place yet not on drawing

-- Identification tags for valves ALC-V69 and V70 were placed on the wrong valves

[6] Does not depict "as-built" conditions in that the drawing shows valve SPC-V104 which is not installed

[7] These drawings are for Temporary Recovery Systems

The discrepancies described above in notes [2] through [8] for Unit 1 and notes [1] through [6] for Unit 2 are examples of failure to provide adequate control over the issuance of drawings. The inspector also identified that a book of uncontrolled prints was in the Unit 1 Control Room. This book was labeled "Group II Prints" and a perfunctory examination indicated that many were obsolete revisions. This is contrary to 10 CFR 50, Appendix B, Criterion VI, and the Unit 2 FSAR, Section 17.2.11, and constitute an item of noncompliance at the Infraction level (289/79-16-06, 320/79-20-06).

6. Procurement Control

a. References

-- Operational Quality Assurance Plan for Three Mile Island Nuclear Station, Revision 7**

-- GP1003, Evaluation and Qualification of Vendors, Contractors, and Consultants, Revision 2**

-- GP1008, QA Systems List, Revision 2**

-- GP1009, Procurement Document Control, Revision 1**

-- GP1011, Preparation, Changing, and Issuance of Specifications and Bills of Material, Revision 1

-- GP1022, Handling, Storage, and Shipping Requirements, Revision 2

-- GP4005, Review of Procurement Documents, Revision 2

-- GP4010, Control of the QA Approved Vendors List, Revision 2**

-- Stores Procedure 1, Procurement, Revision 2**

-- Quality Assurance Plan for Restart Modification to TMI-Unit 1, Revision 0**

** Reviewed for changes since last QA inspection.

-- 7-4-01, Supplement A, GPUSC QA Review of Procurement Documents, Revision 0**

-- 7-7-01, Surveillance of Vendors and Suppliers, Revision 3**

-- 7-7-03, Approved Vendors List, Revision 3**

-- 7-7-04, Evaluation and Selection of Suppliers, Revision 2**

-- Approved Vendor List - Metropolitan Edison Company, including the GPUSC Supplement**

-- GPUSC Quality Assurance Plan, QAP-M1, TMI-2 Modifications, Revision 0**

-- QCP-M-010, Review of Purchase Requisitions and Purchase Orders, Revision 0**

b. Program Review

The documents listed above were reviewed to verify that administrative controls for procurement have incorporated the requirements as described in the Operational Quality Assurance Plan for Three Mile Island Nuclear Station, Revision 7.

This review determined, except as discussed below, that administrative controls have been established for:

-- the identification of items purchased including technical and quality requirements to be applied

-- the assurance that the contractor has implemented a QA program consistent with 10 CFR 50, Appendix B

-- the assignment of responsibilities for initiation, review and approval of procurement documents, and

-- the evaluation and approval of bidders/suppliers

One item of noncompliance was identified and is discussed below.

The "Quality Assurance Plan for Restart Modifications to TMI Unit 1," Revision 0, describes the means by which GPUSC will comply with the provisions of the "Operational Quality Assurance Plan for TMINS" in support of modification activities as directed by Met-Ed. Section 4.0 of the QAP for Restart Modifications to Unit 1 states in part that "GPUSC Logistics Support shall develop a documented system indicating the flow of procurement documents, such as requisitions, purchase orders and their revisions.

The inspector observed that several organizations were assigned responsibilities in the Unit 1 Restart Modification Program and that purchase requisitions could be initiated by several groups including the following: Met-Ed, GPUSC, Catalytic, Burns and Roe, and Gilbert Associates.

The inspector reviewed numerous purchase requisitions and purchase orders issued to vendors in conjunction with these modifications (see paragraph 5.c below). These purchase orders were placed in accordance with a field purchasing procedure which was neither reviewed nor approved.

This failure to provide a documented system, reviewed and approved by the appropriate level of management, which describes the method of control over procurement activities is considered an Item of Noncompliance at the Deficiency level of severity. (289/79-16-11)

Prior to the end of this inspection the Logistics Support Manager had initiated action to provide the appropriate review and approval of the subject procedure.

c. Implementation Review

The inspector selected purchase orders/purchased material listed below and reviewed each to determine whether:

-- documentary evidence is available onsite to support conformance to procurement requirements

-- documents were prepared and approved in accordance with the appropriate procedures

-- items/services were purchased from qualified vendors (or additional procedural controls were applied)

-- procurement documents contained requirements to supply appropriate documentation of quality including traceability

The inspector also reviewed the Approved Vendors List and selected vendor evaluation folders to determine if approval of vendors was being performed in accordance with the appropriate references listed in paragraph 5.a above.

Purchase Orders reviewed were:

-- 67096, Overcurrent trip device - 480V switchgear

-- 40283, Solenoid valve coil - instrument air dryer

-- 66027, Limitorque motor - RC-V2 operator

-- 238428, Heater, 480V motor control center

-- 54332, Packing gland, DH-V5A

-- 36590-8949, Epicor Resin (APC-13)

-- 235318, Pressure transmitter, CIN-PT-0153

-- 234165, Bearing, MU-P-1A

-- 12287, Safety Valves, Main Steam System

-- 63854, Gate Valve Sixteen inch, Fire Service System

-- 44419, Position indicator tubes, CRDMs

-- 40299, Impeller/wear ring, Decay Heat Closed Cooling Water Pump

-- 71099, Piping spool piece, fire pump relief valves

-- 66270, Gaskets, CRDM tubes

Purchase Orders for Unit 1 Restart Modifications

-- 86009, Control switch, Restart Modification 12 (RM-12)

-- 86018, Vibration Monitoring Equipment, RM-2

-- 86019, Electronic rack enclosure, RM-2

-- 86202, Powerstrut stainless steel channel, (support material for cable trays, pipe hangers etc)

-- 86500, Cable - incore thermocouple extension, RM-4

-- 86504, Cable - backup instrument air supply, RM-13-4

-- 86520, Pressure switch tubing, RM-13A

-- 86525, Clark relays, RM-13A

-- 86526, Carbon steel piping, RM-8

-- 86551, Spare parts, LM-7

-- 86535, Magnetic kits for relays, ESFAS mod

-- 86532, Clark relays, RM-5

-- 86201, Fire retardant silicone foam, RM-17

-- 86200, Shrinkable tubing, RM-1

-- 86528, Pressurizer level transmitter, LM-9

-- 86546, Flow indicator, RM-13B

Purchase Orders for Unit 2 Modifications

-- 83932, Transfer cask

-- 69033, Thermocouple wire for instrumentation

-- 69639, Gaskets, ADHR system

-- 68772, Filters (HEPA and Carbon), Auxiliary Building and FH Building ventilation systems

No items of noncompliance were identified, however, an unresolved item identified during this review is discussed in Paragraph 7 and one unresolved item is discussed below.

(1) The two "QA-required" purchase orders (listed below) for material to be used in the Unit 1 Restart Modification Program were issued to vendors who were not on either Met-Ed's Approved Vendor List or GPUSC's Supplementary List.

Purchase Order No.	Material	Use	Vendor
86202	Powerstrut S.S. Channel	-	Strut Service Co.
86019	Electronic Rack Enclosure	RM-2	Hoffman Engineering Co. (via Fromm Elec. Co. - distributor)

The GPUSC QA Plan for Restart Modifications to Unit 1 states that "Evaluation of suppliers by GPUSC/QA shall be performed in accordance with documented procedures...Suppliers already on Met-Ed's Approved Vendors List including GPUSC's Supplement are eligible for order placement."

The licensee stated that material from P. O. 86202 has subsequently been placed on hold.

This item is unresolved pending a review by NRC: Region I of the licensee's determination of the safety-related significance/end use of the material ordered under the above two purchase orders. (289/79-16-12)

(2) During the review of purchase requisitions prepared for Unit 1 Restart Modifications the inspector identified one purchase order, 86201 (designated "QA required"), which had been issued without the required QA review of the requisition.

The inspector verified that the purchase order described above did include appropriate QA requirements and was issued to an approved vendor. This is an isolated case based on the large number of purchase orders reviewed by the inspector. The licensee took action to have the purchase order reviewed by the appropriate QA personnel.

The inspector had no further questions in this area.

7. Receipt, Storage, and Handling

a. References

-- Operational QA Plan for Three Mile Island Nuclear Station, Revision 7**

-- GP 4001, Operations QA Personnel Duties and Responsibilities, Revision 1

-- GP 4003, Operations QA Personnel Training, Revision 3

-- GP 4008, Receipt Inspection of Material and Equipment, Revision 4

-- GP 4012, Nonconformance Reports and Stop Work Orders, Revision 5**

-- GP 4014, Operational QA Surveillance Program, Revision 0

-- GP 4403, TMI QA Supplemental Instructions, Revision 2**

-- GP 4404, Receipt Inspection of Repaired and Returned Used and Unused Equipment, Revision 2**

-- GP 4414, Receipt Deficiency Reporting, Revision 0

-- AP 1018, QC Warehousing, Revision 2

-- QA Plan for Restart Modifications to TMI; Unit 1, Revision 0**

-- TMI-7-01, Receiving Inspection (GPUSC), Revision 1**

-- GPUSC Quality Assurance Plan, QAP-MI, TMI-2 Modifications, Revision 0**

-- QCP-M-001, Receiving Inspection, Revision 0**

-- QCP-M-002, Storage Control, Revision 0**

-- QCP-M-003, QC and Inspection Plan, Revision 0**

-- QCP-M-004, Control of Nonconforming Conditions, ** Revision 0

(** - reviewed for changes since last QA inspection)

b. Program Review

The documents listed above were reviewed to determine whether administrative controls for receipt, storage, and handling of safety related items have incorporated the requirements described in the Operational Quality Assurance Plan for Three Mile Island Nuclear Station, Revision 7.

This review determined, except as discussed below, that administrative controls have been established for:

-- receipt inspection of safety related items

-- dispositioning acceptable, nonconforming, and conditional release items

-- maintenance and care of items in storage including appropriate environmental conditions, control of access to, and periodic inspections of storage areas

-- qualification requirements of personnel performing receipt inspections.

(1) Change memo number 1, dated August 10, 1978, to Revision 0 of GP 4414, Receipt Deficiency Reporting, deleted the Unit Superintendent from the distribution of Receipt Deficiency Reports. The TMI-2 FSAR, Section 16.2.12.3, and the Operational QA Plan for Revision 7, Section VII.3, both require that if the receipt inspection is unacceptable a nonconformance report be prepared and distributed to the purchase order originator, the Manager-Generation QA, and the Unit Superintendent. Resolution of the deficiency must also be to the satisfaction of these three parties.

The licensee stated that either GP 4414 or the OQA Plan would be revised so as to be consistent with each other by October 1, 1979. This item is unresolved pending review by NRC:Region I of the revised procedures. (289/79-16-08, 320/79-20-08)

c. Implementation Review

The inspector toured the onsite storage areas and selected items received (listed below) to determine whether receipt inspection, disposition, storage controls, traceability, maintenance, and control of nonconforming items were in accordance with the governing procedures.

Areas toured/material observed included:

Met-Ed Warehouse (North end of island)

-- 238428, Heater, 480v. motor control center

-- 234165, Bearing, MU-P-1A

-- 36590-8949, Epicore Resin

-- 66270, Gaskets for CRDM tubes - on hold

-- 71099, Piping spool piece - on hold

-- 252287, Fuze 10 Amp - on hold

-- 54332, Packing gland, DHV-5A - on hold

-- 40299, Impeller/wear ring - on hold

-- 67096, Overcurrent trip device - on hold

-- 40283, Solenoid valve coil - on hold

-- 44419, CRDM position indicator tubes

-- 63854, Gate valve, Fire Service System

-- 12287, Safety Valves, Main Steam System

-- 66027, Limitorque motor for RC-V2 operator.

GPUSC Warehouses (South end of island)

-- 69022, Thermocouple wire

-- 69639, Gaskets, ADHR System - on hold

-- 68772, Filters (HEPA and Carbon), Aux. Bldg and FH Bldg ventilation system.

One item of noncompliance and two unresolved items are discussed below.

(1) The inspector identified that Met-Ed Site QC and GPUSC site QA organizations were not performing periodic surveillances/inspections of warehouse storage areas as required by the governing procedures.

-- Met Ed Site QC (Units 1 and 2)

AP 1018, Section 3.3.5, requires the QC Department to conduct periodic surveillances (of storage areas) to assure compliance with established warehouse procedures. GP 4014 requires that surveillances be performed with an approved check list.

The inspector noted that as of August 1, 1979, one surveillance had been performed in 1978 and two inspection tours were made in 1979 - one in January and one in February.

The inspector stated that the above inspections did not meet the requirements of the OQA plan, AP 1018, and GP 4014 in that they were not periodic and were not performed in accordance with an approved surveillance procedure/instruction.

-- GPUSC site QA (Unit 1)

The QA Plan for Restart Modifications to Unit 1, Section 13.3 requires that regularly scheduled inspections of materials in storage by GPUSC/QA be performed and documented.

As of August 1, 1979 no inspections pursuant to this requirement had been performed.

-- GPUSC Site QA (Unit 2)

Procedure QCP-M-002, Storage Control, dated April 22, 1979, requires that monthly surveillances of storage areas be conducted and the results documented.

As of August 1, 1979, no documented inspections of storage areas had been performed.

Failure to perform the required inspections/surveillances of warehouse storage areas as described in the above three examples is considered an Item of Noncompliance at the Deficiency level. (289/79-16-09, 320/79-20-09)

(2) The GPUSC QA Plan for TMI-2 Modifications, Revision 0, Section 11.2, states that "Inspections shall be performed by qualified personnel i.e. ANSI N45.2.6."

The licensee was unable to provide the inspector with documentation certifying the qualifications of the GPUSC QA Receipt Inspector who had been performing receipt inspections from June, 1979 - present.

This item is unresolved pending review by NRC:Region I of the certified qualifications. (320/79-20-13)

(3) The inspector reviewed receipt inspection documentation associated with purchase order 69033 issued on April 21, 1979 for thermocouple wire/connectors for Unit 2. QA requirements including receipt inspection and quality documentation were specified by the GPUSC QA Engineer performing the review of the procurement documents.

On April 23, 1979, the Unit 2 Warehouse Supervisor received 1000 feet of two different types of thermocouple wire ordered under this purchase order. On this same day, this material was issued for use to Met-Ed I and C personnel without having a QC receipt inspection performed.

On April 28, 1979, the receiving inspection report was reviewed and signed by the QC receipt inspector as being "Non-QA" which was in conflict with the purchase order.

This item is unresolved pending review by NRC:Region I of the licensee's disposition/intended end use, with respect to safety significance, of this material. (320/79-20-14)

8. Records

a. References

-- AP 1001, Document Control, Revision 18**

-- AP 1007, Control of Records, Revision 4**

-- AP 1024, Control of TMI Q.C. Records, Revision 1

-- GP 0031, QA Records Collection, Storage, and Maintenance for TMI, Revision 0

-- GP 0063, Record Control, Revision 0**

-- GP 0064, Record Microfilming, Revision 1**

-- GP 4407, Regulatory Retention and Storage of Quality Control Records, Revision 2**

(** - reviewed for changes since last QA inspection)

b. Program Review

The documents listed above were reviewed to determine whether administrative controls for records management have incorporated the requirements as described in the Operational Quality Assurance Plan for Three Mile Island Nuclear Station, Revision 7.

No items of noncompliance were identified.

c. Implementation Review

The inspectors requested the records listed below at various times during this inspection and verified that they were retrievable and that they were maintained as required.

-- Modification Packages listed in Paragraph 4.

-- Audit Reports listed in Paragraph 9.

-- Purchase Orders and Receipt Inspection Reports listed in Paragraphs 6 and 7.

-- Reviews of changes persuant to 10 CFR 50.59(b).

The inspector did not examine/review the implementation of the entire records system in view of the pending corrective action in this area (Reference Paragraph 2, items 289/77-35-01 and 320/78-10-03).

No items of noncompliance were identified.

9. Audits

a. References

-- GP 4015, Audit Finding Closeout Program, Revision 4**

-- GP 4016, OQA Audit Program, Revision 4**

-- GP 4002, Operational Quality Assurance Auditors and Auditor Training, Revision 0

-- 7-18-01, Quality Assurance Audits (GPUSC), Revision 3

-- 7-18-02), Quality Assurance Auditor Qualifications (GPUSC), Revision 2

(** - reviewed for changes since last QA inspection)

b. Program Review

The documents listed above were reviewed to determine whether administrative controls have incorporated the requirements as described in the Operational Quality Assurance Plan for Three Mile Island Nuclear Station, Revision 7 and Technical Specifications.

This review determined that administrative controls have been established for:

-- defining the scope of the audit program

-- independence, qualification, and training of auditors

-- required corrective action and re-audit

-- report distribution and responses

-- planning and conducting the audit

-- long range scheduling, and

-- periodic review of the program

No items of noncompliance were identified.

c. Implementation Review

The inspector reviewed the audits listed below to verify that they were conducted as follows:

-- in accordance with written checklist/procedures;

-- by trained personnel not having direct responsibilites in the area(s) audited;

-- with audit findings documented and reviewed;

-- with followup actions completed/initiated/closed out; and

-- with audit frequencies and general audit conduct in accordance with established schedule and procedures.

The following Audit Reports were reviewed:

-- S-TMI-2-79-01, GPUSC Audit of TMI-2 Modifications QA Program

-- 76-13, Requalification/Training Program

-- 77-02, Design Control

-- 77-19, Major Modifications

-- 77-21, Fire Protection

-- 77-39, Vendor Audit - Protective Packaging Inc.

-- 78-05, Control of Purchased Material, Equipment, and Services (Nuclear)

-- 78-07, Respiratory Program

-- 78-20, QA Program (Nuclear)

-- 78-23, Control of Special Processes

-- 78-32, QA Organization

-- 78-33, Handling, Storage, and Shipping (Nuclear)

-- 78-35, Nonconforming Material, Parts, Components (Nuclear)/Corrective Action (Nuclear)

-- 79-04, Inspection, Test, and Operating Status (Unit 2)

-- 79-04A, Inspection, Test, Operating Status/Control of Measuring and Test Equipment (Unit 1) - (Draft).

One item of noncompliance was identified and is discussed below.

The audit reports listed below were noted to have corrective action pending. The outstanding actions include areas such as changing procedures, re-evaluating vendors, processing of modification packages and personnel training, and have been given repeated target date extensions.

Audit Number	Date(s) Performed	Remarks
76-13	8/76	Although the need to revise a procedure was identified in 8/76 it was not revised until 3/78. Corrective action identified (training of stores, admin., maintenance, engineering, and radiation protection/chemistry personnel) has not been accomplished as of July 31, 1979.
77-02	1/77	Findings required cognizant engineers to review backlog of modification packages to ensure drawings/procedures were updated as necessary. The original due date was October, 1977. Numerous requests for extensions were granted. As of July 31, 1979 corrective action is not complete.
77-19	6/77	Although a finding concerning lack of control of a welding procedure was identified 7/76 it was not closed out until 7/79. Finding number four dealt with incorrectly filled out weld history records and required an Administrative Procedure to be revised. Numerous requests for extensions were granted with the present due date for action being December 31, 1979.
77-21	6/77	Findings identified that procedures did not reflect actual plant conditions concerning location of fire protection equipment. Numerous requests for extensions were granted. Corrective action was complete 7/79.

78-05	2/78	Three of nine findings are still open concerning re-evaluation of vendors already on the Approved Vendors List e.g. provide documentation of an evaluation. Action due dates have been extended to September, 21, 1979. The licensee representative responsible for corrective action stated that it is questionable whether he will be able to meet this already extended date.

The five examples given above describing failure to take timely corrective action with respect to adverse conditons identified during internal audits is contrary to 10 CFR 50, Appendix B, Criterion XVI, and the Unit 2 FSAR, Section 17.2.23, and constitute an item of noncompliance at the Infraction level. (289/79-16-10; 320/79-20-10)

The inspectors noted that several other audits performed in 1977 and 1978 had identified problem areas that required corrective action and that corrective action for many of these findings had not been completed as of July 21, 1979.

During discussions between the inspector and the QA Managers of Met-Ed and GPUSC on August 15, 1979, the licensee representatives stated that, as a result of direction from the Vice President - Nuclear Operations, open audit findings have been reviewed, prioritized and that initial steps have been taken to correct these items as quickly as possible.

The corrective action for these open audit reports will be reviewed by NRC:Region I inspectors during a subsequent inspection(s).

10. Unresolved Items

Unresolved items are matters about which more information is required in order to ascertain whether they are acceptable items, items of noncompliance, or deviations. Unresolved items disclosed during this inspection are discussed in Paragraphs 3, 4, 5, 6. and 7.

11. Exit Interview

The inspectors met with the licensee representatives (denoted in Paragraph 1) at the conclusion of the inspection on August 2, 1979. The inspectors summarized the purpose, scope, and findings of the inspection. During this meeting, the unresolved items and items of noncompliance were identified.