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April 21, 1980

Mr. Uldis Potapovs
Chief, Vendor Inspection Branch
United States Nuclear Regulatory Commission
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, Texas 76012

Reference: Docket No. 99900502/80-01

Dear Mr. Potapovs:

In response to your letter of March 26, 1980, relative to the reference QA Program Inspection on February 11-15, 1980, attached is our summary of actions to correct the findings and prevent recurrence.

We trust that these items are satisfactory but if we may provide further information, please do not hesitate to contact me.

Sincerely,

W. B. Pieper/djd

W. B. Pieper

djd
Attachment

RESPONSE

NRC PROGRAM INSPECTION

DOCKET NO. 99900502/80-01

A. Finding

Brown & Root, Inc. letters of response, dated October 11 and November 8, 1979, described corrective action for a deviation identified during IE Inspection 99900502/79-03. Brown & Root, Inc. committed to a completion date of November 30, 1979, for all corrective action related to this deviation.

Contrary to this commitment, corrective action related to this deviation had not been completed as of the end of IE Inspection 99900502/80-01, February 15, 1980.

Response

As noted in this finding, all SDDs (System Design Descriptions) were not reviewed and revised as committed in response to NRC IE Inspection 99900502/79-03. The new projected revision dates are listed below:

5V149VD006	--	April 17, 1980
5V129VD003	--	May 23, 1980
5V139VD004	--	June 20, 1980
5V340VD009	--	June 6, 1980

Preventive Action

The NRC Finding pointed out a deficiency in the EDD (Engineering Design Deficiency System) in that the method of tracing EDDs was ineffective. The procedure (STP-DC-0210C/DCN/4-14-80) governing this activity has been revised and the system implemented over thirty days ago

Project Quality Engineering now maintains a log for EDDs. The log is checked daily and if a response has not been received on the target date, the responsible party is contacted.

B. General

Paragraph 18.2 (General) of the Brown & Root (B&R) Manual states in part that, "...a system for both internal and external audits shall be established in QA Procedures approved by the QA Manager and implemented by the Audit Section Manager...."

1. Finding

Paragraph 5.7 (Audit Report) of Procedure ST-QAP-7.1 for internal audits states in part that: "The report shall be prepared and issued containing the following information...b. Audit report cover sheet (Attachment 6-E) containing approval signatures...(i.e.: Section Manager, Team Leader and Team Members)...." Paragraph 5.2.3 (Audit Report) of procedure QSP-8.0 contains similar requirements for vendor audit reports.

Contrary to the above, one (1) internal and one (1) external audit report was issued without the Team Leader's signature.

Response

Internal and external audit reports issued since December 1, 1979, were reviewed to assure Section Manager/designee and Team Leader signatures. Reports found without signatures were reviewed by appropriate personnel (same person if still in employment). Complete.

Preventive Action

a. Issued correspondence QAQ-1223, item 3 (February 15, 19) to re-emphasize sign-off requirements.

b. Verbal reiteration in subsequent section meetings.

2. Finding

Paragraphs 5.5.c (Preparation) and 5.10 (Audit Records) of Procedure ST-QAP-7.1 for internal audits state in part that: "The Audit Check-list (Attachment 6-B) shall be prepared by the auditors and Team Leader . . . and checklists shall be retained by the auditing organization. . . ." Paragraph 5.2.1.C (Preparation of QSP-8.0) contains similar requirements for vendor audit checklists.

Contrary to the above, the checklists for one (1) internal and three (3) vendor audits were not retained by the auditing organization.

Response

a. All internal and external files are being completely reviewed for inclusion of all required documentation (this was started in January 1980).

b. If checklists are missing, a search of QADA, Audit Section, site vault files and contact with Team Leader of Audit (if still employed) is being done.

c. If checklist cannot be produced, a memo will be placed in the audit file stating so and will be signed by the QA Audit Section Manager.

Target Completion Date: June 1, 1980.

Preventive Action

a. Issued correspondence QAQ-1223, item 2 (February 15, 1980) to re-emphasize requirement.

b. Lead Auditor is now responsible to assure that completed checklist(s) are placed in the audit file package. This requirement is being formally iterated in a new work instruction scheduled for release May 12, 1980.

3. Finding

Paragraph 5.2.5.b (Failure to Respond) of Procedure QSP-8.0 for vendor audits states in part that: "If an acceptable response is not received within ten (10) working days after the committed response date, the Audit Coordination Supervisor shall prepare a letter to the manager of the audited organization requesting immediate attention and response. . . ."

Contrary to the above, no immediate action letter was prepared in fifty-seven (57) instances even though an acceptable response was not received from thirteen (13) vendors that were audited during the past ten (10) months.

Response

a. This problem was detected shortly after transfer of vendor audit responsibility to the Audit Section last fall and so stated in the STP Monthly Activity Report for January (STQ-5938). Action was initiated at that time to correct deficiency by:

1. Review of all 1979 audits to determine ADR status.

2. Follow-up with vendors as required (i.e., lack of responses, evaluation of responses).

b. In preparation for each audit, past audit files are being reviewed by the Lead Auditor to assure closure of pre-1979 ADRs. Any found open are dispositioned as appropriate.

c. As of March 29, 1980, nine (9) ADRs involving five (5) vendors are deliquent and action letters have been issued.

d. Status of delinquent vendor actions are reported monthly now.

Preventive Action

a. On a monthly basis, the following items are now performed on interim basis:

1. Listing of all open items and due dates.

2. "Tickle" system established to remind individuals of due date.

3. If due dates are delinquent, the vendor shall be contacted by telephone (recorded and filed) and, if necessary, reclassified to "Disapproved" status until deficiencies are satisfactorily resolved.

4. A monthly report to identify those organizations which are delinquent in their responses to deficient items (internal and external).

5. A review by the audit Team Leader and/or section coordinator to define the open status of deficiencies to assure that all necessary steps are taken to resolve deficiencies in a timely manner.

b. Revised procedure/work instructions defining basis of above steps are scheduled for issuance May 12, 1980. First listings/reports will formally be issued in June 1980 (working to drafts now).

4. Finding

Paragraph 18.6 (Audit Reports) of the QA Manual states in part that: "This (internal or vendor audit) report shall contain as a minimum . . . the identification of individuals contacted during the audit. . . ."

Contrary to the above, five (5) internal and eight (8) vendor audit reports did not identify all individuals contacted during the audit.

Response

In prior audits it was basic Brown & Root policy to record only personnel contacted through the entrance and exit meetings. Lack of the names of other personnel contacted is not deemed to alter the results of audits so no effort has been made to reconstruct this information. Nevertheless, future audits will provide this reference information.

Preventive Action

a. Correspondence QAQ-1223, item 5 (February 15, 1980) was issued and meeting held with section members to emphasize requirement.

b. Draft of new report format was issued to section and meetings held to explain content which includes section identified in QAQ-1223.

5. Finding

Paragraph 5.7 (Audit Report) of Procedure ST-QAP-7.1 states in part that: "The internal audit report shall be issued within five (5) working days after the audit. . . ." Paragraph 18.6 (Audit Reports) of the QA Manual contains a similar requirement for vendor audit records except that the time is extended to thirty (30) days after the audit.

Contrary to the above, three (3) internal and three (3) external audit reports were not issued within the required time.

Reponse

The system contained conflicting requirements relative to time schedule for issuing internal audit reports--five (5) days in QAP 7.1 and thirty (30) days in the QA Manual. The thirty day schedule is more appropriate for both internal and external reports and QAP 7.1 will be superseded by a new procedure to be issued May 12, 1980, which will have the correct time period.

Preventive Action

a. The Lead Auditors have been directed to maintain proper report schedules and conformance will be monitored by supervision.

b. Where delays are experienced, reports have a statement of explanation and adjustment of deficiency due date if applicable.

6. Finding

Paragraph 18.2 (General) of the Brown & Root Manual states in part that: ". . . .a system of management audits shall also be established in Corporate Procedures to audit the activities of the Brown & Root QA Department. . . ."

Paragraph 5.7 (Formal Audit Report) of implementing procedure DQ-103 (Management Audits), states in part that: "The report shall include at least the following. . . (f) personnel contacted during audit. . ."

Contrary to the above, Management Audit Report QAMRB-4, dated July 11, 1979, does not include the names of all personnel contacted during the audit.

Response

See B-4 above.

Preventive Actions

This instruction will be issued to the future audit teams.

C. General

Paragraph 18.3 (Qualification of Auditors) of the Brown & Root QA Manual states in part that: "Personnel performing audits shall have experience and knowledge of the areas being audited and shall be trained and qualified in accordance with the Quality Assurance Personnel Training Manual. . . ."

1. Finding

Paragraphs (H)7.2.1 (Auditors and Lead Auditors) and (H)7.4 (Documentation and Records) of the QAPTM state in part that: "Certification and documentation shall be provided by the Audit Section Manager, stating the basis of qualification, the date of certification and the expiration date of the certification. . . . Quality Assurance Auditor qualification, support documentation and certification are QA records and shall be appropriately handled and stored. These records shall be maintained by the Audit Section Manager with duplicate copies provided to each nuclear jobsite for filing in the QA records vault. . . ."

Contrary to the above, the Audit Section Manager did not maintain the required certification and documentation records for seven (7) audit personnel.

Response

Coupled with the verification of certification effort, all personnel files for Lead Auditors and Auditors were reviewed and updated to include all necessary certification and documentation records. Complete.

Preventive Action

New tracking system for required documentation and certification will be initiated. Target completion by June 1, 1980.

2. Finding

Paragraph (H)7.2.3 (Upgrading Certification of Auditors) of the QAPTM states in part that: "Personnel certified as Auditors may be upgraded to Lead Auditor, without additional training or reexamination, provided that all of the following requirements are met . . . . c. They have satisfactorily participated in a minimum of five documented audits. . . ."

Contrary to the above, one Auditor was upgraded to Lead Auditor without having participated in a minimum of five (5) documented audits.

Response

The Auditor in question has participated in over five (5) documented audits since his upgrading to Lead Auditor. He had been a certified Lead Auditor in accordance with ANSI N45.2.23 prior to joining Brown & Root and this requirement was waived (as has been the practice in the past if person was previously certified).

Preventive Action

Paragraph 7.2.3c of QAPTM (H) has been revised to add "...(this may be waived or altered by the Audit Section Manager based on d below)". "d" is demonstrated ability to perform functions of Lead Auditor to satisfaction of the Audit Section Manager.

Note: Actually supplement H is being rewritten as ST-QAP-2.4 to be issued by May 15, 1980 and will include this restriction.

3. Finding

Paragraph (H)5.1 (Auditor) of the QAPTM states in part that: "All Audit personnel shall possess an educational, experiential, and training background. . . as determined by the Individual Score Tabulation Sheet perscribed in Attachment 1 . . . ." Paragraph (H)5.2 (Lead Auditor and Section Manager) contains a similar requirement for all Lead Auditors and the Audit Section Manager.

Attachment 1 states in part: "Training and Examination (Mandatory Requirements) . . . Satisfactory completion of a training course and examination covering communication and auditing. . . ."

Contrary to the above, three (3) of the audit personnel did not complete the mandatory examination covering communication and auditing.

Response

As in C.2 above, these personnel had completed examinations prior to employment with Brown & Root and documentation to substantiate this is in each of their personnel files accordingly. We believe that lack of a waiver statement created this deficiency.

Preventive Action

To resolve problems for all future waiver of the Brown & Root test(s), if personnel have met the mandatory training and examination requirements elsewhere, paragraph 7.1.3 of the QAPTM (H) has been added to read:

"7.1.3 Auditor/Lead Auditor

If personnel meet requirements as defined in Section 5.2 of this supplement, the Audit Section Manager may certify personnel without benefit of the Brown & Root examination."

Note: Actually supplement H is being rewritten as ST-QAP-2.4 to be issued by May 15, 1980 and will include this restriction.

4. General

Paragraph 5.3 of the QAPTM states in part that: "Each person who verifies that activities conform to quality requirements shall be certified to perform his assigned work."

Paragraph 5.7.2 further states that: "Documentation shall include but is not limited to: . . . certification documentation; results of eye examinations (if required); actual grades and composite grades. . . ."

Contrary to the above, documentation did not include:

a. Finding

Certification documentation for personnel from QA Engineering who have been performing surveillance inspections to verify that vendor activities conform to quality requirements.

Response

To assure the primary knowledge and basic understanding of the QA Engineering personnel so assigned, each individual was examined by completion of the Vendor Surveillance tests. The test results and vision examinations, along with the individual certifications were overlooked during the ensuing effort to retrain and up-date certifications of Vendor Surveillance Inspectors. This information is in the process of being inserted in the individual training files of the QAE personnel involved and shall be completed not later than April 30, 1980.

Preventive Action

All personnel performing source surveillance inspections shall in the future be in conformance to ST-QAP2.1, 2.2 and 2.3, dated March 31, 1980. Use of a consistent, controlled program should preclude such errors in the future.

b. Finding

Certification documentation for five (5) Supplier Surveillance Specialists who performed quality-affecting inspections prior to November 1979.

Response

For the five personnel, a full review of discipline examinations, specific surveillance activities, and certifications has been completed and certifications for each individual have been properly documented.

Preventive Action

Certification control has been assigned to the individual discipline Level IIIs in order to assure the routine system is accurate.

c. Finding

Results of the eye examination for one of the above five Supplier Surveillance Specialists.

Response

The individual underwent an eye examination, February 14, 1980. Color perception and vision was acceptable without correction. Based on this successful examination, work performed is considered acceptable.

Preventive Action

See Item C-4-b above.

d. Finding

Actual grades and composite grades for the above five Supplier Surveillance Specialists.

Response

All five Specialists have been reviewed and supporting documentation is attached to the Certification form. Reference Finding C-4-b.

Preventive Action

See Item C-4-b above.

5. Finding

Paragraph 5.2.2 (Vendor Surveillance Section Manager) of the QAPTM states in part that: "The QA Manager shall certify by means of a written statement, that the individual being certified has the required educational background, training and experience and has demonstrated his ability to perform the functions. The certification will state that it is issued without benefit of examination."

Contrary to the above, a written statement by the QA Manager certifying that the Vendor Surveillance Section Manager had demonstrated his ability to perform his functions was not written.

Corrective action was taken by Brown & Root during the course of the inspection; preventive action still needs to be addressed.

Resporse

As noted in the NRC report, corrective action was taken by Brown & Root during the course of the inspection. A written statement was prepared and signed by the QA Manager certifying that the Vendor Surveillance Section Manager met the requirements and was certified as Level III for Vendor Surveillance personnel.

Preventive Action

Subsequent to the audit, a reappraisal of this requirement was made and it was decided that in the future all certifications of Vendor Surveillance personnel would be by the Quality Engineering Section Discipline Level III, as appropriate. This change restricts certification of Vendor Surveillance personnel to specific types of activities rather than a broad, generic Vendor Surveillance certification. In addition, the control of certification is maintained under the overall Power Group Quality Assurance Department Certification Program.

This change was effective December 1979 and has been incorporated in ST-QAP 2.3 of March 25, 1980, which superseded Chapter 3, South Texas Project Supplement to the Quality Assurance Personnel Training Manual, issued December 19, 1979.

6. Finding

Paragraph 5.8 of the QAPTM states in part that: "All levels of QA Personnel covered under Part I of the manual shall be recertified at least once every two years." Further, paragraph 5.7.2 requires that: "Documentation shall include but is not limited to:. . . certification documentation . . . ."

Contrary to the above, the certification documentation did not include recertification for one Supplier Surveillance Specialist/Supervisor (covered by Part I) whose previous certification was November 22, 1977.

Corrective action was taken by Brown & Root during the course of the inspection; preventive action still needs to be addressed.

Response

As noted in the NRC Inspection Report, "corrective action was taken by Brown & Root during the course of the inspection."

Preventive Action

Due to the reorganization within the training section and the institution of new programs, the reoccurrence of our existing problems does not appear likely. The training/certification section of QADA will generate a quarterly transmittal, including the Specialists' names, discipline certifications, date of certification and date of expiration. Had this system been in effect one year ago, our current problems would not exist.

D. Finding

Paragraph 5.2 (General) of the B&R QA Manual states in part that, ". . . activities affecting quality are set forth by written instructions, procedures and drawings, and are accomplished in accordance with these instructions, procedures and drawings. . ."

Paragraphs 3.0 (Responsibilities) and 4.7 (Manuals) of implementing procedure DA 002 (Control of Approved Department Procedures) state in part that, "Each division or department shall be responsible for control of its documents or revisions to established documents . . . . The first page in the binder (of the Manual) will identify the manual name, number and holder, together with the word "controlled" or "uncontrolled" as applicable. The second page shall be a contents page listing the identification numbers and titles of all procedures contained in the marual . . . ."

Contrary to the above, two (2) South Texas Engineering Procedures Manuals did not contain a first page or a second page, and one (1) B&R Power Division Quality Assurance Department Procedure Manual did not contain a second page with the required information.

Response

After being informed of the missing required information on February 12, 1980, the Power Division Central Document Center issued a revised Table of Contents for the Manual on February 15, 1980, to all manual holders.

Engineering procedure STP-DC-001 is being revised to comply fully with Procedure DA-002. This procedure will be issued on or before April 28, 1980. A copy of the first page to be used is contained in Attachment 3.

Preventative Action

Periodic inspection of QA manuals by B&R Power Division.

Unresolved Item

Finding

Design Interfaces: It could not be determined if a design change for personnel airlock seals had been reviewed by NRR (See Details Section 1, paragraph C.3).

Response

Brown & Root is conducting a thorough evaluation of the design and will provide further information at the next NRC Inspection.

Reference "Details Section II Page 18

1. Finding

The following additional observations were noted by the inspector.

(a) There did not appear to be any records or other documentation that:

(1) Audit personnel who conducted one (1) internal and three (3) vendor audits were trained and qualified in accordance with the Quality Assurance Personnel Training Manual.

(2) The audit team members were adequately oriented prior to the execution of five (5) internal and eight (8) vendor audits.

(3) The audit reports contained an overall assessment of the effectiveness of the audited Quality Assurance Program for five (5) internal and seven (7) vendor audits.

(4) Reviews were conducted at three month intervals of open and closed audit deficiency reports to determine generic or repetitive problem areas.

(b) Certification forms and other documentation records for some auditors and lead auditors appeared to be inconsistent, inaccurate, out-of-date or missing.

Responses

1(a)1 Completed. All were certified.

1(a)2,3 All activities are in-process as directed by interim memo(s) from the QA Audit sEction Manager and meetings with personnel. New program defines requirements that will provide objective evidence of these items.

1(a)4 In-process, due May 1, 1980.

1(b) Revision and issue of procedure/instructions due May 12, 1980.