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

Report No. 50-302/80-30

Licensee: Florida Power Corporation
3201 34th Street, South
St. Petersburg, FL 33733

Facility: Crystal River

Docket No. 50-302

License No. DPR-72

Inspection at Crystal River site near Crystal River, Florida and at the Corporate offices in St. Petersburg, Florida

Inspectors: G A Belisle — 9/4/80 Date Signed
G. A. Belisle

C M. Upright for — 9/10/80 Date Signed
P. E. Fredrickson

W A Ruhlman — 9/10/80 Date Signed
W. A. Ruhlman

Approved by: C M Upright — 9/10/80 Date Signed
C. M. Upright, Acting Section Chief, RONS Branch

SUMMARY

Inspection on August 11-15, 1980

Areas Inspected

This routine, announced inspection involved 102 inspector-hours on site and at the corporate offices. Overall management was reviewed by inspecting the quality assurance program in the areas of licensee action on previous inspection findings; QA program - annual review; QA/QC administrative program; organization and administration; design, design changes and modifications program; tests and experiments program; procurement; audit program; housekeeping and cleanli[illegible] program; nonlicensed personnel training; licensed operator requalific[illegible] training; training records control; offsite review committee; licensee a[illegible] of previously identified open items; acceptability of current practice for locking certain valves; and the gaseous release of August 12, 1980.

Results

Of the 16 areas inspected, no items of noncompliance or deviations were identified in 13 areas; 3 items of noncompliance were found in 3 areas (Infraction-failure to translate design inputs into drawings, paragraph 9.a; Infraction-failure to follow housekeeping procedure, paragraph 13.a; Deficiency-failure to document review of procedures, paragraph 7.b).

DETAILS

1. Persons Contacted

Licensee Employees

L. Allegood, Nuclear Materials Coordinator
**J. Bufe, Nuclear Compliance Auditor
*J. Clapp, Manager, Vendor Quality Assurance
**J. Cooper, QA/QC Compliance Manager
*C. DuBois, Director, Quality Program
H. Eck, Nuclear Building Services Supervisor
*E. Froats, Manager, Quality Audits and Engineering
P. Griffith, Operations Training Supervisor
V. Hernandez, Nuclear Compliance Auditor
H. Lucas, Nuclear Administrative Supervisor
E. Neuschafer, Nuclear Compliance Auditor
**D. Poole, Plant Manager
B. Simpson, Manager, Nuclear Engineering
D. Smith, Technical Support Engineering Supervisor (Acting)
R. Watts, Manager, Nuclear Materials
G. Westafer, Maintenance Superintendent
G. Williams, Nuclear QA/QC Supervisor

Other licensee employees contacted included technicians, operators, mechanics and office personnel.

*Attended exit interview
**Attended exit interview by telephone

2. Exit Interview

The inspection scope and findings were summarized on August 15, 1980, with those persons indicated in paragraph 1 above. A briefing was conducted with site personnel on August 14, 1980. The briefing on August 15 consisted of those findings from both site and corporate offices. The licensee was informed of items of noncompliance as discussed in paragraphs 9.a, 13.a and 7.b; unresolved items as discussed in paragraphs 17, 19, 14.d and 20; open items as discussed in paragraphs 8.b, 8.c, 9.b, 12.c, and 16; and inspector followup items as discussed in paragraphs 14.a, 12.d, 12.e, 12.f, and 12.g.

3. Licensee Action on Previous Inspection Findings (92701, 92702)

a. Inspection Report 50-302/79-04. Items of noncompliance inspected from this inspection were reviewed with respect to the licensee's letter (3-0-3-a-2, CS-79-181) dated June 15, 1979.

(1) (Closed) Infraction (302/79-04-15): Failure to maintain records.

(a) Procurement Records. QOP-10.0, Maintenance and Control of Records, Revision 3 dated 8/79 defines the storage of procurement documents. These documents are now being microfilmed.

(b) Microfilming QA Records. Examples of QA records in various topical areas were selected and verified that microfilming had been accomplished. Training records, though, had not been placed on microfilm. Investigation into this singular lack of duplication has generated open item 302/80-30-12 as discussed in paragraph 16.

(2) (Closed) Infraction (302/79-04-17). Failure to certify inspection personnel. QOP-2.0, Training, Indoctrination and Certification of Power Plant Materials Department Personnel, Revision 5 dated 4/80 includes the required training, testing and documentation for shipping and receiving inspectors. Inspector training records were checked for compliance with the procedure and several inspectors were interviewed. Based on the records check and interviews, the certification system appears to be operating efficiently.

b. Inspection Report 50-302/79-23. Items of noncompliance reinspected from this inspection were reviewed with respect to the licensee's letter (3-0-3-a-2, CS-79-218) dated July 30, 1979.

(1) (Closed) Infraction (302/79-23-01): Decreased time allotted to the Requalification Program. The response stated that the governing procedure (AI-800) would be revised to meet the requirements of the accepted Requalification Program (FSAR Appendix 12.c) and that the eight backup licensed operators would meet all requirements by November 30, 1979. The controlling procedure was revised as stated, however, the licensee has since written a new procedure, AI-1400, which covers training. Enclosure 4, item 3.6 does include the requirements of Appendix 12.C, item 5.1.3, relative to backup operators. Records reviewed indicated that those operators who held backup licenses were participating as required and had been upgraded as indicated in the licensee's response.

(2) (Closed) Infraction (302/79-23-03): Failure to follow procedure AI-800. This failure dealt with the lack of required semi-annual evaluations. The licensee's response indicated that the procedure would be revised to be in agreement with FSAR Appendix 12.C and that the required evaluations would be prepared. Records reviewed indicated that the required evaluations were prepared and the new procedure (AI-1400) has been revised to be in agreement with FSAR Appendix 12.C; AI-1400, Enclosure 4, item 4.1 includes the requirements of Appendix 12.C, paragraph 6.0.

(3) (Closed) Unresolved Item (302/79-23-05): Need to implement a QC inspector/examiner training program meeting the requirements of AI-600. The licensee's procedure, AI-600, was revised to shift

QC inspector/examiner training from the control of maintenance to the control of the Nuclear QA/QC Compliance Manager. The new program for training these personnel is described in QC-200 which was approved in November 1979. While reviewing this area, the inspector identified that onsite QC inspectors are not required to meet the requirements of ANSI N45.2.6 as stated in Inspection Report 50-302/79-23. Onsite personnel are qualified in accordance with the accepted QA Program (FSAR) Section 1.7.6.7.2.j, which states that the requirements of ANSI N18.7 (Sections 3.4.2, 5.2.7 and 5.2.17) will be met. The inspector reviewed documentation that indicated that current QC Inspectors have been certified based on the past experience and training that they had recieved; this meets the requirements of the accepted QA Program so that the original item is closed. However, the continuing training program (QC-200) has not been implemented as of August 14, 1980; this aspect is discussed in paragraph 14.d of this report.

(4) (Open) Unresolved Item (302/79-23-06): Inadequate description of retraining program for nonlicensed craft personnel. The licensee has continued to conduct training in this area as documented in paragraph 14.c of this report. The licensee had previously stated in the exit interview for inspection 50-302/79-23 that the required documentation would be completed by September 30, 1979; the required documentation was not completed as of August 14, 1980. This item remains unresolved and the licensee's plans for action in this area are documented below.

Based on an interview with the Plant Manager on August 15, 1980, it is our understanding that you will complete the following actions with respect to a continuing training program for non-licensed mechanics, electricians and instrument and control technicians:

(a) Complete the documentation of the requirements for their training program(s) which include(s) rotation through the PM program, review of applicable procedures, and systems training.

(b) Have the station Compliance Department perform an audit of these training activities.

(c) Complete the description of the program to train apprentices. We further understand that Item (a) will be completed by December 1, 1980; item (b) will be completed by December 31, 1980; and that Item (c) will be completed by January 1, 1982, or prior to processing apprentices to the Journeyman level. If our understanding is incorrect on any of these items, please notify this office.

c. Inspection Report 50-302/79-27. The item of noncompliance reinspected from this inspection was reviewed with respect to the licensee's letter (3-0-3-a-2, CS-79-250) dated August 28, 1979.

(Closed) Deviation (302/79-27-02): Failure to comply with licensee commitments. This item refers to items of noncompliance from inspection report 50-302/79-04 which had not met licensee commitment dates for completion; the balance of the noncompliance items having met their commitment dates. The items as listed in Appendix A of 50-302/79-04 are as follows:

- Item A. Revision 19 of CP-114, Control of Permanent Modifications, Temporary Modifications, and Deviations, was issued on July 20, 1979.

- Item G. QOP-2.0, Training, Indoctrination and Certification of Power Plant Materials Department Personnel, Revision 5 dated 4/80 contains the required training, testing and documentation.

- Item H. QAP-8, Quality Program Audits, Revision 2 dated 8/79, contains the requirements, in the format standard for audit reports, to evaluate the effectiveness of the QA program elements evaluated.

d. Inspection Report 50-302/80-19. The item of noncompliance reinspected from this inspection was reviewed with respect to the licensee's letter (3-0-3-a-2, CS-18-161) dated June 11, 1980.

(1) (Closed) Unresolved Item (302/80-19-01) Possible failure to maintain NGRC minutes. The remaining NGRC minutes from 1978 have been located. All NGRC minutes are now being microfilmed.

(2) (Closed) Inf[illegible]ion (302/80-19-02): Failure to properly implement record control program. NGRC meeting minutes are on microfilm and can be readily retrieved. A sample of "satellite" aperture cards was found to be properly updated with the newest revision. Unstamped drawings in the maintenance library, used only for reference, have been stamped "Info Only".

4. Unresolved Items

Unresolved items are matters about which more information is required to determine whether they are acceptable or may involve noncompliance or deviations. New unresolved items identified during this inspection are discussed in paragraphs 17, 19, 14d and 20.

5. The following abbreviations and terms are used throughout this report:

Accepted Quality Assurance Program - Chapter 1.7, FSAR
ANSI - American National Standards Institute
FPC - Florida Power Corporation
FSAR - Final Safety Analysis Report
MAR - Modification Approval Record
NGRC - Nuclear General Review Committee
NRC - Nuclear Regulatory Commission

OSM - Outage Shift Manager
OTA - Operations Technical Advisor
PMS - Preventative Maintenance System
PT - Performance Test
QA - Quality Assurance

6. QA Program - Annual Review (35701)

During this inspection it was determined that no changes had been made to the QA Program since the last inspection of this area (Inspection Report 50-302/79-04) in February 1979. The inspectors reviewed the implementation of the requirements of the QA Program and the conformance of procedure review as part of their active inspection in other areas.

No items of noncompliance or deviations were identified.

7. QA/QC Administration (35751)

References: (a) QAP-2, Preparation and Control of Administrative Procedures, Revision 3 dated 6/79

(b) QAP-3, Writing Quality Program Policies and Quality Program Procedures, Revision 3 dated 11/77

(c) QAP-4, Quality Manual Distribution and Control, Revision 5 dated 6/79

(d) QAP-7, Review of Documents Affecting Quality, Revision 3 dated 3/78

(e) Quality Program Policy 5.1, Documents for Implementing and Administering the Quality Program, Revision 5 dated 8/79

(f) QP-5.50, Instructional Documents, Revision 3 dated 9/79

(g) QP-5.52, Preparation, Distribution, and Approval of Quality Program Policies and Procedures, Revision 3 dated 9/79

(h) QP-6.50, Document Control, Revision 3 dated 9/79

(i) QP-18.50, Quality Audits, Reviews and Evaluations for Operations Phase, Revision 3 dated 7/77

a. Program Review

The referenced documents were reviewed to verify that the licensee had established administrative controls for QA/QC Department procedures and documents which assure: review and approval prior to implementation; methods and controls for changes and revision; and methods and controls for distribution and recall. These documents were also reviewed to verify that responsibilities and methods had been established to

assure overall review of the effectiveness of the QA Program. The inspector also verified that, based on identified weaknesses, methods exist to modify the QA Program to provide increased emphasis in "problem"areas.

The inspector stated that the multilevel system of procedures which documents the same basic method for accomplishing an activity in as many as 7 different procedures is cumbersome and has the potential for noncompliance if changes were introduced into the top level document and were not translated into similar changes in each lower tier document.

Items relative to the "Q" list normally inspected under the aegis of this module are documented in paragraph 11 of this report.

One item of noncompliance was identified as a result of the above review as discussed in paragraph 7 b below.

b. Failure to Document Review of Procedures

QAP-2, reference (a), requires that Quality Administrative Procedures are to be reviewed annually. Based on discussions with licensee management personnel at the Corporate offices, this review is conducted. 10 CFR 50, Appendix B, Criterion XVII and Section 1.7.6.7.1.q.2 of the accepted QA Program require that records be made to document the results of reviews.

This failure to have records to furnish evidence of the completion of the required reviews and to provide the results of those reviews is an item of noncompliance (302/80-30-03).

8. Organization and Administration (36700)

References: (a) Technical Specifications, Section 6.0
(b) AI-200, Organization and Responsibility, Revision 17 dated 5/80

The inspector verified the following: That changes in organizational structure and assignments have been reported to the NRC as required; that changes in the licensee's onsite organizational structure is as described in the Technical Specifications; that persons assigned to new or different positions in the licensee's organization satisfy the qualifications identified in the Technical Specifications; and that for positions affected by organizational structure changes, authorities and responsibilities are delineated as required. As the result of this inspection two open items were identified as discussed in paragraphs 8.b and 8.c.

a. Personnel Qualifications

The inspector verified the qualifications of personnel in the following plant positions: Nuclear Plant Manager, Operations Superintendent,

Technical Superintendent, Operations Engineer, QC Supervisor, Compliance Supervisor, Technical Specification Coordinator, Alternate Training Manager, Performance Engineering Supervisor (Acting), Chemical Radiation Protection Manager, Electrical Supervisor, Nuclear Supervisor, Technical Support Engineering Supervisor (Acting), Operations Training Supervisor, Building Services Supervisor, Technical Training Supervisor, and Nuclear Technical Support Supervisor. The inspector also reviewed the qualifications for 21 additional personnel in positions below the plant supervisory level.

b. Facility Organization

Technical Specification 6.2.2 requires that the facility organization shall be as shown on Figure 6.2-2. The current facility organization does not reflect this organization.

On March 23, 1979, FPC met with NRC Region II personnel to discuss concerns about the effectiveness of the operational QA Program and management control system (Inspection Report 50-302/79-14). As the result of this meeting and the QA/QC Audit performed by Region II (Inspection Report 50-302/79-04) FPC instituted organizational restructuring to strengthen the QA Program. Technical Specification Change Request No. 51 was submitted to NRR on September 24, 1979, reflecting these changes. Technical Specification Change Request No. 51, Revision 1, was submitted to NRR on April 23, 1980 superceding Request No. 51.

The facility organization is currently staffed in accordance with Technical Change Request No. 51, Revision 1. Until NRR responds to this change request and the Technical Specifications are upgraded to reflect current facility organization this is designated open item 302/80-30-08.

c. Updating of Procedures

Due to the organizational changes as discussed in paragraph 8.b, QA procedures are being updated to reflect changes in personnel reporting requirements and organizational title changes. Until these procedures are updated to reflect these organizational changes this is designated open item 302/80-30-09. The licensee gave a target date of October 31, 1980 for completion of these changes.

9. Design, Design Changes and Modifications Program (37700, 37702)

References: (a) CP-114, Procedure for Preparation and Control of Permanent Modifications, Temporary Modifications, Deviations and MAR Functional Test Procedures, Revision 29 dated 7/80
(b) QPP-3.1, Control of Activities Affecting Design, Revision 4 dated 4/80
(c) QPP-3.51, Control of Modifications, Revision 2 dated 7/77

(d) QPP-3.52, Design Control, Revision 1 dated 4/79
(e) CP-115, In Plant Equipment Clearance and Switching Orders, Revision 30 dated 6/80
(f) SREP-1, Safety Identification and Design Input Requirements, revised 10/79
(g) SREP-2, Design Development, revised 10/79
(h) SREP-3, Interface Design Control, dated 3/78
(i) SREP-4, Design Verification, revised 10/79
(j) SREP-6, Design Control to Modification Approval Record (MAR), revised 3/80
(k) SREP-5, Document Approval and Control, dated 3/78
(l) SREP-7, Design Auditing, dated 3/78
(m) SREP-8, Corrective Action, revised 8/79
(n) SREP-9 Control of Record Retention, revised 8/79

The inspector reviewed the licensee's procedures for conducting design changes and the design change and modification program to verify appropriate requirements for: initiation, reviews and approvals; unreviewed safety question examination; fire protection; controlling design interfaces; controlling changes to design documents and plant procedures; and post modification acceptance testing. The following safety-related design changes were reviewed to verify implementation of these requirements.

MAR 80-05-85, Use Globe Valve in Place of Gate Valve MSV 303

MAR 79-11-82G, EF Autostart Control Wiring Modification

MAR 80-06-71, Weld Cap on Swageloc Fitting onto CAV-2 Stub Out of Containment

MAR 80-06-83, Replace Swageloc Fitting Associated with CAV-2

MAR 79-03-71, Neutron Source Retainers RCRE-1 Fuel Assemblies 19G&D, 18M&K

As the results of this inspection one item of noncompliance, paragraph 9.a and one open item, paragraph 9.b were identified. An additional aspect of the design change and modification program, review of engineering MAR's is discussed in paragraph 12.g.

a. Failure to Translate Design Inputs into Drawings

10 CFR 50, Appendix B, Criterion III requires that measures shall be established to assure that the design basis for those structures, systems and components to which this appendix applies are correctly translated into drawings.

The licensee's accepted QA Program (FSAR) Section 1.7.6.7.1.s commits the licensee to Regulatory Guide 1.64, Revision 2 dated June 1976 and this Regulatory Guide endorses ANSI 45.2.11-1974. ANSI 45.2.11-1974, Section 4.1, requires that design activities shall be accomplished in accordance with procedures of a type sufficient to assure that applicable design inputs are correctly translated into drawings.

Contrary to the above applicable design inputs were not correctly translated into drawings in that for MAR 79-11-82G leads TB14-11-624 and TB14-12-624 were specified to be connected in Relay Rack 3 to relay BA terminals 9 and 10, respectively as shown on drawing EC-210-621, Interim Revision C. At the date of this inspection August 14, 1980 the inspector verified with QC personnel that on Relay BA, terminals 9 and 10 do not exist. MAR 79-11-67J connected this wiring on terminals 3 and 4, however MAR 79-11-82G was completed for proper installation. This failure to translate design inputs into drawings constitutes an item of noncompliance (302/80-30-01).

b. Incorrect Drawings

During the verification of the installation of MSV 303 as required by MAR 80-05-85 the inspector identified differences between reference drawings FD 302-011 and FD 302-114. The following differences were identified:

(1) Drawing FD 302-114 lables a main steam drain trap as MSDT 25. On drawing FD 302-011 this same trap is labeled MSDT 26

(2) Drawing FD 302-114, the piping from the intersection of valves MSV 305 and MSV 427 refers to a continuation on drawing FD 302-011 Zone F-4. There is no connection on drawing FD 302-011, Zone 4 for this piping.

Until the drawings are revised to correctly identify labeling of this main steam drain trap and proper continuation of piping from drawing FD 302-011 to FD 302-014 this item is open 302/80-30-10. The licensee gave a target date of April 15, 1981 for completion of drawing changes.

10. Test and Experiments Program (37703)

References: (a) AI-400, Plant Operating Quality Assurance Manual Control Document, Revision 35 dated 7/80

(b) CP-114, Procedure for Preparation and Control of Permanent Modifications, Temporary Modifications, Deviations and MAR Functional Test Procedures, Revision 29 dated 7/80

The inspector verified the following aspects of the performance test program: that a formal method has been established to handle all requests or proposals for conducting performance tests involving safety-related components; that performance tests will be performed in accordance with approved procedures; that responsibilities have been assigned for reviewing and approving performance test procedures; that a system, including assignment of responsibility, has been established to assure that performance tests will be reviewed; that responsibilities have been assigned to assure a written safety evaluation required by 10 CFR 50.59 will be developed for any performance test to assure that it does not involve an unreviewed safety evaluation or change in Technical Specifications; and that responsibility has been assigned to

assure that any performance test conducted required by 10 CFR 50.59 will be reported to the NRC in a timely manner.

a. Performance Test Review

The inspector reviewed four performance tests completed in 1980. The following tests were reviewed to verify the aspects previously mentioned:

- PT 80-3-64G Provide Functional Testing of Vital Bus Failures of Off Site Power, MAR Safety Circuits and Verify all EP, AP and OP Procedures are Adequate for Operator Responses
- PT-106 Special Load Testing of Emergency Diesel Generator, Revision 2 dated 5/80
- PT-745 NNI X Power Supply System Testing
- PT-746 NNI System Testing, Revision 0, dated 4/80

No items of noncompliance or deviations were identified.

11. Procurement (38701)

References: (a) QPP-4.50, Procurement Control for Spare Parts, Materials and Services for Operations Phase, Revision 4 dated 10/78
(b) QPP-7.50.1, Source Evaluation and Selection Spare Parts, Suppliers and Services, Revision 4 dated 10/77
(c) QPP-7.51, Source Surveillance Inspection Spare Parts, Supplies and Services, Revision 2 dated 7/77
(d) QOP-4, Processing Quality Procurement Requisitions, Revision 4 dated 2/80
(e) QOP-12, Purchase of Quality Material and Services, Revision 6 dated 4/80
(f) SREP-1, Safety Identification and Design Input Requirements, revised 10/79
(g) SREP-12, Applicability of 10 CFR, Part 21 to Procurement Documents, dated 8/79
(h) SREP-15, Technical Review of Nuclear Plant Safety-Related Purchase Requisitions, dated 12/79
(i) PDP-02, Approved Bidders/Suppliers List, Revision 4 dated 8/79
(j) CP-101, Procurement of Material, Equipment and Services, Revision 11 dated 9/79

The inspector reviewed the procurement program to verify that program procedures require procurement documents for safety-related materials to specifically identify the needed material; to establish requirements for technical procurement data and documentation; to specify access ability to vendor's plants and records for audit purposes; and to require that vendors provide a satisfactory QA program and comply with 10 CFR 21 reporting requirements. Procurement procedures were also reviewed in order to determine

that measures and responsibilities had been delineated for determining quality classification of items; for initiation, review and approval of purchase documents; and for making purchase requisition changes. The area of material bidders and suppliers was also analyzed. The inspector looked for documentation of an acceptable method to qualify/disqualify vendors, an ongoing vendor audit or review program and the upkeep of an approved vendor's list. Although the inspector noted several areas where different procedures described the same portion of the procurement process, all procurement program areas inspected were adequately documented with no identified discrepancies between similar procedures.

In order to verify implementation of the procurement program, the inspector selected eight safety-related items, located their purchase order packages and compared the actual document preparation and handling with that required by the procedures. The selected items with purchase orders are as follows:

Item	P. O. Number
Tubing, 1/4"	A47264Q
Compression Assembly	3-13317Q
Silicone Oil	A31461Q
Module, Current, Model Tem1A	3-10969Q
Stator (315316-DD)	A30127Q
Coupling, Thomas Solid Type	A46580Q
Cable, EK-18E	A41857Q
Cation Resin, CP-100	A49090Q

All inspected documents conformed to the requirements of the written procurement procedures. No items of noncompliance or deviations were identified in the area of procurement.

12. Audits (40702, 40704, 92706)

References:
(a) CP-110, Procedure for Compliance Audit of Plant Functions, Revision 10 dated 3/80
(b) QP-16.50, Corrective Action for Operations Phase, Revision 4 dated 4/79
(c) QP-18.50, Quality Audits, Reviews, and Evaluations for Operations Phase, Revision 13 dated 7/77
(d) QAP-8, Quality Program Audits, Revision 2 dated 8/79
(e) QAP-18, Control of Noncomformance and Corrective Action Reports, Revision 8 dated 7/77
(f) Quality Program Policy 16.1, Corrective Action and Action Items, Revision 3 dated 4/79
(g) Quality Program Policy 18.1, Quality Program Audits and Evaluations, Revision 4 dated 4/79

a. Program Review

Two distinct audit programs exist at Crystal River; one to meet the requirements of the Technical Specifications and the accepted QA Program for a periodic audit (Quality Program Audits) and the other to

meet the requirements of plant management for an objective, independent review of plant activities (Compliance Audits). Both audit programs were reviewed to verify that: the scope of the audit program had been defined and was consistent with commitments and requirements; responsibilities had been assigned for determining the qualifications of auditors, for assuring corrective action, for periodic review of the program, for issuance of reports, and for preparation of plans and schedules; methods had been defined for taking corrective actions to correct deficiencies noted; and the audited organization is required to respond in writing to audit findings.

As a result of the above review, no items of noncompliance or deviations were identified. A portion of an inspector followup item with respect to the Compliance Audit Program was identified as discussed in paragraph 12.d

b. Implementation

The licensee's two audit programs were reviewed to assure that the controls specified in the referenced documents were implemented. The following specific audit reports and associated corrective actions were reviewed:

Audit No.	Audit Area	Date(s) of Audits
Compliance Audits		
80/1	AI-1000, Housekeeping	2/5/80
80/2	AI-400, Procedure Reviews	1/30/80
80/3	SP-381, Locked Valve List	2/15/80
80/4	AI-600, Conduct of Maintenance	5/1/80
80/5	Emergency Drills	Not performed as of August 13, 1980
80/6	OP-707, Receiving Diesel Fuel	3/21/80
80/7	CP-113, Work Permits	4/2/80
Quality Program Audits		
QP-184	Nonconformance and Corrective Action Controls	12/11-13/79
QP-188	Administrative Controls	4/15-30/80

Items of noncompliance or deviations were identified. One open item (paragraph 12.c) and three additional inspector followup items (paragraphs 12.e through 12.g) were identified.

c. System for Tracking Audit Findings, Responses, and Corrective Actions

The licensee had identified a lack of a formal system for tracking audit findings, responses, and corrective actions in audit QA-184. As

of this inspection, the licensee had not completely implemented a system nor was the proposed system documented. A full time clerk had been hired to track these items, and all items requested by the inspector were readily retrieved.

The licensee stated that appropriate instructions would be written and that, initially, discrete log books would be maintained to track each function. This system was targeted for complete documentation and implementation by December 31, 1980.

This area will be reviewed during a future inspection. For records and tracking purposes this is designated open item 302/80-30-11.

d. Changes to the Compliance Audit Program

As stated in paragraph 12.a above, the compliance audit program exists to meet the requirements of the plant management, not to meet the requirements for audits from the Technical Specification and the accepted QA Program. Because the licensee uses this program to provide a method to meet requirements, the program was reviewed since it is delineated in the accepted QA Program's implementing procedures as a quality activity. However, since the program is an administrative management tool designed to assure that regulatory requirements are not exceeded in much the same way that the plant has established administrative limits on radiation exposure to prevent exceeding the 10 CFR 20 limits, no citation is issued for the licensee's failures to completely implement the requirements that he has established for himself in reference (a). However, because compliance with procedures is a basic ingredient in the operation of nuclear facilities, the areas of weakness in the currently implemented compliance audit program are documented below and will be followed up during future NRC inspections.

(1) In audit 80/1, the plant's response was not received within the specified 30-day period; handling of an overdue response is not defined in the current procedure nor is the process of granting extensions defined (which was used in the example given).

(2) In audit 80/2, checklist item 7 required the review of refueling procedures to be verified but these procedures are only required to be reviewed prior to a refueling. The inspector made a note that this activity would be reviewed prior to the scheduled March 31st refueling. Due to unplanned plant operations, the refueling activity began as part of an earlier shutdown and no review of the area was completed. The current program has no provisions for documenting and tracking such "future audit items".

(3) Audit 80/2 identified a failure to perform periodic procedure reviews in six plant departments; three transmittal letters in the file (dated 2/25/80) documented notification of half of the affected departments. Letters to the remaining three departments were dated June 10, 1980 and contained a note stating that these

letters were the second notice. The current procedure has no method defined to track individual audit items; the entire audit is tracked as "open" or "closed". The fact that the findings were either not transmitted to half of the affected departments or not responded to by those departments in the specified time period remained undetected for a period of over four months.

(4) The corrective action associated with audit 80/3 had been completed as documented in the Audit Closure Letter signed by the Nuclear QA/QC Compliance Manager on 4/28/80. The Audit Team Leader had not signed the "Corrective Action Verified" space in the audit folder although he had initialed block 6 on the Audit Performance Checklist indicating that required corrective action followup had been completed. Paragraph 8.2.7 of reference (a) requires the Audit Team Leader to sign the Corrective Action Verified space before the Audit Closure Letter is sent.

(5) Audit 80/1 was performed on 2/5/80; the Audit Team Leader was not certified until 2/14/80. Similarly, audit 80/2 was conducted on 1/30/80 and its Audit Team Leader was not certified until 3/4/80.

(6) Audit records, inspector qualification records, and other documentary evidence associated with the compliance audit program are not duplicated nor are they stored in an acceptable single records storage location.

In discussions with both the Plant Manager and the Nuclear QA/QC Compliance Manager, Florida Power Corporation's intentions to maintain a Compliance Audit Program which was effective and which complied with written procedures was stated. The licensee further stated that the inadequacies in the procedure would be corrected and that compliance with the revised procedure would be achieved. This area will be reviewed during future NRC inspections and for record purposes is identified as inspector followup item 302/80-30-14.

e. Escalation of Delayed or Unsatisfactory Responses to Quality Program Audits

Reference (d) contains a requirement in paragraph 5.6.3 relative to delayed or unsatisfactory responses to Quality Program audits. The action specified refers the items to the Manager, Quality Program Audits (Manager, Quality Audits and Engineering) and the Director, Quality Programs. The current procedure specified neither criteria for nor further actions to be taken by these managers. However, these individuals orally informed the inspector of a series of actions that would or could be taken to assure resolution. The inspector found no examples where improper escalation occurred, but an indepth audit of this aspect was not conducted during this inspection.

This area will be reviewed during a future NRC audit to determine if additional written procedures are required or if satisfactory escalation

is being accomplished using the currently documented requirements. For record and tracking purposes this is designated inspector followup item 302/80-30-15.

f. Management of the Audit Program

The Manager, Quality Audits and Engineering is charged with the control of the audit program for assuring that all areas are audited, that corrective actions are taken in a timely fashion and that actions are responsive to the identified inadequacy. The current procedures provided the inspector with no obvious means whereby these functions were accomplished. During discussions with this manager, the inspector was told that all audit correspondence is routed through him to assure that these aspects are included. This requirement is contained in an interoffice memorandum to all Quality Programs personnel dated January 31, 1980. This aspect of the control of the program was not an indepth audit during this inspection, but no obvious cases of excessive extensions of time for replies or inadequate corrective actions were found in the sample reviewed.

This area will be reviewed during a future NRC audit to determine if additional controls are needed or if satisfactory control and management of the audit program can be maintained under the licensee's current system. For record and tracking purposes this is designated inspector followup item 302/80-30-16.

g. Engineering Review of MARs (QP-159-5)

In reviewing the tracking of certain audit findings and their closeout, the inspector found one item which dealt with the current inspection effort related to the Engineering review of MARs. The licensee's audit (QP-159) had identified possible problems with the review of MARs that were initially designated as non-safety-related and were later found to be safety-related. Since this issue is also of concern to the NRC, the licensee's resolution of this item will be reviewed during a subsequent inspection. The due date for resolution of this item is December 31, 1980, according to the licensee's documentation. For record and tracking purposes this item is designated inspector followup item 302/80-30-17.

13. Housekeeping/Cleanliness Program (54701)

References: (a) AI-1000, Good Housekeeping, Revision 8 dated 4/80
(b) CP-116, Standard Cleanliness Specifications, Revision 2 dated 4/79

The inspector reviewed the referenced material with respect to the licensee's accepted QA Program and ANSI N45.2.3-1973 as committed to by the Program. The inspection was to verify that administrative controls for general housekeeping and cleanliness practices have been established which includes the following specific items: housekeeping zones, control of housekeeping

during working activities; requirements that excessive equipment and materials are returned to storage areas; requirements for the prompt removal from the facility of combustible materials or debris; requirements for cleaning safety-related components and systems; establishment of cleanliness classifications for plant systems; establishment of requirements for material accountability in critical areas; requirements for cleaning primary system components that have been repaired or replaced; and requirements for maintaining the cleanliness of previously cleaned systems.

As the result of this inspection one item of noncompliance was identified as discussed in paragraph 13.a.

a. Failure to Follow Housekeeping Procedure

Technical Specification 6.8.1 requires that procedures shall be implemented. AI-1000, Good Housekeeping, Section 8.0, requires inspections to be performed by the OTAs or OSM (during outages) with Monday duty. For discrepancies identified during these inspections the Building Services Superintendent shall initiate corrective action within 24 hours and perform a followup inspection by the end of the work week of the original inspection. The inspector reviewed the results of inspections held on May 26 - June 1, June 9-14, and July 10, 1980. In each of these inspections discrepancies were identified that required corrective actions.

On August 14, 1980, the inspector verified that no corrective action had been taken for four items classified by AI-1000 as immediate action required:

INSPECTION DATE	AREA/LOCATION	DISCREPANCY	PRIORITY*
5/2 - 6/1	Fire Service Room NW Corner, Outside	2 drums Acetone	1
6/9 - 6/14	Control Room	Panel covering FS piping in Chart Room needs replacement	1
6/9 - 6/1[illegible]	Control Complex	"A" ES, 480V SWGR Room panel needs installation on cable chase	1
7/10	Entry to C. C. Elev. 124'	Door catch broken	1

*Priority 1, Immediate Action Required

The inspector also verified that for four items requiring immediate corrective action, action had been taken but not documented:

INSPECTION DATE	AREA/LOCATION	DISCREPANCY	PRIORITY*
6/9 - 6/14	Control Complex, 5th floor	Four cans oil at entrance to fan room	1
6/9 - 6/14	Control Complex	Cables on floor at entrance to ES, 4160V SWGR Room are a tripping hazard	1
6/9 - 6/14	Intermediate Building	Insulators must clean up after each days work	1
5/10 - 5/24	Hot Machine Shop	Entire Hot Machine Shop need cleaning up	1

*Priority 1, Immediate Action Required.

The items selected for review were priority 1 items on these inspection dates. There were items identified with other priority classifications for which corrective action may have been taken; but if this action had been taken it was not documented. This example of failure to follow procedure constitutes an item of noncompliance (302/80-30-02).

14. Nonlicensed Personnel Training (41700)

References: (a) AI-600, Conduct of Maintenance, Revision 11 dated 5/80
(b) AI-1400, Conduct of Training, Revision 0 dated 7/80

The licensee had made a number of changes to his training programs since the last (June 14-15, 1979) inspection of this area; these changes are documented in reference (b), and they continue to meet the licensee's commitment to comply with ANSI N18.1-1971. However, the licensee had not included the training program for craft personnel (the Enclosure 7 which was to document this program stated "To be included later") except in the area of craft personnel review of procedures. This lack of documentation for craft training programs was identified as an unresolved item (302/79-23-06) during the last inspection. Action with respect to this item is documented in paragraph 3.b.(4) of this report.

The actual training being conducted was verified by review of documentation and interviews with personnel as documented in paragraphs 14.a through 14.d.

a. New/Temporary Employee Training

The inspector participated in a training session designed to meet requirements for training new or temporary employees prior to being authorized badged access to the site. Security, fire protection, housekeeping, general emergency procedures, quality assurance and industrial safety were covered in a combination live instructor and videotape session lasting approximately three hours. This session was followed by health physics and 10 CFR 19 training which the inspector did not monitor. The inspector reviewed training records for three individuals who had participated in this training and then interviewed one of those individuals. The individual interviewed had received the training on July 23, 1980, and was knowledgeable of the health physics elements that were covered. His recollection of the other areas was marginally acceptable.

The licensee does not evaluate the effectiveness of the non-health physics portion of this training. Evaluation of training is recommended by ANSI N18.1-1971 (Section 5.5), but is not required. However, because of the marginally acceptable nature of this individual's recollection of the training and because the licensee does not evaluate this portion of the training, this area will receive additional inspection in the future and, for record and tracking purposes, is assigned inspector followup item 302/80-16-13.

b. General Employee Retraining

On a biennial basis the licensee's procedure, AI-1400, requires retraining of all plant personnel in the areas covered by new Employee Training. Records for two plant employees were reviewed to verify completion of this training, and one of these employees was interviewed to verify completion of the training as documented. Security training is performed on an annual basis as are some procedure reviews for various selected departments.

No items of noncompliance or deviations were identified.

c. Craft Personnel Training

The licensee conducts on-the-job training as well as classroom lectures for craft personnel. Maintenance personnel are rotated through the various assigned tasks which are performed as part of the Preventative Maintenance System (PMS) program; this rotation is not specified in any documented procedure nor are the criteria for rotation specified. The rotation of personnel is documented.

Procedures relating to each craft area are reviewed and the reviews are documented. While AI-1400 specifies the generic review area and frequency, it does not list the procedures which are included in the generic heading nor does it provide controls to assure that all required procedures are covered in the specified frequency.

Special training sessions are provided when a specific need arises or a particular problem area is identified. These special training sessions are documented.

No item of noncompliance is issued for an inadequate training procedure (as indicated by the lack of a documented program, listed above) because the licensee's current practices meet current requirements and the licensee has stated that action will be taken to document these practices. The unresolved item which will track this item is carried over from Inspection Report 50-302/79-23 and is documented in paragraph 3.b.(4) of this report. Paragraph 3.b.(4) also contains the dates by which the licensee has committed to the completion of certain milestones associated with this area.

The inspector also noted that reference (a) refers to AI-800, Section 6 for the conduct of Maintenance Training; Section 6 of AI-800 no longer exists.

d. Implementation of QC-200, QC Inspector Training

In reviewing the training for QC Inspectors, no program of training was currently in place. The procedural coverage for such a training program had been documented (QC-200), and the program had been placed under the control of the Nuclear QA/QC Compliance Manager and removed from the control of the Maintenance Department. Further, all of the QC personnel currently performing inspections were certified; the certification was dated August 5, 1980 and had been based on past working experience. Certification based on previous experience is allowed under QC-200.

However, a recent Quality Program audit (QP-196, conducted in August 1980) had identified the lack of an implemented training program; this audit report had not yet been issued to the plant nor had any corrective action been proposed. Because the current QC inspectors had been certified less than two weeks prior to the inspection, the NRC was unable to review items which they had inspected to determine if these inspectors had adequate knowledge to perform their assigned tasks. Since there were no training records to review, the inspector was also unable to evaluate any training that they might have received.

Since the inspector was unable to verify during this inspection that the training requirements of 10 CFR 50, Appendix B, Criterion II had been met, the area could not be considered acceptable. However, since the licensee has not yet responded to his internal audit program finding in this area, the acceptability will be reviewed after the licensee's proposed corrective action to audit QP-196 has been received and evaluated. Until the evaluation is completed, this item (302/80-30-07) is unresolved.

15. Licensed Operator Requalification Training (41701)

References: (a) AI-1400, Conduct of Training, Revision 0 dated 7/80
(b) Appendix 12C of the Crystal River 3 FSAR

There were no changes made to the licensee's requalification program since the last inspection of this area, although a new procedure reference (a), has been written to implement the program, reference (b). The implementation of the accepted requalification training program was reviewed to assure the licensee has: prepared a schedule for conducting lectures; prepared lesson plans or equivalent for three lecture topics reviewed; and included material in the requalification lecture series on subjects identified as deficient by evaluation of the annual examinations. The inspector determined which licensed operators: failed all or portions of the annual examinations; received unsatisfactory performance evaluations; and/or did not perform licensed duties for a period of four months or longer. The inspector verified the completion of appropriate follow-through action for all or a representative sample of these individuals. The inspector reviewed the training records for six NRC licensed personnel to verify that each record included: copies of annual written examinations and the individual's responses; documentation of attendance at all required lectures; documentation of required control manipulations; the results of performance evaluations; documentation of any required additional training to satisfy deficient performance; and documentation of completion of required procedure reviews and/or self study. Additionally, the inspector interviewed three licensed personnel to verify that the training records reflect the actual training received.

As a result of this review, no items of noncompliance or deviations were identified. Previously identified items in this area that have been closed out are discussed in paragraphs 3.b.(1) and 3.b.(2).

16. Training Records Control (39701)

References: (a) DC-104, Control of Quality Construction, Testing, and Plant Operating Records, Revision 3 dated 4/79
(b) AI-800, Conduct of Administrative Services, Revision 9 dated 1/80

While closing out item of noncompliance 302/79-04-15, the inspector noted that all referenced quality records were being microfilmed except training records. The licensee's accepted QA Program (FSAR) Section 1.7.6.7.1.8 states that ANSI N45.2.9 requirements will be met and that quality records will be microfilmed. Reference (a) defines individual training records as plant operating QA records and states that such records will be microfilmed. Reference (b) states that training documents will be maintained by the Training Supervisor for a two-year training cycle at which time the documents will be placed into the plant files.

The inspector interviewed the Nuclear Administrative Supervisor and the Operations Training Supervisor concerning the failure to have training

records microfilmed. Both supervisors perceived training documents as not becoming records until after an individual left the plant and that duplicate storage would be sufficient. (Duplicate storage satisfies ANSI N45.2.9 but not the accepted QA Program requirement for microfilming.) The inspector determined that lack of understanding and not deliberate failure to microfilm records has caused training records to be left out of the quality record microfilm library. The licensee has committed to a date of October 31, 1980 for submission of an FSAR change requiring that training records be maintained in dual storage or microfilmed instead of microfilmed only. Based on this submission date this item will be carried as open item 302/80-30-12.

17. Offsite Review Committee (40701, 92706)

Reference: Technical Specifications

Technical Specification 6.5.2.9.d requires that audits of facility activities be performed under the cognizance of the NGRC and that these audits shall encompass the performance of activities required by the Operational QA Program to meet the criteria of Appendix B, 10 CFR 50, at least once every 24 months.

The inspector reviewed the licensee's method to assure that this Technical Specification requirement was being met with respect to the QA Program. The licensee hires an independent contractor to audit the overall effectiveness of the QA Program. The contractor presents its findings to the licensee and after completion of items identified a report is given to the NGRC for their review. This audit was performed by Southern Service Application, Inc., in February 1979. The inspector requested to see the results of the audit as presented to the NGRC but was informed that a formal presentation (report) had not been made to the NGRC as of the date of this inspection, August 15, 1980.

All items identified by this audit have not been closed. Due to time limitations the inspector was not able to determine why all items on the audit had not been closed and a report made to the NGRC. Until the inspector can review this audit and the corrective actions taken by the licensee, this item is unresolved 302/80-30-04.

18. Licensee Action on Previously Identified Open Items (92701)

a. (Closed) Open Item (302/79-04-20): Failure to provide adequate space for environmental control storage. A new, large warehouse has been constructed for the storage of Level A safety-related materials. Separation of material is quite adequate and access to storage locations is relatively easy.

b. (Closed) Open Item (302/79-23-07): Revision of recordkeeping system. The fact that the licensee's recordkeeping system did not allow management to readily review requalification program status was identified as a cause contributing to a number of items of noncompliance identified

in the 50-302/78-23 report. The licensee has stated that he would revise his recordkeeping system to allow for ready access to summary items that would clearly indicate the current completion status of each requirement of the requalification program for each participant; this has been completed. The licensee has established a plexiglass covered status board which is maintained by contract instructor personnel. In addition, the licensee also maintains a listing on paper forms that indicate current status within the program for each participant.

c. (Closed) Open Item (302/79-27-04): Incomplete design package. The inspector reviewed MAR 79-5-70C which included test and acceptance criteria necessary to certify MAR 79-5-70B.

d. (Closed) Open Item (302/79-27-05): Implementation of CP-114, Revision 19. Revision 19 of CP-114, Control of Permanent Modifications, Temporary Modifications, and Deviations, was issued on July 20, 1979.

e. (Closed) Open Item (302/79-27-06): Undefined procedural term. The licensee has reviewed QOP-10.0, Maintenance and Control of Records, Revision 3 dated 8/79 to define the term "outdated record". As QOP-10.0 now reads, an "outdated record" is one which has been "... closed by the Accounts Payable Department."

19. Acceptability of Current Practices for Locking Certain Valves (92706)

Audit 80/3 contained a comment (not listed as a finding) by the auditor with respect to the current practice for "locking" motor operated valves. The comment was to the effect that only remote electrical operation of the valve would be prevented by the current practice of opening and locking the power supply breaker; local manual operation of the valve would still be possible. This item was referred to NRC regional management in a telephone conversation during the inspection. Because of the numerous occasions where improperly aligned valves have caused or contributed to recent improper system operations at nuclear facilities in general, the generic aspects of the "locking" practice requires further NRC review.

Until NRC management has completed a review of the practice (which also occurs at other nuclear facilities) described above and position on acceptability of this practice has been determined this item is unresolved (302/80-30-05). No action is required by the licensee at this time.

20. Gaseous Release of August 12, 1980 (93701)

On August 12, 1980 high alarms had occurred on RMA-2 and RMA-3. The work activity that could be attributed to these alarms was the sampling of the make-up tank gas space. Upon further investigation it was found that the highest airborne concentration was located in the vicinity of the Waste Gas Analyzer Panel. The assumption was then made that the check valve WDV-935, WDV-936, or WDV-937 was leaking back into the Waste Gas Analyzer Panel and then subsequently into the atmosphere.

This leakage path has occurred in the past and MAR 77-11-7 was generated and implemented to resolve the problem. The MAR had changed the suspect check valves from hard seat to soft seat valves.

There have been similar occurrences at the same local vicinity but for different causes. These problems are being addressed by Gilbert Associates in a waste system evaluation study. The waste gas system is addressed in Section 5.0 of this study.

Work requests No. 17430 and No. 17431 have been generated to leak test and repair if necessary suspect check valves and waste gas analyzer piping.

Calculations indicated no significant release to the atmosphere and no overexposure or contamination of personnel onsite.

The licensee's actions with respect to repair of the leaks and action taken to implement the solutions set forth in the Gilbert Associates study will be reviewed during future inspections. Until these actions have been reviewed and evaluated, this item is unresolved (302/80-30-06).

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