

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

REGION IV

Report No. 50-313/80-16  
50-368/80-16

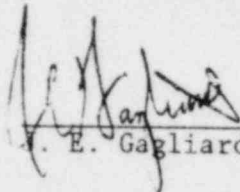
License No. DPR-51  
NPF-6

Licensee: Arkansas Power and Light Company  
P. O. Box 551  
Little Rock, Arkansas 72203

Inspection at: ANO Site, Russellville, Arkansas and Arkansas Power and Light  
Corporate Office, Little Rock, Arkansas

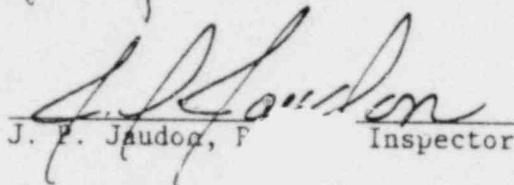
Inspection conducted: September 2-5, 1980

Inspectors:



V. E. Gagliardo, Chief, Nuclear Support Section

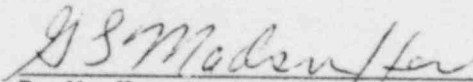
9/19/80  
Date



J. P. Jaudon, P Inspector

9/19/80  
Date

Approved:



D. M. Hunnicutt, Chief, Reactor Projects  
Section No. 2

9/19/80  
Date

Inspection Summary:

Inspection conducted during period September 2-5, 1980 (Report No. 50-313/80-16;  
50-368/80-16)

Areas Inspected: Routine, unannounced inspection including Audit Programs,  
Records, and Document Control. The inspection involved 59 inspector-hours on  
site and at the Corporate Office by two NRC inspectors.

Results: Of the three areas inspected, no apparent items of noncompliance  
were identified in two areas; one apparent item of noncompliance (infraction -  
failure to follow procedures with regard to audit findings - paragraph 4) was  
identified in one area.

## DETAILS SECTION

### 1. Persons Contacted

- \*B. Austin, Assistant Office Service Supervisor
- \*B. Baker, Operations Manager
- \*B. Bata, Quality Assurance Engineer
- M. Bishop, Office Service Supervisor
- C. Cole, Assistant Office Service Supervisor
- J. Enos, Licensing Engineer
- \*F. Foster, Operations and Maintenance Manager
- #H. Greene, Quality Assurance Engineer
- #D. Harper, SRC Secretary
- \*L. Humphrey, Manager Plant Administration
- #D. Lach, Quality Assurance Engineer
- \*J. O'Hanlon, ANO General Manager
- #D. Rueter, Director, Technical & Environmental Services
- \*L. Sanders, Manager Maintenance
- \*L. Schempp, Manager, Nuclear Quality Control
- #D. Sikes, Director, Generation Operations

\*Indicates presence at exit interview conducted September 4, 1980, at ANO Site, Russellville, Arkansas.

#Indicates presence at exit interview conducted September 5, 1980, at Corporate Offices, Little Rock, Arkansas.

The inspectors also contacted other plant personnel including administrative personnel, technicians, and engineers.

### 2. Licensee Action on Previous Inspection Findings

(Closed) Unresolved Item (313/78-04-02): Air handling system for Unit 1 fuel handling area not on Q-List. On July 28, 1980, the licensee issued Revision 16 to the Unit 1 Q-List which incorporated the fans, filters, ducts, and duct supports of the air handling system into the Unit 1 Q-List.

### 3. Licensee Internal Audits

The inspectors reviewed the report of an audit on document control. The report was dated May 16, 1980. The inspector also reviewed the five Audit Finding Reports (AFR's) resulting from this audit and the licensee's action on them. The AFR's were 1-168, 1-169, 1-170, 1-171 and 1-172.

The inspectors also reviewed a number of QA and Safety Review Committee (SRC) audit reports (See Table 4-1 in paragraph 4) to verify the implementation of the licensee's audit program.

4. Audit Program

The inspectors reviewed the licensee's overall audit program to verify that it included all of the features specified by the regulatory requirements and by the licensee's commitments in this area. The inspectors also reviewed the audit reports and audit finding reports (AFR's) listed in Table 4-1 to verify that the overall audit program had been implemented.

The overall audit program that was reviewed included:

- . The audit program of the onsite QA organization;
- . The audit program of the corporate QA organization; and
- . The audit program of the Safety Review Committee (SRC)

The program review included a verification that:

- . The scope of the overall program was consistent with the licensee's commitments and regulatory requirements;
- . Responsibilities had been assigned for the overall management of the program;
- . Methods had been defined for effecting corrective action;
- . The program required the audited organization to respond in writing to audit findings;
- . Checklists or procedures were required to be used in performing audits; and
- . Distribution requirements had been defined for audit reports and responses.

To verify that the overall audit program had been implemented. The inspectors reviewed the audit reports and the associated AFR's to the reports which are listed in Table 4-1. The scope of the review included a verification that:

- . Audit frequency requirements were met;
- . Written procedures and/or checklists were used;
- . Trained personnel not having direct responsibility in the area conducted the audit;
- . Audit results were documented and reviewed;
- . Follow-up action had been initiated or planned;
- . The audited organization had responded in writing; and
- . The identified deficiencies (AFR's) had been placed on the appropriate punch list.

In general, the inspectors found that the audit program met the licensee's regulatory requirements and commitments. The inspectors also found that the licensee had generally implemented all of their program requirements. The inspectors found, however, that the Plant Safety Committee (PSC) was not routinely reviewing the audit reports and AFR's issued by the onsite and corporate QA organizations. SRC audit findings were being routinely reviewed by PSC.

Section 6.3.12 of Procedure No. 1000.02, "Plant Safety Committee (PSC) Program," dated November 14, 1979, requires that the PSC review reports related to station operations or activities such as QA audit reports.

The inspectors also found that the report of an audit (No. E 80-4) which was conducted in March 1980, under the licensee's audit program described by Procedure No. ANO-14 contained only a single AFR (No. LA-209) which was written to document the six deficiencies identified in the audit.

Paragraph 5.1 of Procedure No. ANO-14 requires that for each checklist result of "unsatisfactory" or "recommendation" an audit finding report (AFR) shall be written.

Criterion V of 10 CFR 50, Appendix B, requires that activities affecting quality shall be prescribed by documented instructions or procedures and shall be accomplished in accordance with these instructions or procedures. This requirement is further amplified by Section 5 of the licensee's QA Manual for Operations.

The licensee's failure to adhere to Procedure No. 1000.02 and Procedure No. ANO-14 as documented above constitutes an apparent item of noncompliance (8016-01) against the above requirements.

The SRC and the QA organization had joint responsibilities for the audit of activities covered by two of the Appendix B Criteria (Training - Criterion II, and Corrective Action - Criterion XVI). Section 18.1.1 of Revision 5 to the QA Manual for Operation (which will be effective in November 1980) addresses this overlap of responsibility. Section 18.4.2 of Revision 5 states that audit personnel will be provided with appropriate training to assure competence for performing the required audits. The training and certification of QA audit personnel had been established and satisfied the guidance of ANSI N45.2.23, but the audit program (SRC-1) for SRC did not provide for equivalent training/certification of the SRC auditors. This has been identified as an open item (8016-02) and will be re-examined when Revision 5 to the QA Manual becomes effective.

The inspectors identified the following concerns with the overall audit program of the licensee.

- a. The SRC audit program did not require the use of a procedure or checklist in the performance of SRC audits. The program required only an agenda which provided the scope of the audit.
- b. SRC audit findings were not entered into the SRC punch list.
- c. Requirements for responding to audit findings were not established by the audit program, but were generally identified in the transmittal letters for the audit reports.
- d. The audit program established no requirement for periodically reviewing the status of the audit program. The program did require an annual QA Program Report which documented program completion to management.
- e. The onsite QA organization did not routinely receive copies of:
  - . NRC inspection reports
  - . LER's
  - . QC inspection reports
  - . Plant Trouble Reports
- f. The procedure (QAA-7) which established QA Surveillance requirements did not require that the surveillance reports be sent to the organization responsible for the area being examined. The surveillance reports were only required to be sent to the QA manager.

- g. No responsibility had been assigned in the program for reviewing audit findings to determine if the findings were reportable to NRC.

These concerns were discussed with licensee representatives during the September 5 exit interview. Licensee representatives indicated that they understood the concerns, but made no commitments regarding their resolution.

TABLE 4-1

AUDIT REPORTS REVIEWED

<u>Title</u>	<u>When conducted</u>	<u>Audit Organization</u>	<u>Associated AFR Nos.</u>
Job Orders and Trouble Reports	March 1979	Onsite QA	None
QC Inspections	May 1979	Onsite QA	None
Inservice Testing of Pumps and Valves	October 1979	Onsite QA	2-92, 2-93
Nonconformance and Corrective Action	December 1979	Onsite QA	None
Maintenance/Preventative Maintenance	December 1979	Onsite QA	1-161
Calibration Control for Measuring & Test Equip.	July 1980	Onsite QA	1-180, 1-181, 1-182
Fire Protection	June 1980	Onsite QA(for SRC)	1-177, 1-178, 1-179
Plant Staff Inspection	April 1980	Onsite and Corporate QA	1-171
Resolution of Previous Audit Findings	June/July 1980	SRC	N/A
Surveillance Testing	June/July 1980	SRC	N/A
Results of Action Taken to Correct Deficiencies	June/July 1980	SRC	N/A
Quality Assurance General Audit	March 1980	Contractor	LA-209

5. Document Control

The inspector reviewed the licensee's program for document control and found that the licensee was in the process of preparing new procedures affecting this area. With regard to drawing control, the inspector found that the licensee had no procedure issued which provided detailed and specific guidance concerning the mechanics of updating the various sets of controlled drawings located throughout the site; however, the inspector found that the licensee had drafted a procedure (1013.01 - "Document Control and Distribution") to rectify this omission. By interview, the inspector established that supervisors and personnel responsible for drawing control were familiar with the requirements of the draft procedure 1013.01 and that these provisions were nominally being carried out.

The inspector checked approximately twenty drawings selected at random from the master index and found that there were discrepancies in some of the sets of controlled drawings. Specifically, the inspector found that there were four discrepancies with equipment indexes (e.g., drawing numbers M80, M81, M2080, etc.)

These equipment indexes (or lists) are not actually drawings but are given drawing numbers and are controlled as drawings. The discrepancies found with index lists were that, in some instances, the required number as specified in the master index were not available at the designated location or that, in other instances, the indexes did not have the latest change entered. The inspector determined that changes had not been entered because drawing control personnel, who were tasked to enter changes and to retrieve superseded material, had also experienced difficulty in locating all controlled copies of the equipment index lists. Drawing Control personnel would not enter a change in an equipment list at a station until all controlled copies of the list at the station were made available at the same time. A senior licensee representative stated that they had recently recognized a problem with the equipment lists. This will be considered an unresolved item (8016-03) pending the licensee's action to complete issuance of procedure 1013.01 and to correct the specific deficiencies identified at the time of the inspection.

6. Records

The inspector reviewed the administrative controls for records management. The ANO procedure for this was number 1004.24. The inspector determined that this instruction implemented regulatory and FSAR requirements but that some position titles had changed because of reorganization at the site; however, the specified functions for records management were being carried out. The inspector was shown a draft procedure (No. 1000.17) which was the proposed replacement for procedure 1004.24. This draft procedure was under review by the licensee at the time of the inspection.

The inspector requested that the following records (selected at random from the computer index files) be retrieved for inspection:

- . The most recent fire system surveillance (surveillance 1405.13)
- . Pre-operational testing (Unit 2) for system 41 (i.e., N2 system)
- . Design changes number 228 and 478
- . Procurement and Inspection records for material on purchase orders 04224 and 65961
- . Training Records for two employees whose names were provided by the inspector
- . Surveillance Test 1104.32
- . Calibration Data for test gage 42 and for electrical meter R-3C-272
- . Reportable Occurrence (Unit 1) 79-017

In each case, the licensee representative promptly retrieved the requested record, and the inspector found that these records appeared to be complete and accurate.

The inspector toured the records vault. The vault was divided into two sub vaults, separated by a fire door and concrete block wall. One area, approximately 8300 cubic feet, was used for microfilm storage. The other area, approximately 16,200 cubic feet, was used for paper records. Both sections of the vault had separate fire/smoke detection systems and gas (halon) fire suppression systems. The paper records were stored in the file folders on open shelves. Licensee representatives stated that the conversion of all paper records to microfilm was underway and that all microfilm records would be maintained in dual storage facilities (on site and at the corporate office in Little Rock) in accordance with the provisions ANSI N45.2.9 (1979), section 5.6. This item will remain open (8016-04) until completion of the licensee's program to provide dual storage.

#### 7. Exit Interview

The inspectors met with Mr. J. P. O'Hanlon (Plant General Manager) and other members of the Arkansas Power and Light staff as indicated in paragraph 1 on September 4, 1980, and with Mr. D. A. Rueter (Director, Technical and Environmental Services) on September 5, 1980. At these meetings, the inspectors summarized the scope of the inspection and their findings.