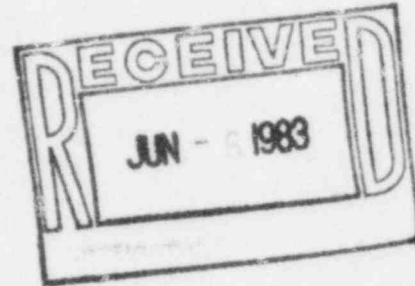


**Omaha Public Power District**  
1623 Harney Omaha, Nebraska 68102  
402/536-4000

June 3, 1983  
LIC-83-133

Mr. W. C. Seidle, Chief  
Reactor Project Branch 2  
U. S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 1000  
Arlington, Texas 76011



Reference: Docket No. 50-285

Dear Mr. Seidle:

IE Inspection Report 83-08

The subject inspection report dated May 6, 1983 identified two (2) deviations regarding the Omaha Public Power District's quality assurance program. Please find attached the District's response to these two (2) deviations.

Sincerely,

*W. C. Jones*  
W. C. Jones  
Division Manager  
Production Operations

WCJ/TLP:jmm

Attachment

cc: LeBoeuf, Lamb, Leiby & MacRae  
1333 New Hampshire Avenue, N.W.  
Washington, D.C. 20036

Mr. L. A. Yandell, Senior  
Resident Inspector

8307120454 830701  
PDR ADOCK 05000285  
Q PDR

Attachment

OMAHA PUBLIC POWER DISTRICT'S RESPONSE  
TO IE INSPECTION REPORT 83-08

Deviation Item 1

Documentation of Continuing Training of Licensee Quality Assurance Personnel

By letter dated June 16, 1981, the licensee forwarded a response to violation 50-285/8107-01. This violation cited the licensee for failure to maintain sufficient records to furnish evidence of activities affecting quality.

The response stated, in part, that:

- "b. Corrective steps which will be taken to avoid further violations:

QAP No. 19 Revision 1, requires that QA forms #18, #28, and #29 be completed and signed to document all continuing training of quality assurance personnel.

- c. The date when full compliance will be achieved:

The use of the documentation forms commenced on June 3, 1981, and the research of the files to validate past training was initiated on May 11, 1981. Updated files will be complete by September 1, 1981, and the District will be in full compliance."

In deviation from the above, it was found that QA form #18 is not required by QAP No. 19 and is not being used, QA form #28 was missing from one QA inspectors training file, QA form #29 was being used but had not been filed in the individual training folders, and documentation to validate past training was filed separately from the individual training files.

Response

- (1) Corrective steps which have been taken and the results achieved.

The District's QAP #19 has been replaced by a QA Department Manual (QADM) procedure as a part of the District's Quality Assurance Program rewrite effort. The QADM establishes the requirement for individual training files which will contain the same types of

information required by the old QAP #19. The old QA forms #18 and #29 have been replaced with a new type of form in the QADM. The elements of the forms have been retained such that the same information is provided. A form similar to the old QA form #28 will be incorporated into the QADM at a later date. In the meantime, the old QA form #28 or a form containing the same elements will be used. At the time of the NRC inspection, the individual files required by the new QADM were being established and information from several other sources to complete the files was being consolidated. The formation of these individual training files has been completed and any missing documentation has been identified.

- (2) Corrective steps which will be taken to avoid future deviation from commitments made to the Commission.

The intent of the original commitment by the District was to assure that training and certification records were retained on each Quality Assurance Department individual requiring qualification, training, or certification. This intent, and the elements of the original documents used by the District, has been retained in the new QADM, but not necessarily the exact format or forms of the original commitment. In the future, the individual training files for Quality Assurance Department personnel will be retained in accordance with the QADM and will contain documentation of training received, applicable certifications of capability (such as Lead Auditor certification or inspector certifications).

- (3) The date when full compliance will be achieved.

The District will be in full compliance with the QADM and the intent of our original commitment as described in paragraph (2) above by July 1, 1983.

#### Deviation Item 2

##### Failure to Accomplish Activities Affecting Quality

In the licensee response to NRC Inspection Report 50-285/81-07, a commitment was made to achieve compliance with the licensee Quality Assurance Program 17, Revision 1, requirement to respond to QA audit reported discrepancies in writing within 30 days from receipt of an audit report. The licensee committed to be in compliance by the end of August 1981.

In deviation from the above, the licensee did not achieve compliance with the requirements of QAP-17 to respond, in writing, to audit reported discrepancies within 30 days. This is evidenced by numerous failures to meet this requirement both before August 1981 and subsequently through the time of this inspection.

Response

- (1) Corrective steps which have been taken and the results achieved.

As was noted in the inspection report, there has been a considerable reduction in the number of late reports, but the frequency of occurrence is still not acceptable. In order to obtain compliance with our commitment, additional attention is being given to this area to ensure that the required 30-day responses are provided in a timely manner.

The District's continued failure to meet the 30-day reporting requirements for open items was traced to the methods being used to track the open items. Quality Assurance has established a Quality/Deficiency Report-Status Report which is issued on a monthly basis. However, while the monthly report and informal follow-up by QA is sufficient to track corrective action progress and completion, it is inadequate for tracking the initial 30-day response.

Therefore, to provide more responsive short-term tracking of 30-day responses, each division involved in the report process has established an internal short-term tickle system. This will provide improved assurance that initial corrective action responses are accomplished within 30 days.

- (2) Corrective steps which will be taken to avoid future deviations from commitments made to the Commission.

The actions outlined in paragraph (1) will prevent future deviation from this commitment.

- (3) The date when full compliance will be achieved.

The District will be in full compliance with the 30-day initial response requirements for deficiency and quality reports by July 1, 1983.