



Omaha Public Power District

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November 20, 1981

Mr. K. V. Seyfrit, Director
U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region IV
611 Ryan Plaza Drive, Suite 1000
Arlington, Texas 76011

Reference: Docket No. 50-285
IE Report 81-24

Dear Mr. Seyfrit:

The referenced report detailed the findings from the Performance Appraisal Inspection conducted at the Fort Calhoun Station and Omaha Public Power District's corporate offices on August 17-28 and September 8-11, 1981. Of the seven areas examined, three were considered below average. Please find attached the District's response to these findings, detailing actions taken or planned to improve management controls in these three areas. In order to address each of the Commission's concerns, the District has excerpted and responded to each specific finding within each area considered below average. The District is also evaluating and taking necessary corrective actions on those findings identified in the four areas not considered below average.

Sincerely,

W. C. Jones
Division Manager
Production Operations

WCJ/KJM/TLP:jmm

Attachment

cc: U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Washington, D.C. 20555

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

OMAHA PUBLIC POWER DISTRICT'S
RESPONSES TO THE PERFORMANCE APPRAISAL
INSPECTION REPORT AREAS CONSIDERED BELOW AVERAGE

Design Changes and Modifications

Finding:

For design changes, "... procedures had not always been followed and adequate controls were not established to verify and document the completion of each step within the required sequence."

Response:

The present modification control procedure as detailed in Standing Order G-21, as revised in September 1981, will provide adequate controls and documentation. Improved training programs for Engineering Division personnel with emphasis on the required procedures and the importance of adhering to them will ensure that the controls in G-21 are maintained.

Finding:

"EEAR's written before 1978 were logged but not controlled to provide traceability from identification through resolution."

Response:

Prior to 1978, modifications were initiated and controlled by Design Change Requests (DCR's) or Generating Station Engineering (GSE) Tasks. The Engineering Evaluation and Assistance Request (EEAR) was used to evaluate (operational or performance) concerns and was a completely separate program. In response to problems of traceability and control of modification documentation, the EEAR concept was re-defined in 1978. The new EEAR combined the previous EEAR and DCR programs. The EEAR was assigned a unique number which is used to identify the modification from initial identification of a problem through final resolution. With over three years of experience using the re-defined EEAR program, the District believes the traceability problems have been eliminated.

The District will review the status of all EEAR's issued prior to 1978 to ensure appropriate actions have been completed or will be initiated. This review will be completed by February 28, 1982.

Finding:

"Prompt action was not being taken to process EEAR's and Modification Requests (MR's)."

Response:

Prompt action is taken on EEAR's and MR's which affect the safe operation of the station or which have a regulatory agency commitment date (Priority #1). Special consideration is given to EEAR's and MR's concerning personnel safety, fire protection, or radiation protection (Priority #2). All other EEAR's/MR's are of lower priority (Priority 3 and 4) and are considered as resources and time permit, as they may be beneficial only from a convenience or economic viewpoint. The backlog of EEAR's and MR's is generally made up of these lower priority items and therefore is not urgent. With the increase in authorized manpower and a decrease in priority items as TMI-related modifications are completed, more effort can be directed to the lower priority modifications.

Finding:

"Safety related drawings were not being updated when system modifications were complete. Interim measures were also not established to ensure that accurate and current drawing information was being provided for the operating staff."

"Administrative controls had not been established in Standing Order G-21, Station Modification Control, Revision 10, to ensure drawings were revised, necessary training was conducted, and operational manual had been updated prior to returning the affected systems to service."

"While licensee maintained a modification control form (FC-109) requiring signatures for procedure revisions and training, sign-off dates were not provided. In addition, there was no requirement on the form to ensure drawing update."

Response:

The revised modification control procedure in Standing Order G-21, revised in September 1981, requires prompt submittal of a site completion report after a modification has been installed. The modification matrix provides clear indication of who is required to update documents and when they should be complete. With this prompt submittal of site completion reports and the additional drafting manpower authorized for GSE,

safety related drawings will be updated in a timely manner. The Standing Orders will also provide a special procedure for updating safety related Piping and Instrumentation Drawings (P&ID's) and electrical drawings which are used by control room operators. This procedure will allow controlled updating of these drawings on an interim basis prior to placing the system into operation. The revised G-21 requires sign-offs for completion of operator training and updating of operating manuals, drawings, and other key documents prior to returning the affected systems to service.

Finding:

"The safety evaluations performed by the licensee considered the effect of the completed modification on the facility; however, the evaluation did not consider any adverse impact caused by the performance of the modification on the operating facility."

Response:

Although not documented on the safety evaluation form, the impact caused by the performance of the modification on the operating facility has always been considered by the designer, the installer, and the Plant Review Committee (PRC) subcommittee in their reviews. In the specific example of the control room modification that was in progress, a special temporary wall was erected for dust control and insulated for noise suppression because of the possible adverse effects of the work on the operator functions in the control room. GSE will review the procedure and documentation for performing safety analyses to ensure they are properly documented. This will be complete by January 31, 1982.

Finding:

"Good housekeeping practices were generally observed except in those areas of the auxiliary building where maintenance and modifications were being conducted."

Response:

Because of the pipe support modifications, the installation of the auxiliary building crane, and preparations for installation of TMI-related items, substantially more construction activity than normal is currently underway. Specific areas of the plant have been assigned to various groups for concentrated clean-up efforts upon completion of the outage. While construction and maintenance activities are underway, some tools and equipment are kept near the work area although not in

continuous use. However, the District will concentrate their efforts to improve house cleaning upon completion of a work shift or a task.

Finding:

QA Audit No. 27-80 performed in 1980 identified lack of documented design verifications on many design packages. "Design work in the electrical area was not being routinely verified," nor has action been "... taken to ensure that all design work performed prior to the QA audit was correctly verified and documented."

Response:

All designs produced by GSE Design Engineers are checked independently by another Design Engineer from the same department. In some cases this was wrongly interpreted to be an independent review pursuant to the ANSI-45.2.11 standard. This problem was identified by an internal QA Audit, No. 27-80. This problem has since been corrected and all GSE Design Engineers and Department Managers were directed in a letter from the Division Manager - Engineering dated September 22, 1980 to follow GSE Procedure B-11 for independent review. Since all design work done prior to the QA audit was verified by a second party other than the Design Engineer (although not always documented), the District believes it would be nonproductive to perform an independent verification at this time.

Finding:

"The administrative procedures describing the activities of GSE organization and Technical Services organizations had not been revised since early 1979 and were not current."

Response:

A review of the GSE and Technical Services procedures manual will be conducted in the first quarter of 1982. Meanwhile, all modifications are controlled by the procedures stated in Standing Order G-21.

Finding:

"The updating of the CQE list was not effective."

Response:

A detailed CQE list for the mechanical and structural areas has been in existence since September 1980. Also, a preliminary electrical

CQE list was developed at that time. In addition, because of the complexities of the electrical systems, Stone & Webster was contracted to develop a complete final electrical CQE list. This list will be ready for District review by January 1, 1982 and should be issued for use by January 31, 1982. The mechanical list will be corrected where necessary to show proper drawing numbers. GSE procedures will also be developed to ensure proper list maintenance in the future.

Quality Assurance Audits

Finding:

"The Quality Assurance Manual was not consistent with the QA Program, particularly with regard to organizational structure and assignment of responsibilities. The manual had not been updated since 1975. A policy statement endorsing the QA Program and directing adherence had not been issued by the OPPD General Manager. Key positions in the licensee's organization were vacant. In 1977, the Quality Assurance Manager was promoted to the position of Division Manager - Environmental and Regulatory Affairs (ERA); as a principal collateral assignment of the latter position he assumed chairmanship of the Safety Audit and Review Committee (SARC). Since a new QA Manager was not appointed, the same person had also been acting as QA Manager since 1977. In addition, the Manager of Environmental Affairs position was vacated in 1979, and the Division Manager - ERA had also been acting as Manager of Environmental Affairs since that time. This individual stated during interviews that approximately 30 percent of his time was given to QA matters, with over 50 percent going to environmental affairs associated with OPPD's fossil units. Demands on this manager's time were amplified by the absence of supervisory positions in the ERA Division. The resulting lack of management attention to the QA Program was also a significant factor in several of the other program weaknesses discussed later in this report section."

Response:

The General Manager has signed a revised Preface for the QA Manual and it has been promulgated to all holders of the present QA Manual. This policy statement endorses the QA Program and directs adherence by all personnel performing safety related functions. The General Manager has approved the hiring of a QA Manager and four additional staff personnel. One additional Operations QA Inspector was employed on November 2, 1981 and applicants for the other positions are presently being interviewed. The QA Manager position and the other four authorized QA positions are expected to be filled by February 1, 1982. These personnel additions

will enable a complete update, review, approval, issue, and implementation of the revised QA Manual by July 1, 1982.

Finding:

"A number of CQE (QA) activities were not included in the defined audit cycle."

Response:

The present audit cycle was developed to cover the various subject areas required. A complete review of each of the subject areas is being conducted and during the next year's audit cycle a matrix will be developed to ensure all quality related activities, regulations, procedures and instructions will be audited. The training, testing, documentation and records appropriate for each area will also be included within the audit cycle. The matrix will provide the means to ensure that all QA activities are audited within the required time span.

Finding:

"Another weakness was the limited scope of several of the audits conducted. No comprehensive checklists had been established to define all CQE activities which should be covered over a predetermined period of time. The result was that meaningful aspects of some subject areas were not audited."

Response:

Although the District continually attempts to improve, expand, and change audit checklists each year to cover the areas considered most important, the development of the activities matrix explained above will enhance development of comprehensive checklists that define all QA activities. Specific activities audited each time will be plotted to ensure that all activities are audited within a three year time span. This audit program will be developed and fully implemented by November 1, 1982.

Finding:

"Notwithstanding the perceived strength in the separate SARC audit program, one instance of weakness was noted in the conduct of the periodic audit of the QA Program. An additional audit of the QA Program had been scheduled for June 1981; however, this audit had not been performed."

Response:

The SARC audit of the QA Program, with Mr. Thomas Robbins of the consulting firm of Pickard, Lowe & Garrick, Inc. as lead auditor, was completed November 15, 1981.

Finding:

"No method existed of readily determining which vendors on the approved bidders list were actively involved in supplying CQE materials or services or when a particular vendor was last audited."

Response:

The Approved Suppliers List is being revised to include two additional columns; one column will indicate the date of the last audit and the other column will indicate the date of the last procurement of CQE materials or services. This will be updated and fully implemented by January 1, 1982.

Finding:

"The effectiveness of audit documentation varied with the different audit programs." The vendor audit documentation did not contain "... comments, sample sizes, or specific identification of elements reviewed." "Documentation of internal QA audits also lacked specific information to help the reader understand the particular elements examined, the sample sizes used, and the basis for concluding whether the checklist item was acceptable."

Response:

Procedures for improving audit documentation were initiated at the conclusion of the subject NRC inspection. The first audit conducted since implementing the improved documentation procedures was Audit No. 31-81 of Hilti International and presents a marked improvement in reader ability to understand the particular elements examined, the sample sizes used, and the basis for conclusions. The District will continue to use the "YES-NO" checklist, but the comments section has been expanded to provide amplification and details of the audit.

Finding:

"Most QA audit reports did not include an evaluation of the effectiveness of the procedures or practices being audited."

Response:

The District believes that an evaluation of the effectiveness of the procedures and practices is made by the auditors and the reviewers; however, this fact may not have been explicitly stated in each audit report. Where improvements were required, however, such were noted in the audit reports. Each audit report henceforth will specifically include an evaluation of the effectiveness of the program and practices in the areas being audited.

Finding:

"Another observed weakness in the audit program was the failure to properly document audit findings in a manner which provided for a written response or followup review of corrective actions. Several significant audit findings were not documented in a manner which required a written response."

Response:

At the conclusion of each audit, an exit interview is held with the responsible personnel in the area being audited and corrective action commitments are verbally made at that time, along with an opinion as to whether there is a faulty trend or an isolated event. Based upon the responses at the exit interview, the auditors make a judgement decision whether to write a Deficiency Report or a QA Report to effect corrective actions. These judgement decisions are often questioned by members of the SARC during their reviews; however, it has been our experience that DR's written on all identified items of concern, regardless of their significance, can overload the system with paperwork and may in fact defeat the task of focusing on improvement. The District will reexamine existing practices in the light of this observed weakness and will implement such measures as required to achieve effective corrective action.

Finding:

"A concern was identified regarding the apparent lack of management support as evidenced by the ineffectiveness of the QA Program to correct areas of continuing weakness. Examples of such areas were:

Record control at the site. The licensee was aware that improvements in records management were needed. No microfilming of records had been done since mid-1979. All records since that time,

plus some records generated earlier, were therefore required to meet the single storage requirements of ANSI N45.2.9-1979. Licensee representatives indicated that the QA vault did not meet these requirements; in addition, not all CQE records were stored in the vault. Plans were being made to address the records situation, although schedule and funding questions remained. This concern had been previously identified by the NRC Regional Office.

Drawing control and design verification (discussed further in Section 4).

Training (discussed further in Section 8).

QC activities (discussed further in Section 5)."

Response:

District management had been aware of the four examples cited and had initiated preliminary actions to resolve these concerns. A Records Management System is now organized and procedures are being developed to begin cataloging and microfilming QA records by January 1, 1982. Increases in QA and plant staff manpower has also been authorized to upgrade the four areas identified.

Finding:

"Weaknesses were observed in the assignment of auditors in the licensee's program, in that some audits involved the use of auditors having responsibilities in the areas being audited."

Response:

The purpose of assigning SARC auditors to specific portions of areas being audited was to hopefully preclude this conflict, and the District believes that there is a very fine line of distinction with regard to Operations QA personnel auditing operational plant areas. The District is reviewing the auditor assignments, along with the matrix development discussed in the response to the second finding detailed in this section. These measures will prevent conflicts of responsibility.

Finding:

"The continued existence of weaknesses and omissions in the audit program, . . . also indicated that the review (of the QA audit program) was largely perfunctory, apparently due to the lack of a full-time QA Manager.

Response:

The District's program is reviewed, changed, consolidated, and expanded as evidenced by the QAP revisions; however, the addition of a full-time QA Manager has been authorized and this will greatly facilitate correction of the weaknesses in this observation.

Finding:

"Examination of auditor certification records . . . disclosed the following weaknesses in implementation of the licensee's auditor qualification program:

Three of the six lead QA auditors had been awarded point credits for an associate degree based upon "equivalent" training received. No provision for point credits based on equivalent training was included in either QAP #18 or ANSI N45.2.23.

Available records indicated that only one of the six lead auditors had participated in five audits . . . prior to certification as a lead auditor.

Objective evidence regarding the type and content of lead auditor examinations . . . was not accurately reflected by QAP #18, and records indicating the content of examinations . . . were not available."

Response:

The evaluation records of the three lead auditors have been corrected to delete the point credits for "equivalent" training. All three still have sufficient points for qualification. In 1980, District QA determined that it had been negligent in enforcing the requirement for five audits prior to qualification as lead auditor and took corrective action at that time as evidenced by the one lead auditor qualified subsequent to that time. All the other lead auditors had performed in excess of five audits at that time, so no further action was required.

With regard to obtaining objective evidence of the content of the lead auditor examinations, OPPD has utilized the expertise of L. Marvin Johnson and Associates and General Atomic Company for the training, examination, and qualification of lead auditors. The qualifications of the instructors and the course curriculum have been reviewed and approved; however, the examinations are considered proprietary and not

available for our records. Based upon the reputation of these companies and the performance of our personnel trained and certified by them, the District considers that the certificate attesting to successful completion of the examination is reasonable evidence.

Finding:

"A program for qualifying or certifying SARC auditors had not been specifically defined." The practice of requiring participation in five audits "... had not been followed before certifying SARC members as auditors." "Since the chairmen of the SARC audit teams were not being certified as lead auditors, SARC audits did not meet all requirements imposed upon the QA audit program ... although QAP #17 and SARC Procedure #3 permitted the QA audit program to take credit for audits performed by the SARC."

Response:

SARC Procedures will be revised to define the certification of SARC auditors based on ANSI N45.2.23 and will not contain all the requirements of QAP #18. The procedure will be revised by January 31, 1982 and all chairmen of SARC audit teams will be certified as lead auditors by that time. Because of the difference in requirements, no credit will be taken in the QA audit program for audits performed by the SARC. Procedure changes will resolve this inconsistency.

Finding:

"The need for more commitment to the QA Program was evidenced in the level of QA staffing provided."

Response:

In addition to filling the QA Manager position, District management has authorized upgrading the onsite QA staff to the following total complement:

QA Engineer - Operations
QA Inspectors (4)
Records Clerk

This increased manning will provide sufficient onsite QA staffing for normal plant operations, but will still require supplementation during extended outages.

Finding:

"Additional burden was being placed upon the QA Department by OPPD's contract bidding practices. Contracts for CQE activities were at times awarded by the Board of Directors to vendors without an approved QA Program."

Response:

The District's bidding practices are established by state laws, and it is expected that there may continue to be instances where vendors without approved QA programs will receive contracts. The District will continue to ensure proper QA coverage for this type of work, using our own resources or contracted QA inspectors/auditors as necessary. One additional full-time QA Inspector for the Construction QA group has also been authorized by District management to assist in relieving this concern.

Non-Licensed Training

Finding:

"Senior Management in the Omaha Public Power District (OPPD) had not promulgated an overall statement of policy, goals, and objectives for training within the District. In addition, there was no designated individual within District headquarters who was responsible for the management, planning, and direction of training activities. As a result of this lack of coordinated management, the training that did exist was not consistently organized and conducted."

Response:

Establishing employee training objectives and programs within the District has been the Division Manager's responsibility within their respective division. Each division within the District performs a specific and unique function; therefore, the District will continue to maintain training responsibility with the respective Division Managers. The District will establish a policy that formalizes this requirement. This policy will require that, for those divisions performing functions related to the safe design and operation of the Fort Calhoun Station, training shall be defined and implemented to ensure that their personnel are adequately trained to perform their assigned functions. Additionally, the need for formally documenting all training will be emphasized.

As detailed above, training is consolidated at the division level. Therefore, each division will define the process for management control of training as part of the development of their formal training program.

The corporate policy statement on training will be issued by December 15, 1981. Applicable divisions will be required to have established and initiated formal training programs by June 1, 1982.

Finding:

"Training and retraining programs for all licensee personnel performing activities affecting quality had not been promulgated or implemented as demonstrated by the following examples:

- a. Other than GET, an initial training and retraining program had not been developed for engineers in GSE to perform safety related engineering activities in support of the Fort Calhoun Station.
- b. Other than GET, there is no established retraining program for engineers in Technical Services who perform safety related engineering tasks.
- c. A test engineer's technical training program had not been established as required by . . . the training manual."

Response:

These specific examples represent several areas that will be incorporated into the overall development of division training programs. It is the District's belief that training on quality assurance procedures is vital for all personnel involved in activities affecting quality and safety. This training is presently conducted through on-the-job training, but has not been adequately documented in the past. This problem will be addressed by the individual division training programs presently being developed.

Finding:

"A review of the training program at the Fort Calhoun Station and at OPPD headquarters revealed that the quality assurance indoctrination training . . . had not been conducted."

Response:

The centralized divisional training programs explained in response to finding one in this section will contain provisions for the quality assurance indoctrination training.

Finding:

"There was no consistent and uniform evaluation system for managers to determine the effectiveness of training and for managers to initiate and implement needed improvements in the training program."

Response:

These concerns will be factored into the division training programs, to be initiated by April 1, 1982.

Finding:

"A recent SARC audit contained a significant number of deficiencies in the training program, yet still reached the conclusion that the effectiveness of the training program was satisfactory. . . . 12 of the 17 checklist items in this area were still found to be deficient."

Response:

The SARC finding was based upon the overall results of the training program rather than the problems related to documentation. The expertise and effectiveness of the plant operations staff is objective evidence that the training deficiencies noted do not and have not degraded the safe operation of the Fort Calhoun Station. The level of training received by District personnel continues to be high, albeit not always documented. The District believes that its record of continued safe operation and responsiveness to identified safety and Commission concerns is representative of an effective training program. Despite the number of identified deficiencies in the subject SARC audit report, the District still maintains that the SARC assessment was accurate.

Finding:

"Personnel assigned to the Operations Department were required to complete study guides and records for each job within the department. Auxiliary Operator (AO) and Equipment Operator (EO) qualification was a prerequisite to the qualification as a licensed reactor operator. The Auxiliary Operator Study Guide and Record contained some unrealistic qualification requirements. As an example, a prospective AO was required to receive a system checkout for the entire station electrical distribution system. Such an extensive checkout was considered inappropriate for an AO and was not being conducted."

Response:

The District concurs with the PAB team findings. The Training Manual is being updated to reflect a more realistic qualification of the Auxiliary Operator and Equipment Operator that will be more commensurate with their job duties and responsibilities. This update will be completed by February 1, 1982.

Finding:

"A review of the previous version of the Training Manual showed some requirements had been deleted even though they would have contributed to an effective training program. One such element of training was a requirement of periodic training of maintenance craftsmen in quality assurance and quality control. As a result of this deletion, training on quality assurance and quality control was limited to a brief indoctrination and review during the general employee training."

Response:

Consistent with previous commitments on upgrading overall division training programs, the QA/QC training will be incorporated into the general employee retraining program. The Training Manual will be updated to reflect the change. This will be accomplished by April 1, 1982.

Finding:

"In response to TMI Action Item I.A.1.1, Shift Technical Advisor (STA), OPPD submitted a description of the STA training program in a letter dated December 31, 1980, to the NRC Director, Division of Licensing. Appendix C to the Training Manual contained an STA training program which differed from the programs submitted to the NRC Division of Licensing. Appendix C to the Training Manual was comprised of a list of topics to be covered in the STA training program while the submission to the DOL was far more detailed and included schedules and description of topics to be covered."

Response:

The District believes there is no conflict between the program detailed in the Training Manual and that submitted to the DOL. The Training Manual is a guidance document and would not normally have such detail. We will review the Training Manual guidance and revise as

necessary by February 1, 1982, which will coincide with the start time of the next STA class.

Finding:

"Although each section of the Training Manual contained a list of requirements which applied to that section, the list was not cross-referenced such that specific requirements could be correlated with individual portions of the Training Manual. In addition, the Training Manual had no requirement to modify the training program in response to changes in the references and had no convenient mechanism to ensure that such changes could be efficiently accomplished."

Response:

In the revision of the Training Manual, a list of requirements for each section of that manual was inserted at the front of each section. A cross-reference requirement and specific requirement for each individual portion of that Training Manual was not deemed necessary. The Training Manual will be reviewed for the cross-reference requirements and appropriate action on update will be initiated if deemed necessary. OPPD will accomplish this review by February 1, 1982. A procedure, Standing Order G-27, for updating the Training Manual to concur with new or additional requirements has been implemented.

Finding:

"Although the training program was subject to periodic audit by QA and SARC, the Training Manual did not contain provisions for periodic review by management."

Response:

A procedure change to Standing Order G-27 has been issued to provide for an annual review by the Technical Supervisor.

Finding:

"Although the revised Training Manual was approved by the Plant Manager and issued on June 1, 1981, it had not been effectively distributed to the staff. Only a few copies of the Training Manual were available to the staff following the effective date of the manual. On September 9, 1981, several boxes of the manual were observed at the Fort

Calhoun Station. These boxes had just arrived at the Fort Calhoun Station from the OPPD printing facility but had not yet been distributed."

Response:

The Training Manual was distributed to all Plant Supervisors on September 10, 1981.

Finding:

"Section 3.1.2.c of the Training Manual required that "the appropriate system study guide shall be complete before a person operates the system." Section 3.1.2.1 of the Training Manual required that "the Auxiliary Operators nuclear will complete their respective position study guides including the applicable system study guides". Section 3.1.2.2 of the Training Manual required that "the Equipment Operators nuclear complete their respective position study guides including the applicable system study guides." Personnel had been assigned to a shift as the Auxiliary Operator or Equipment Operator without completing their respective position study guides and the applicable system study guides. In addition, personnel were operating systems without having completed the associated system guides. These problems were similar in nature to those previously identified by the NRC Regional Office."

Response:

The Training Manual will be revised to define specifically what training the Auxiliary Operators and Equipment Operators must have prior to assuming that responsibility. The training will be complete before these personnel will be allowed to stand their associated watch position. This program will be implemented by February 1, 1982.

Finding:

"The Training Manual required that Operations personnel continue to pursue qualification for more senior jobs within the Department. Thus, Auxiliary Operators and Equipment Operators were required to pursue qualification as licensed reactor operators. Auxiliary Operators and Equipment Operators participated in routine lectures series for Operations Department personnel along with licensed reactor operators and senior reactor operators. Some Auxiliary Operators and Equipment Operators progressed slowly toward their qualification as reactor operators and continued to be assigned as either Auxiliary Operators or

Equipment Operators for several years. These personnel were not receiving training as Auxiliary Operators or Equipment Operators. Furthermore, there is no requirement in the Training Manual for them to receive such retraining. Rather, they were only required to attend initial license training in order to prepare them for qualification and licensing as reactor operators."

Response:

Personnel are kept current in their respective work areas by on-the-job training, training on procedure changes and plant changes as given by the Training Department. A computerized records tracking system has been implemented for system study guides of the AOs and EOs. The records systems will be used by plant supervisors to ensure progress is being accomplished by an operator in a timely manner.