U. S. NUCLEAR REGULATORY COMMISSION REGION I

Report No.	. 50-289/82-11				
Docket No.	. 50-289				
License No	DPR-50	Priority _		Category	С
Licensee:	GPU Nuclear Corpo	ration			
	P. O. Box 480				
	Middletown, Penns	ylvania 17057			
Facility M	Name: Three Mile I	sland Nuclear	Station, Ur	nit 1	
Inspection	n At: Middletown,	Pennsylvania			
	conducted: July	20-23, 1982			
Inspector:	G. Napuda, R	eactor Inspect	or	8/2 date	0/82 Agned
Approved b	D. L. Caphto	n, Chief, Mana ection, DETP	gement	8/z date	o/82 signed

Inspection Summary: Inspection on July 20-23, 1982 (Inspection Report No.
50-289/82-11)

Areas Inspected: Routine, unannounced inspection by one region-based inspector of the QA Program in the areas of annual QA Program review; records system; and, design change/modification controls. The inspection involved 30 inspector hours onsite by one region-based inspector.

Results: No violations were identified in the four areas inspected.

DETAILS

1. Persons Contacted

B. Ballard, Modifications/Operations Quality Assurance Manager

* J. Burgess, Licensing

T. Faulkner, Maintenance and Construction Manager R. Fenti, QC Manager

* W. Heysek, Site Audit Supervisor

N. Hollerbush, Supervisor of Documents

* C. Kimball, QA Monitor

* J. Kuehn, Department Manager - Radiation Control

S. Levin, Maintenance and Construction Director - TMI-1

R. Mengel, Technical Writing Specialist

* R. Nevling, Acting Manager - TMI Information Management Department

D. Quarello, QA Engineer

W. Schucker, Lead I&C Inspector

C. Smyth, Supervisor TMI 1 Licensing - Technical Functions

* A. Stowe, Supervisor - TMI Information Management

* R. Szczech, Licensing

* R. Toole, Director - Operations and Maintenance

USNRC

* A. Fasano, Chief - TMI Section Projects Branch No. 2

* T. Moslak, Radiation Specialist

* M. Shanbaky, Senior Radiation Specialist

* F. Young, Resident Inspector

The inspector also interviewed other licensee employees during the course of the inspection including administrative, engineering, technical support, and quality assurance personnel.

*denotes those present at the exit interview on July 23, 1982.

2. QA Program Review

The procedures identified in subsequent paragraphs of this report by an asterisk were revised subsequent to the previous NRC inspection (289/81-22) that reviewed this area. The changes to these procedures were reviewed in depth to ascertain their consistency with requirements of the NRC approved TMI Operations Quality Assurance Plan (OQAP) for Unit 1 (OQAP, Rev. 9).

No violations were identified.

3. Records

3.1 References

- ANSI/ASME NQA-1-1979, Supplement 17S-1 and Appendix 17 A-1
- TMI Operational Quality Assurance Plan (OQAP) for Unit 1, Rev.

- *-- Administrative Procedure (AP) 1024, Receipt, Storage, Retrieval and Disposition of TMI Unit 1 Records, Rev. 2
- *-- AP 1007, Identification of TMI Unit 1 Records, Rev. 5
- -- GPUNC Policy/Procedure No. 1000-POL-1210.03, Departmental Records Schedules, Rev. 0 (a draft)
- -- GPUNC Policy/Procedure No. 1000-POL-1210.01, Record Management Policy, Rev. 0 (a draft)

3.2 Program Review

The above referenced implementing procedures (APs) were reviewed in depth to determine that they were consistent with the requirements described in the OQAP including administrative controls for:

- -- Maintaining the appropriate types of records;
- -- Assigning responsibility to assure that records will be maintained;
- -- Assuring transfer and retention of records, control of the records facility, and proper disposal of records that are no longer required;
- -- Assigning the appropriate retention time for records; and,
- -- Describing the records facility, custodian, filing system, transmittal system, and method for disposing of records that are no longer required.

3.3 Implementation

The inspector reviewed the status of implementation of the new records retention system. Records are being microfilmed and location information is computer retained. The inspector noted that radiographs and several other sampled records are being retained. The licensee has a more complex computer program (STAIRS) available and is currently evaluating what portions of records information should be incorporated into it. The single copy retention facility (Unit 2 Administration Building Vault) was previously inspected during NRC Inspection 50-289/81-22.

The inspector had no questions on the status of implementation of the new records system. Other findings are discussed below.

3.4 Findings

Recent reorganizations, re-alignments, and re-assignment of responsibilities have resulted in altering the manner in which the

licensee is implementing the NRC approved OQAP with respect to records requirements. Those departments or groups who perform activities which generate documents that subsequently become records are now responsible for identifying same; determining their retention time; and, establishing a schedule for their transmittal to the records custodian (Information Management Department). This information is entered on a prescribed form (Record Retention Authorization) by the responsible department/group and forwarded to the records custodian who then knows what types of records to expect at what intervals.

The inspector selected six generic types of documents required to be retained as records to verify that the implementing procedures and/or Record Retention Authorization (RRA) form identified them as records. The inspector identified that radiographs, radioactive waste shipments, and principle maintenance activities were not identified as records. The QC manager, whose group is responsible for final acceptance of radiographs, stated that this was an inadvertant oversight. Prior to the conclusion of the inspection an RRA was generated and it identified all radiographs as records requiring permanent retention. This form was forwarded to the Information Management Department (IMD). The Supervisor-IMD stated that the maintenance department had not yet forwarded RRAs to the IMD and that this fact was being brought to the attention of management for appropriate action. The inspector reviewed various documents/memoranda that verified this statement.

The inspector expressed concern that there should be an independent assessment (e.g. audit or independent review) that would assure management that all those documents required to be retained as records have been identified as such. The Modifications/Operations QA Manager and Supervisor-Audits stated that the comprehensive manner in which audits are conducted would provide this overview and assurance to management. The inspector noted that the IMD is scheduled to be audited during September-October, 1982.

The inspector stated that during a subsequent inspection: a sample of generic type/specific documents will be reviewed to verify that they were identified as records requiring retention; and, the package of the completed audit of IMD would be reviewed to determine that it provided management the assurance the records system/program complied with established requirements. (Inspector Follow Item 289/82-15-01).

No violations were identified.

4. Design Changes/Modifications

4.1 References

-- Modifications Control Group (MCG) Instruction Number MCG-1, Turnover of a Plant Modification, Rev. 0 *-- QA Section Procedure 7-17-DP-001, Final Documentation Review of Modification Documentation Packages, Rev. 2

4.2 Program Review

Recent licensee reorganizations, re-alignments, and re-assignments of responsibilities have resulted in altering the manner in which the licensee is implementing the NRC approved OQAP with respect to design change/modification controls. The current system of design change/modification control was reviewed during a previous NRC Inspection (289/81-22).

Interviews/reviews were performed to ascertain that the licensee was providing adequate control, overview, and independent review of modification activities/documents/records associated with design changes/modifications initiated by the licensee and within the purview of 10 CFR 50.59 that had been/were being completed in accordance with the superceded program of management/QA control.

The inspector reviewed the referenced procedures; interviewed Technical Functions and QA/QC employees; observed the ongoing review of ECM (Engineering Change Memorandum); and, reviewed ECM modification (RM-13E, EFW Safety Grade Auto Start on Loss of Four Reactor Coolant Pumps or on Loss of Both Main Feedwater Pumps) packages 021 and 076.

4.3 Implementation

The inspector noted that engineering/technical personnel develop lists of activities for which documentation is required and include those lists in the ECM package. A QC inspector(s) of the proper discipline(s) reviews the specific package of accumulated documents to assure all required inspections were performed. Plant operations personnel then review the package to assure prerequisites for operation are accomplished. QA Personnel then conduct a final review of the package to assure documents and other requirements detailed in Procedure 7-17-DP-001 have been completed. Any descrepancies identified during the above processes are followed up. An example of this was an instance in January, 1982 when QC identified that a particular tubing inspection had been missed. Corrective action was to review all completed ECMs for similar missed inspections. The review identified three additional missed inspections. All four inspections were then scheduled to be accomplished. The inspector also noted examples where QA had identified descrepancies, conducted followup, and verified satisfactory close out. The inspector had no further questions on the manner in which these "older" modification packages were controlled/processed.

No violations were identified.

5. Management Meetings

Licensee management was informed of the scope and purpose of the inspection at an entrance interview conducted at the Three Mile Island Nuclear Station, Unit 1 on July 20, 1982. The findings and status of the inspection were discussed periodically during the inspection with licensee representatives.

An exit interview was conducted at the Three Mile Island Nuclear Station, Unit 1 on July 23, 1982, at which time the findings of the inspection were presented (see paragraph 1 for attendees).