U.S. NUCLEAR REGULATORY COMMISSION

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icense No.	DPR-56	Priority	Category	C
icensee: _	Philadelphia	Electric Company		
	2301 Market S	Street		
	Philadelphia.	Pennsylvania		
acility Nam	e: Peach Bot	ttom Atomic Power Statio	n, Units 2 and 3	
nspection a	t: Delta, Pe	ennsylvania		
nspection c	onlucted: Jul	ly 1 - August 6, 1982		
aspectors:	anno.	1		8/19/82
inspector of	A. R. Blough	, Senior Resident Inspec	ctor	date signed
	520			8/19/92
	S. Richards,	, Reactor Inspector		date signed
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Approved by:	Ele 0	me Cobe		8/19/82
	F. C. McCabi	e. Jr., Chief, Reactor		date signed

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Projects Section No. 28, DPRP

Inspection Summary: July 1 - August 6, 1982 (Combined Inspection Report 50-277/82-14; 50-278/82-14) Routine resident (47 hours Unit 2, 46 hours Unit 3) and region-based (9 hours Unit 2, 9 hours Unit 3) inspection of accessible portions of Unit 2 and Unit 3, operational safety, radiation protection, physical security, control room activities, licensee events, IE Bulletin and Circular followup, surveillance testing, maintenance, periodic reports, and outstanding items.

Results: Violations: Three (failure to meet main steam line high flow instrument operability requirements (two examples), Detail 5; failure to follow preoperational test procedures, Detail 3; and failure to keep a High Radiation Area locked as required, Detail 7).

Region I Form 12 (Rev. April 77) 8209170136 820901 PDR ADOCK 05000277 G PDR

1. Persons Contacted

- W. H. Alden, Engineer-in-Charge, Nuclear Section
- B. Bowen, Electrical Engineer, Construction Division
- C. Brinkman, Warehouse Supervisor
- J. K. Davenport, Maintenance Engineer
- G. F. Dawson, I&C Engineer
- *R. S. Fleischmann, Assistant Station Superintendent
- A. Fulvio, Assistant Maintenance Engineer
- N. Gazda, Engineer, Applied Health Physics
- A. Hilsmeier, Senior Health Physicist
- C. Mengers, Quality Assurance Supervisor
- J. Mitman, Results Engineer
- F. W. Polaski, Assistant Outage Manager
- S. R. Roberts, Operations Engineer
- D. C. Smith, Outage Manager
- S. A. Spitko, Site Q. A. Engineer
- S. Q. Tharpe, Security Supervisor
- *W. T. Ullrich, Station Superintendent
- J. E. Winzenried, Technical Engineer

Other licensee employees were also contacted.

*Present at exit interviews on site and for summation of preliminary inspection findings.

2. Previous Inspection Item Update

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(Closed) Unresolved Item (50-278/77-29-01), discrepancies with control panel alarms and indications. The inspector reviewed alarms present at the Unit 3 control panel with the licensed operator on shift. The inspector reviewed selected parameters to verify that control panel indications were consistent with the plant operating status. The panel review and discussions with licensed operators indicate that maintenance of instrumentation and control indications and alarms is satisfactory. This item is resolved.

(Closed) Unresolved Item (277/78-19-02 and 278/78-23-02); environmental qualification of certain electrical connectors. The inspector reviewed licensee correspondence with the NRC concerning IE Bulletin 79-01. The inspector noted that Pyle-National Company Model Nos. P-A 207499 P/R, P-A 207500 P.R, P-A 207501 P/R, P-A 207502 P/R, and P-A 207503 P/R electrical connectors (of concern in this item) were included in the licensee submittal and therefore will be subject to NRC:NRR ongoing review of environmental qualification of electrical equipment.

3. Plant Operations Review

3.1 Logs and Records - Documents Reviewed

A sampling of logs and records was spot-checked for accuracy, completeness, abnormal conditions, significant operating changes and trends, required entries, operating and night order propriety, correct equipment and lock-out status, jumper log validity, conformance to Limiting Conditions for Operations, and proper reporting. The following logs and records were reviewed.

- (a) Shift Supervision Log, July 1 August 6, 1982.
- (b) Reactor Engineering Log, Unit 2 July 1 August 6, 1982
- (c) Reactor Engineering Log, Unit 3 July 1 August 6, 1982
- (d) Reactor Operators Log, Unit 2 July 1 August 6, 1982
- (e) Reactor Operators Log, Unit 3 July 1 August 6, 1982
- (f) CO Log Book July 1 August 6, 1982
- (g) STA Log Book Sampling, July 1982
- (h) Radiation Work Permits (RWP's) Various in both Units 2 and 3, July 1982
- (i) Maintenance Request Forms (MRF's) Units 2 and 3, (Sampling) July 1982
- (j) Ignition Source Control Checklists (Sampling) July 1982
- (k) Operation Work & Information Data July 1982

Control Room logs were compared against Administrative Procedure A-7, "Shift Operations." Frequent initialing of entries by licensed operators, shift supervision, and licensee on-site management constituted evidence of licensee review.

No unacceptable conditions were identified.

3.2 Facility Tours

Daily tours and observations included the following:

-- Control Room - (daily).

-- Turbine Building - (all levels).

- -- Reactor Building (accessible areas).
- -- Diesel Generator Building.
- -- Yard area perimeter exterior to the power block, including Emergency Cooling Tower and torus dewatering tank.
- -- Security Building, including CAS, Aux SAS, and control point monitoring.
- -- Vehicular Control.
- -- The SAS and power block control points.
- -- Security Fencing.
- -- Portal Monitoring.
- -- Personnel and Badging.
- -- Control of Radiation and High Radiation areas, including locked door checks.
- -- TV monitoring capabilities.
- -- Shift turnover.

Off-shift inspections during this inspection period and the areas examined were as follows:

DATE	AREAS EXAMINED	
July 2	Control Room	
July 8	Recombiner Building, Control Room, Protected Area	
July 20	Control Room	
August 5	Protected Area, Control Room	

3.2.1 Control Room Manning. Staffing frequently was checked against 10CFR50.54(k), the Technical Specifications, and commitments to the NRR letter of July 31, 1980. Presence of a senior licensed operator in the control room complex was verified frequently. No unacceptable conditions were identified.

- 3.2.2 Fluid Leaks. The inspector observed sump status, alarms, and pumpout rates, and discussed leakage with licensee personnel. No violations were identified.
- 3.2.3 Piping Vibration. No significant or unusual piping vibration was identified.
- 3.2.4 Monitoring Instrumentation. The inspector frequently confirmed that selected instruments were operating and indicated values were within Technical Specification requirements. Daily, when the inspector was on site, ECCS switch positioning and valve lineups, based on control room indicators and plant observations, were verified. Observations included flow setpoints, breaker positioning, PCIS status, and radiation monitoring instruments.

No violations were identified.

- 3.2.5 Environmental Controls. The inspector observed visible portions of main stack and ventilation stack radiation recorders and periodically reviewed traces from backshift periods to verify that radioactive gas release rates were within limits and that unplanned releases had not occurred. No violations were identified.
- 3.2.6 Fire Protection. On frequent occasions the inspector verified the licensee's measures for fire protection. The inspector observed control room indications of fire detection and fire suppression systems, spot-checked for proper use of fire watches and ignition source controls, checked a sampling of fire barriers for integrity, and observed fire-fighting equipment stations. No violations were identified.
- 3.2.7 Equipment Conditions. The inspector verified operability of selected safety equipment by in-plant checks of valve positioning, control of locked valves, power supply availability and breaker positioning. Selected major components were visually inspected for leakage, proper lubrication, cooling water supply, operating air supply, and general conditions. Selected Emergency Service Water System valves and safety instrument root valves were also checked. The inspector reviewed selected blocking permits (tagouts) for conformance to licensee procedures. Breaker, switch and valve positioning was verified. Included were:

Permit No.

Equipment

3-81-78

Unit 3 Drywell Breathing Air Manual Isolation

3-70-C-2-15A

3B RHR Pump

About 2:15 p.m., July 20, the inspector noticed that a one-inch manual valve in the Unit 3 ADS back-up air supply line at drywell penetration N-102B was shut and tagged. This isolated the ADS back-up air supply to three ADS valves, RV71-A, B and C. The inspector checked the block-ing permit (tagout), 3-81-81, Mod 625 Safety Grade Air Supply, September 24, 1981, and determined that the supply valve at penetration N-47 was also blocked, insolating the back-up air to the other two ADS valves. When informed, the licensee cleared the permit and opened the valves. The primary air supplies, individual ADS valve accumulators, were not affected by this event.

The ADS back-up air supply was installed in response to TMI Action Plan item II.K.3.28 to provide for ADS valve operation up to 100 days following an accident. The licensee was committed to completing the Unit 3 installation by May 14, 1982. During the Summer 1981 outage, work in the drywell was completed, tests were performed, and the penetration valves were tagged shut to ensure containment integrity. The rest of the modification was completed in early May, 1982, but, with the penetration valves shut, the ADS back-up air supply could not perform its intended function and was therefore inoperable.

The inspector reviewed the site modification package, including the Safety Evaluation, Maintenance Request Forms, and test. Special Procedure 518, Revision O, April 29, 1982, Unit 3 Pre-op. for Mod. 625F, completed May 12, 1982, in both the "Prerequisites" and the "Restoration" sections, require the system to be lined up per System Procedure S.3.11.F. Procedure S.3.11.F, Revision O, April 30, 1982, requires line-up of system valving per C.O.L. S.3.11.F, Revision O, April 30, 1982, which in turn specifies "OPEN" for both penetration block valves. These valves were left closed during and after the test. 10CFR50 Appendix B, Criterion XI and the licensee's Quality Assurance Plan (Revision 4, January 1980) Section 3-MOD-11 require pre-operational testing (to demonstrate that systems will perform satisfactorily) to be performed in accordance with written test procedures. Failure to perform pre-operational testing of the ADS back-up air supply in accordance with the written procedure is a Violation (278/82-14-01). The licensee determined, and the inspector verified, that validity of the test, other than restoration, was not affected by performing the test with the valves shut.

3.2.8 Maintenance. The inspector observed portions of in-progress trouble-shooting on the Unit 2 LPRM Downscale Alarm, performed under Maintenance Request Form 2-60-L-2-115, August 3, 1982, LPRM Downscale Alarms Spuriously. The inspector verified that the work was properly approved, the operator was aware of work in progress, power range instrument operability requirements were satisfied, and the technicians were knowledgable of the job. No violations were identified.

4. IE Bulletin and Circular Followup

4.1 IE Bulletin 78-06, Protective Cutler-Hammer, Type M Relays With DC Coils

The inspector reviewed the licensee's response dated June 30, 1978, which concluded that the relay of concern was not used at or planned for use in safety-related systems. The inspector reviewed the licensee's catalog of materials and equipment and noted that the Cutter-Hammer Type M, DC relay, Catalog No. D23MRD is not listed. Catalog No. D26MR relay which the bulletin recommends, is listed. The inspector had no further questions.

4.2 <u>IE Circular No. 79-20, Failure of GTE Sylvania Relay, Type PM Bulletin</u> 7305, Catalog 5U-12-11-AC with a 120V AC Coil.

The inspector reviewed records and interviewed licensee personnel to verify that the Circular was received, reviewed for applicability, and that necessary corrective action was initiated and/or evaluated, and that evidence of licensee review was contained in PORC minutes.

PORC minutes (item 79-110-16) indicate that licensee engineers had determined that the relay is not used in safety systems at Peach Bottom. The inspector reviewed the licensee's catalog of materials and equipment, which lists components used on-site. No GTE Sylvania relays were listed. This circular is closed.

5. Licensee Event Reports (LER's)

5.1 In-Office Review

The inspector reviewed LER's submitted to NRC:RI to verify that the details were clearly reported, including the accuracy of the description and corrective action adequacy. The inspector determined whether further information was required, whether generic implications were indicated, and whether the event warranted onsite followup. The following LER's were reviewed:

LER No. LER Date Event Date	Subject
3-82-10/3L	Failure of drywell pressure recorder due to
July 13, 1982	blown fuse; redundant recorder was operable;
June 18, 1982	the fuse was replaced.
3-81-11/3L July 13, 1982 June 20, 1982	Failure of drywell pressure recorder due to blown fuse; redundant recorder was operable; the fuse was replaced.
2-82-13/3L	Diesel Generator carbon dioxide tank pressure
July 8, 1982	fell below allowable; a fire watch was posted
June 8, 1982	and pressure was restored.

LER No. LER Date Event Date

Subject

*2-82-15/1P and 1T July 16, 1982(1T) July 6, 1982 (1P) July 3, 1982	One 'D' main steam line high flow transmitter was inoperable due to an open instrument equi- lizing valve. Redundant channels were operable.
*2-82-16/1P and 1T July 16, 1982(1T) July 13, 1982(1P) July 9, 1982	One 'A' main steam line high flow transmitter was inoperable due to an open instrument equi- lizing valve. Redundant channels were operable.

*denotes reports selected for onsite followup.

5.2 On-site Followup

For LER's selected for onsite review (denoted by asterisks above), the inspector verified that appropriate corrective action was taken or responsibility assigned and that continued operation of the facility was conducted in accordance with Technical Specifications and did not constitute an unreviewed safety question as defined in 10CFR50.59. Report accuracy, compliance with current reporting requirements and applicability to other site systems and components were also reviewed.

- 5.2.1 LER 3-82-11/3L. The inspector discussed the recurrent recorder inoperability from blown fuses. Although the recorder is supplied from an ungrounded DC circuit, its transmitter circuit board has a positive ground. The licensee believes removing the ground will make the transmitter more reliable (e.g., in event of reduced negative side resistance to ground elsewhere in the circuit). Modifications have been initiated. Also, other aspects of circuit design, such as fuse size, are being reviewed. The licensee appears to be adequately investigating this problem.
- 5.2.2 LER's 2-82-15/1P, 16/1P, 15/1T and 16/1T

5.2.2.1 Event Description

During Unit 2 startup at 34 percent power on July 3, 1982, a control room operator noted that there was zero steam flow indicated on the 'D' main steam line. Investigation revealed that the 'D' steam flow transmitter, as well as one of the four 'D' main steam line high flow trip transmitters, had open equilizing valves. The licensee promptly shut the valves, began a safety instrument valve lineup check, and informed both the NRC Operations Center and the resident inspector. The licensee's investigation concluded that technicians checking the valve lineup prior to startup had failed to detect the improper positioning of the equilizing valves. The additional lineup check was completed on July 6, 1982. On July 9, 1982, an operator recording differential pressure transmitter readings (a daily surveillance) noticed an inconsistency among the 'A' main steam line high flow trip transmitter readouts. One of these transmitters (DPIS-116B) was found to have an open equilizing valve. Both previous safety instrument lineup checks required the valve to be verified shut.

- 5.2.2.2 <u>Causal Factors</u>: The inspector discussed this event with licensee engineers and technicians and reviewed completed test documents to determine causal factors in this event.
 - 5.2.2.2.1 <u>Valving Checks</u>. The following tests were reviewed.
 - -- RT8.0.2, Revision 3, June 10, 1932, Safety Instrument Valving Check-off List, completed June 25, 1982; and
 - -- RT8.0.3, Revision 3, June 10, 1982, Safety Instrument Valving Check-off List, completed July 6, 1982.

Each of the above tests indicated that two individuals had checked shut the equilizer valves on the high steam flow trip transmitters. The inspector interviewed two of the four individuals involved. Each stated that he had checked each valve.

During procedure reviews and interviews the inspector made the following observations:

 The method of second-person verification of valve position is not specified in the procedure. In one case, the second person verified the lineup by observing the first checker. A licensee engineer indicated that the procedure would be clarified. This matter is unresolved pending licensee action (277/82-14-01).

- (2) The procedure indicates that valve positions should be checked by attempting to slowly move the valve in the closed direction. Checks of other indicators (e.g., stem position, stem wear marks, etc.) for consistency is not addressed. Checking valve positions manually and also checking other indications for consistency provides a more comprehensive check of proper valve function. A licensee engineer stated that the DFIS-116B equalizing valve had been found tightly backseated (versus the required shut position) in the July 9 event.
- (3) The procedure is imprecise regarding the handling of valves found out of position and regarding what constitutes a satisfactorily completed test. This imprecision was not a causal factor in the events, however.

A licensee representative stated that items (2) and (3) above would be reviewed.

- 5.2.2.2 Instrument Checks. Technical Specification Surveillance Requirements include daily instrument checks for various instruments, including the Main Steam Line High Flow instruments. An instrument check is defined as a qualitative determination of operability by observation of the instrument. The determination shall include, where possible, comparison of the instrument with other instruments measuring the same variable. The inspector reviewed completed licensee surveillances designed to fulfill instrument check requirements:
 - -- ST9.1.2, Revision 25, June 22, 1982, The Surveillance Log, Unit 2, for June 25 to July 9, 1982.

The procedure states that shift supervision review shall include comparisons/consistency checks among all instruments monitoring the same plant parameter. As shown by the following table, during July 5 through July 8, DPIS-116B was not consistent with the other fifteen main steam line flow instruments:

Date	DPIS-116B(Psid)	Range of Other Instru- ment Readings (Psid)
July 5	4	7-11
July 6	4	18-25
July 7	2	24~30
July 8	3	34-43

Each test was reviewed by the shift supervisor and the Shift Technical Advisor. The inconsistency was noticed during the July 9 instrument checks. The inspector concluded that valid instrument checks on July 5-8 could have reduced the period of DPIS-116B inoperability. The licensee stated that he had also identified this as a problem and planned to discuss it with the supervisors. The licensee also is considering revising the instrument check procedure to require both operators and supervisors to compare readings for consistency.

5.2.2.3 <u>Safety Significance</u>. The steam line high flow instruments are arranged in a "one of two twice" logic that isolates the main steam lines on a high flow (greater than 140 per cent rated steam flow in a line). The instrument sensing lines are designed with flow restrictors such that one instrument can be equilized while the others remain operable. In both the July 3 and the July 9 events, three of the four instruments remained operable, and had an actual high steam line flow occurred, the Group I (main steam line) Primary Containment Isolation would have occurred. However, the required level of instrument redundancy was not maintained in that a single instrument failure could have defeated the safety function. Instruments providing diverse isolation signals were operable. Had a steam line break occurred, depending on break location, the Group I isolation could have been provided by steam line area temperature sensors. Also, for the July 3 event only, in the RUN mode at 34 percent power, a steam line break large enough to trip the high flow instruments would have also caused reactor depressurization and a resultant Group I isolation at 850 psig. (This does not apply to the July 9 event because of the higher reactor power.)

In addition to the specific safety concerns regarding instrument redundancy, the inspector was concerned regarding the following:

- Reliability of the licensee's valve lineup checks. Four different individuals checked the position of the DPIS-116B equilizing valve prior to its being found mispositioned.
- (2) Effectiveness of the licensee's corrective action systems. The July 9 event was nearly identical to the July 3 event.
- (3) Effectiveness of the licensee's daily instrument surveillance program. Proper daily instrument checks would have provided earlier identification of DPIS-116B inoperability.
- 5.2.2.4 Conclusion. Technical Specification 3.2.A, "Primary Containment Isolation Functions," and Table 3.2.A require that, when primary containment integrity is required, each main steam line have two high flow trip systems, each with two operable instrument channels. With less than two operable instrument channels, either the trip system must be tripped or the main steam lines shall be isolated within eight hours. Technical Specification 3.7.A requires primary containment integrity when the reactor is critical. From June 25, 1982 to July 3, 1982, with the reactor critical, one (of two) 'D' main steam line high flow trip systems had only one operable instrument channel. The other instrument was inoperable because its steam flow transmitter (DPIS-119C) had an open instrument equilizing valve. From June 25, 1982 to July 9, 1982, with the reactor critical, one (of two) 'A' main steam line high flow trip systems had only one operable instrument channel. The other instrument was inoperable

because its steam flow transmitter (DPIS-116B) had an open instrument equilizing valve. In neither case was the affected trip system tripped or the steam line isolated.

Failure to follow Technical Specification Limiting Conditions for Operation is a Violation (277/82-14-02).

5.3 Unique Reporting Requirements

The inspector also reviewed a special report dated July 13, 1982, Seismic Monitoring Instrumentation Inoperable for More Than 30 Days, pursuant to Technical Specification 3.15.B and 6.9.3. A triaxial accelerometer device in the Unit 2 RCIC Room failed on June 4. Investigation revealed that the accelerometer had deteriorated after being unintentionally wetted during ESW system hydrostating testing on May 5. The licensee was unable to repair the device and expects to receive and install a new one by August 31, 1982. In the interim, the rest of the system, including three triaxial accelerometers, has been returned to service.

The inspector reviewed the partial system functional test (see Detail 6). Other equipment wetted on May 5 included the Unit 2 RCIC gland seal condensate and vacuum pumps. These pumps were disassembled, inspected and tested prior to startup from the refueling outage.

The inspector will review licensee efforts the refull operability of the seismic monitoring system (277/82-14

6. Surveillance Testing

The inspector reviewed completed documentation of the following Unit 2 postoutage tests for completeness, proper review, and proper action (including compensatory measures) for noted failures or other discrepancies.

- -- ST 10.1, Revision 4, November 23, 1979, HPCI Flow Rate at 150 PSIG Steam Pressure, performed June 16, 1982;
- -- ST 6.4, Revision 11, August 13, 1980, Main Steam Isolation Valve Closure Timing, performed June 23, 1982;
- -- ST 9.7, Revision 7, October 16, 1978, MSIV Partial Closure and RPS Input Functional Test, performed July 3, 1982;
- -- ST 7.6.1.a, Revision 5, August 28, 1981, Quantitative Analysis of Gamma Emitters in Off-gas, performed July 5, 1982.

No violations were identified.

The inspector also reviewed the following test of the seismic monitors:

-- ST 2.5.28, Revision 1, December 28, 1981, Function Check of the Seismic Monitoring System, performed July 2, 1982.

This test was performed during RCIC room transmitter inoperability to verify operability of the remainder of the system. The inspector verified plant staff and PORC review of the temporary procedure change.

No violations were identified.

7. Radiation Protection

During this report period, the inspector examined work in progress in both units, including the following:

- a. Health Physics (HP) controls
- b. Badging
- c. Protective clothing use
- d. Adherence to RWP requirements
- e. Surveys
- f. Handling of potentially contaminated equipment and materials

More than 50 people were observed following frisking requirements of Health Physics procedures.

A sampling of locked high radiation doors was checked. In the Recombiner Building 135-foot elevation about 3:45 p.m. on July 8, the inspector found the 3B Mechanical Compressor Room door unlocked. There was no one in the room or nearby. Also, the 3A Mechanical Compressor Room door lock was in disrepair, such that the door could be easily opened despite being "locked." Both doors were marked "High Radiation Area," and "Control Access or Keep Locked." The inspector informed shift supervision, stayed nearby to control access until an operator arrived, and requested a survey of the rooms. The 3A compressor was not "unning and the room was not an actual high radiation area. The 3B compressor was running; a survey of the room indicated gamma radiation levels above one roentgen per hour. Therefore, an individual could receive over 1000 millirems in one hour in the room and it was required, per Technical Specification 6.13.1.b, to be locked to prevent unauthorized entry. Failure to keep the 3B Mechanical Compressor Room door locked is a Violation (278/82-14-02). While in the Recombiner Building, the inspector noted other door locks, including the 2A and 2B Mechanical Compressor Rooms, in disrepair. The inspector stated his opinion that similar problems will recur unless inspection and maintenance of doors and locks is upgraded.

8. Physical Security

The inspector spot-checked compliance with the accepted Security Plan and implementing procedures, including: operations of the CAS and SAS, over 25 spot-checks of vehicles onsite to verify proper control, observation of protected area access control and badging procedures on each shift, inspection of physical barriers, checks on control of vital area access and escort procedures. No violations were identified.

9. In-Office Review of Monthly Operating Reports

Peach Bottom Atomic Power Station Monthly Operating Report for June, 1982, dated July 12, 1982, was reviewed in-office pursuant to Technical Specifications and verified to determine that operation statistics had been accurately reported and that narrative summaries of the month's operating experience were contained therein. The inspector noted inaccuracies in the reported date of startup and the number of hours the reactor was critical. When informed, the licensee stated that corrections would be telephoned to NRC:HQS to ensure accuracy of data published in NUREG-0020, Licensed Operating Reactors Status Summary Report.

The licensee also indicated that the data would be more carefully gathered and reviewed. The inspector had no further questions at this time.

10. Unresolved Items

Unresolved items are items about which more information is required to ascertain whether they are acceptable, violations, or deviations. An unresolved item is discussed in Detail 5.

11. Management Meetings

11.1 Preliminary Inspection Findings

A summary of preliminary findings was provided to the Station Superintendent at the conclusion of the inspection. During the inspection, licensee management was periodically notified of the preliminary findings by the resident inspectors. The dates involved, the senior licensee representative contacted, and subjects discussed were as follows:

Date	Subject	Representative Present
July 2	Routine Discussion	Station Superintendent
July 8	High Radiation Area Control	Assistant Station Super- intendent
July 20	Routine Discussions	Station Superintendent
July 20	ADS Back-up Air Supply	Results Engineer
July 23	Routine Discussion	Station Superintendent
July 28	Routine Discussion	Station Superintendent
August 4	Valve Line-up Checks	I&C Engineer
August 5	Instrument Checks	Operations Engineer
August 6	Summary of Prelim- inary Findings	Station Superintendent

11.2 Attendance at Management Meetings Conducted by Region-Based Inspectors

The resident inspectors attended entrance and exit interviews by region-based inspectors as follows:

Date	Subject	Inspection Report No.	Reporting Inspector
July 26 (Entrance)	Start-up Tests	277/82-15	J. W. Chung