



UNITED STATES
 NUCLEAR REGULATORY COMMISSION
 REGION II
 101 MARIETTA STREET, N.W.
 ATLANTA, GEORGIA 30503

Report Nos. 50-325/82-20 and 50-324/82-20

Licensee: Carolina Power and Light Company
 411 Fayetteville Street
 Raleigh, NC 27602

Facility Name: Brunswick

Docket Nos. 50-325 and 50-324

License Nos. DPR 71 and DPR 62

Inspection at CP&L Corporate Offices in Raleigh, N.C.

Inspector: *C. A. Belisle* 7-15-82
 G. A. Belisle Date Signed

Approved by: *C. M. Upright* 7-15-82
 C. M. Upright, Section Chief Date Signed
 Engineering Inspection Branch
 Division of Engineering and Technical Programs

SUMMARY

Inspection on June 7-8, 1982

Areas Inspected

This routine, announced inspection involved nine inspector-hours at the corporate offices in the area of audit implementation.

Results

In the one area inspected, two violations were identified (Failure to establish measures to assure that conditions adverse to quality are promptly corrected, paragraph 5.b; and, Failure to distribute an audit within the required timeframe, paragraph 5.a).

REPORT DETAILS

1. Persons Contacted

Licensee Employees

- *H. Banks, Manager of Corporate Quality Assurance Department
- *I. Johnson, Principle QA Specialist, Performance And Evaluation Unit

*Attended exit interview

2. Exit Interview

The inspection scope and findings were summarized on June 8, 1982, with those persons indicated in paragraph 1 above. The licensee acknowledged the inspection findings.

3. Licensee Action on Previous Inspection Findings

Not inspected.

4. Unresolved Items

Unresolved items were not identified during this inspection.

5. Audit Implementation (40704)

References:

- (a) CQAD 80-1, Procedure For Corporate QA Audits, Revision 1
- (b) CQAD 80-2, Procedure For Training And Qualification of Quality Assurance Program Audit Personnel, Revision 0
- (c) CQAD 80-3, Procedure For Collection, Storage and Maintenance of Quality Assurance Audit Records, Revision 0
- (d) CQAD 80-5, Procedure For Participating In Joint Quality Assurance Audits, Revision 0

The inspector reviewed the references and verified that they met requirements of the accepted QA Program, NRC Regulatory Guide 1.144, and ANSI N45.2.12-1977 as endorsed by that program. The inspector reviewed the following aspects of the audit program:

The content of audit reports clearly define the scope of the audit and results.

Audits were conducted by trained personnel not having direct responsibility in areas being audited.

Frequency of audits was in conformance with Technical Specifications and the QA program.

Appropriate followup actions (including reaudit, if necessary) had been taken, were in progress, or were being initiated.

The audited organization's response to audit findings was in writing, was timely, and adequately addressed findings and recommendations.

The inspector reviewed results of three audits conducted during 1980-1981 (QAA/21-16, 21-17, and 21-18/19). The inspector reviewed the qualifications of four lead auditors.

Based on this review, two violations were identified and are discussed in the following paragraphs.

a. Failure To Distribute An Audit Within The Required Timeframe

Audit QAA/21-18/19 was conducted September 28 thru October 9, 1981. This audit was written and distributed on November 18, 1981. Technical Specification 6.5.4.3 requires that audit reports be approved and distributed within 30 days after completion of the audit. This failure to issue Audit QAA/21-18/19 within the time frame specified by the Technical Specifications constitutes a violation (325,324/82-20-02).

b. Failure To Establish Measures To Assure that Conditions Adverse To Quality Are Promptly Corrected

Audit QAA/21-18/19 was performed September 28 thru October 9 and was issued November 18, 1981. This audit identified 14 findings, some of which contained multiple examples. The audited organization responded to these items on December 31, 1981 (File B10-17511, Serial BSEP/81-2426). A response extension was granted to the audited organization on December 21, 1981. On February 9, 1982, the auditing organization accepted the December 31 response to all findings except 6.A, 8.B, 12.B, and 12.C and requested an additional response to these items (File QAA/21-18/19, Serial CQAD 82-165). On March 17, 1982, the audited organization submitted a supplemental response for items 6.A, 8.B, 12.B, and 12.C (File B10-17511, BSEP/82-474). On April 14, 1982, the auditing organization accepted the corrective action for items 6.A and 8.B but rejected the request for an extension for items 12.B and 12.C (File QAA/21-18/19, Serial CQAD 82-645). The auditing organization's response on April 14, 1982, stated, relative to findings 12.B and 12.C., "Your response that action to be taken will be determined after selection of a permanent inservice inspection (ISI) coordinator is not acceptable. You are requested to provide a schedule for completion of corrective action. Your schedule can be changed if you are not able to complete action by that date". The audited organization has not submitted an additional response to these items (12.B and 12.C) by the date of this inspection, June 7-8, 1982.

A somewhat similar historical analysis can be performed on an audit finding from Audit QAA/21-17. This audit was conducted April 27 thru May 5 and issued on June 5, 1981. Corrective action for the finding was scheduled for July 27, 1981, and rescheduled for September 15, December 31, 1981, and January 8 and finally January 29, 1982. A surveillance was conducted January 11-13, 1982 (QASR 82-1) on the correction of this particular item. This surveillance identified that the corrective action had not been completed for the original item identified in May 1981. The audited organization had not conducted a reaudit of this area to verify that the January 29, 1982 completion date had been met, although they had been verbally informed that corrective action had been performed.

The conduct of handling corrective actions for findings identified during these audits indicates that reference (a) is inadequate in that measures have not been established to assure that conditions adverse to quality are promptly corrected. No specific guidance is provided in reference (a) for the establishment of suitable timeframes for escalation of items to upper management if an audit response is not acceptable or an audit response is not received; determining guidelines for granting extensions to audit findings and how many extensions can be granted before an item is escalated; actions to be taken by auditing groups if corrective actions are not performed by audited groups within established time frames; and time frames for upper management to resolve escalated items.

Discussions with the Manager of Corporate Quality Assurance Department and the Principle QA Specialist identified that an "open door" policy exists relative to the Principle QA Specialist bringing specific problems to the Manager of Corporate Quality Assurance Department for resolution; however, the Manager acts on problems only if they are identified to him. The licensee circulates frequent status reports of audit items for management attention; however, specific items are acted upon only if a specific problem is identified. This failure to establish measures to assure that conditions adverse to quality are promptly corrected constitutes a violation (325,324/82-20-01).