UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARIETTA ST., N.W., SUITE 3100
ATLANTA, GEORGIA 30303

Report No. 50-416/82-66

Licensee: Mississippi Power and Light Company
Jackson, MS 39205

Facility Name: Grand Gulf

Docket No. 50-416

License No. NPF-13

Inspection at Grand Gulf site near Port Gibson, MS

Inspectors: L. H. Jackson — Date Signed: Oct 22 1982

G. A. Belisle — Date Signed: 10/25/82

Approved by: C. M. Upright, Section Chief — Date Signed: 10/25/82
Engineering Inspection Branch
Division of Engineering and Technical Programs

SUMMARY

Inspection on October 4-8, 1982

Areas Inspected

This routine, unannounced inspection involved 64 inspector-hours on site in the areas of licensee actions on previous enforcement matters, records program, document control, QA/QC administrative program, QA program, audit and audit implementation, and licensee action on previously identified inspection findings.

Results

Of the seven areas inspected, no violations or deviations were identified in six areas; one apparent violation was found in one area (Failure to properly store radiographs in the vault, paragraph 5).

REPORT DETAILS

1. Persons Contacted

Licensee Employees

W. Abraham, Production Aide for Licensing
J. Bailey, Plant Quality Inspector
A. Benson, Acting Records Coordinator
A. Bettencount, Bechtel QA Engineer
T. Dotson, Records Management
*S. Feith, QA Supervisor, Operations
J. Hatcher, Mechanical Planner
J. Holder, Instrument Control Supervisor
*J. McGaughy, Assistant Vice President Nuclear Production
*C. McCoy, Plant Manager
A. Molone, ISI Coordinator
J. Meier, Project Civil Engineer
R. Moomaw, I&C Superintendent
T. Reaves, Jr., Manager of QA
F. Walsh, Maintenance Engineering Supervisor
*R. Williams, Office Services Supervisor
*J. Yelverton, Nuclear Site QA Manager
*G. Zinke, Technical Engineering Supervisor

Other licensee employees contacted included operators and office personnel.

NRC Resident Inspector

*A. Wagner, Senior Resident

*Attended exit interview

2. Exit Interview

The inspection scope and findings were summarized on October 8, 1982, with those persons indicated in paragraph 1 above. The licensee was informed of the inspection finding listed below. The licensee acknowledged the following inspection finding.

- Violation 416/83-66-01, Failure to properly store radiograph film in the vault, paragraph 5.

3. Licensee Action on Previous Enforcement Matters

a. (Closed) Violation (416/82-32-01): Failure to Follow Procedure. MP&L's response dated July 6, 1982, is considered acceptable by Region II. The inspector reviewed the document control system relative

to drawings. A review of document control as discussed in paragraph 6 verified implementation of corrective actions for drawings. The inspector concluded that MP&L had determined the full extent of the violation, performed the necessary survey and followup actions to correct the present conditions, and developed the necessary corrective actions to preclude recurrence of similar violations. Corrective actions stated in the response have been implemented.

b. (Closed) Violation (416/82-32-02): Failure to Calibrate M&TE by the Calibration Due Date. MP&L's response dated July 6, 1982, is considered acceptable by Region II. The inspector reviewed implementing procedure AP 01-S-07-3, Revision 5, Calibration and Control of Measuring and Test Equipment. Various pressure gauges, amprobes and TIF clamp on ammeters, torque wrenches, and flow instruments were selected to assure proper calibration. The inspector concluded that MP&L had determined the full extent of the violation, performed the necessary survey and followup actions to correct the present condition, and developed the necessary correctivce actions to preclude recurrence of simular violation. Corrective actions stated in the response have been implemented.

4. Unresolved Items

Unresolved items were not identified during this inspection.

5. Records (39701)

References:

(a) MPL-TOP-1A Policy 17, Records, Revision 2

(b) QAP 17.10, Quality Assurance Records, Revision 7

(c) QAP 17.20, Quality Assurance Section Manual, Files and Status Logs, Revision 2

(d) AP 01-S-01-2, Office Service Section, Revision 2

(e) AP 01-S-05-1, Operation and Control of the Central Documents and Records System, Revision 3

(f) AP-01-S-05-07, Correspondence Control, Revision 3

(g) OSSI 13-S-01-52, Permanent Hard Copy File Maintenance, Revision 1

(h) OSSI 13-S-01-56, Operation of Central Records, Revision 1

(i) OSSI 13-S-01-58, Central Records Vault Temperature Humidity Requirements for Storage of Plant Microfilm, Revision 1

The inspector reviewed the licensee's records storage, retention and retrieval program as described in references (b) through (i) to verify compliance with the accepted QA program, (reference (a)), NRC Regulatory Guide 1.70, and ANSI Standards endorsed by that program. The inspector verified that administrative controls have been established for maintenance, storage, and retention of required records. The inspector reviewed the licensee's program for types of records to be retained, verified that these records were on a master list, were retrieveable from the file, and were correctly stored. The inspector selected various types of reports to verify proper storage, retention and retrievability.

Based on this inspection one violation was identified. ANSI N45.2.9-1974 paragraph 5.4.2 states records shall not be stored loosely. Contrary to the above, approximately twenty packets of radiograph film were stored loosely on top of a file cabinet in the records storage vault. This failure to store records properly constitutes a violation (416/82-66-01).

6. Document Control (39702)

References:

(a) MPL-TOP-1A, Policy 6, Document Control, Revision 6

(b) QAP 6.10, Performance and Documentation of Reviews, Revision 12

(c) QAP 6.20, Processing of Quality Assurance Originated Documents to the NRC, Revision 0

(d) QAP 5.10, Procedure Preparation; Procedure and Manual Revision, Distribution, and Control, Revision 9

(e) AP 01-S-05-01, Operation and Control of the Central Documents and Records System, Revision 2

(f) AP 01-S-05-03, Control and Use of Design Specifications, Revision 0

(g) AP 01-S-05-4, Control of Technical Manuals, Revision 3

(h) AP 01-S-05-05, Control and Use of the Master Document List, Revision 2

(i) AP 01-S-05-06, Distribution and Control of Plant Drawings, Revision 8

(j) AP 01-S-02-02, Control and Use of GGNS Operations, Revision 13

The inspector reviewed references (b)-(j) and verified they met requirements of the accepted QA Program, NRC Regulatory Guides, and ANSI Standards endorsed by that program. The inspector verified the following aspects of the document control program:

- Administrative controls have been established for issuance, updating, and recall of outdated drawings
- Master indicies are maintained for drawings, manuals, Technical Specifications, FSAR and procedures
- Administrative controls have been established for distribution, updating and recall of outdated plant documents.

To verify implementation of these aspects, the inspector selected 10 procedures, 14 drawings, 7 copies of Technical Specifications and 4 copies of the FSAR and verified that these documents were at their assigned location and were the correct revision.

Drawings				Location
SFD	0041	Revision 1		Control Room
	0049	Revision 4		Control Room
	1057	Revision 1		Control Room
	1091	Revision 2		Control Room
P&ID	M1061A	Revision 16	System P41	DCN27
	M0049	Revision 15	System P66 and Z51	
	M1061B	Revision 16	System E12	DCN27
	M1063B	Revision 15	System P42 and B33	
	M1067A	Revision 21	System P53	Deviation M700
	M1077B	Revision 12	System B21	DCN9
	M1081A	Revision 14	System C11-1	
	M1093A	Revision 4	System P81	

P&IDs were verified to be at the following locations: Training Center; Technical Support Center; Maintenance Planning area; and, Operations Center (Control Room).

FSAR copy numbers 11, 13, 18 and 21

Technical Specification copy numbers 18, 21, 24, 25, 26, 42 and 46

Procedures		
	01-S-11-1	Revision 1
	02-S-01-5	Revision 3
	03-S-01-3	Revision 11

04-S-01-E12-1	Revision 12
05-S-01-EP-5	Revision 10
06-OP-1B33-R-0002	Revision 10
07-S-14-284	Revision 0
08-S-02-50	Revision 1
09-S-01-17	Revision 1
11-S-02-2	Revision 0

These procedures were verified to be at the maintenance planning area, QC area, operations control and the shift supervisor's office. Another group of inspectors identified that Procedure 07-S-14-184 was the wrong revision in the QC set of procedures. This appears to be an anomaly, consequently no violation was issued for failure to provide adequate document control.

Within the area inspected, no violations or deviations were identified.

7. QA/QC Administration (35751)

Reference: Quality Assurance Program Project Summary "Q" List, Revision 12

The inspector reviewed the reference listed as well as those listed throughout this report and verified that QA Program documents clearly define those structures, systems, components, documents and activities to which the QA Program applies. The inspector also verified that the licensee has established controls for QA/QC procedures that assure procedures will be reviewed, distributed, and recalled when required. The inspector verified that responsibilities have been established to assure overall review and effectiveness of the QA Program.

The inspector questioned the Project Civil Engineer relative to the status of the Q*6 classification of items (Quadrex "Q" List). This system was previously identified in IE Report 416/81-46, paragraph 5.b. Of approximately 73 systems undergoing this analysis, 29 systems are yet to be analyzed. The remainder of the systems are either in the review cycle by MP&L personnel or at the A/E for resolving MP&L comments. The Q*6 system is still anticipated to be fully developed by the latter part of 1982.

Within the area inspected, no violations or deviations were identified.

8. QA Program Review (35701)

References: (a) QAP 1.10, Duties, Responsibilities and Authority of the Nuclear Site QA Manager (NSQAM), Revision 6

(b) QAP 1.20, Duties, Responsibilities and Authority of Site Quality Assurance Representative, Revision 5

(c) QAP 1.30, General Office QA Organization and Duties, Responsibilities and Authority of General Office QARs, Revision 6

(d) QAP 2.10, Quality Assurance Status Report to Management, Revision 1

(e) MPL-TOP-1A, Policy 1, Organization, Revision 2

(f) MPL-TOP-1A, Policy 2, Quality Assurance Program, Revision 2

The inspector reviewed references (a)-(d) and verified that they met requirement of the accepted QA Program, NRC Regulatory Guides, and ANSI Standards endorsed by that program. The inspector verified that licensee personnel are aware of regulatory commitments.

Within the area, no violations or deviations were identified.

9. Audits, Audit Implementation (40702, 40704)

References: (a) MPL-TOP-1A, Policy 16, Corrective Action, Revision 2

(b) MPL-TOP-1A, Policy 18, Audits, Revision 2

(c) QAP 18.00, Quality Assurance Audits Planning and Scheduling, Revision 2

(d) QAP 18.10, Quality Assurance Audits, Revision 9

(e) QAP 18.12, Supplier Quality Assurance Audits, Revision 2

(f) QAP 18.14, Quality Assurance Monitoring Audits, Revision 2

(g) QAP 16.10, Corrective Action Request, Revision 13

(h) QAP 16.12, Corrective Action and Response Extensions, Revision 3

(i) QAP 16.14, Escalation to Obtain A Response or Corrective Action, Revision 2

(j) QAP 16.16, Follow-up Action on Audits of MP&L (Grand Gulf) by Other Groups, Revision 2

(k) QAP 16.40, Quality Assurance Section Manual Files and Status Logs, Revision 2

(l) QAP 2.40, Indoctrination and Training of Quality Assurance Personnel, Revision 8

The inspectors reviewed references (c)-(l) and verified that they met requirements of the accepted QA Program, NRC Regulatory Guides, and ANSI Standards endorsed by that program. The inspectors verified the following aspects of auditing activities:

- Methods have been defined for taking corrective action when deficiencies are identified during audits.

- The audited organization is required to respond in writing to audit findings.

- Distribution requirements for audit reports and corrective action responses have been defined.

- Checklists are required to be used in the performance of audits.

- Audits are conducted by trained personnel not having direct responsibility in the area being audited.

- The frequency of audits is in conformance with technical specification requirements.

- The scope of the audit program has been defined and is consistent with technical specification requirements.

- Responsibilities have been assigned in writing for the overall management of the audit program.

To verify implementation of these aspects, the inspectors reviewed results of 23 Monitoring Audit Reports (MARs 82/01, 03, 05, 10, 11, 12, 13, 17, 18, 19, 21, 35, 44, 47, 64, 65, 66, 67, 68, 69, 70, 71 and 72) and 25 Corrective Action Reports (CARs 471, 467, 474, 410, 494-503, 477, 478, 483, 485, 508, 557, 558, 562, 582, 587, and 588) that were written to document the findings of these MARs. The inspectors also reviewed results of CAR 555 which was written to assure corrective action relative to Violation 416/82-32-01 as detailed in IE Report 50-416/82-32.

The inspector discussed with the QA Supervisor (Operations) the existing audit program and changes planned for the conduct of future audits. The following items are being planned:

- An annual audit plan which will serve to delineate all areas of audit responsibility including audit frequency and projected audit dates.

- A quarterly audit schedule which will implement the annual audit plan and will serve as a day-to-day method to track in detail the progress of the audit program.

- Development of a checklist "library" in the technical specification audit area.

- Development of "Plant Tour Checklist" that will serve to give an effective evaluation of an audited area based on a significantly large sample of observations by the auditor.

All of these plans currently under development are tentatively scheduled for completion by the end of 1982.

Within the areas inspected, no violations or deviations were identified.

10. Licensee Action on Previously Identified Inspection Findings (92701)

a. (Closed) Inspector Followup Item (416/81-46-05): ANSI N18.7-1976 Clarification. The inspector reviewed AP 01-S-07-30, Evaluation of Component Malfunction, Revision 0 and determined that this procedure appears to adequately address the requirements of ANSI 18.7-1976 Section 5.2.7.1 relative to reliability of equipment operation.

b. (Closed) Inspector Followup Item (416/81-46-11): Calibration Program Activities. The inspector interviewed the I&C Superintendent and determined that calibration of instrumentation has been procedurally delineated. This program will be ongoing as additional plant experience is gained during performance of these procedures (correct procedures from administration and/or technical errors) and as instruments are added or deleted from plant systems.

c. (Open) Inspector Followup Item (416/81-46-12): Surveillance Program Development. This program is currently under review by plant staff to assure that all surveillance requirements are procedurally delineated. A cross reference is being prepared between Technical Specifications (TS) and existing procedures to verify total compliance. The licensee is also establishing administrative controls to assure future TS amendments are incorporated into procedures. This item cannot be closed until this review is completed by the licensee.

d. (Closed) Inspector Followup Item (416/81-46-13): Inservice Inspection (ISI) Program Development. The inspectors interviewed the ISI Coordinator and determined that the ISI program appears to be adequately addressed. This program is ready for submittal to the NRC for approval.

e. (Open) Inspector Followup Item (416/82-32-03): Preservation of Quality Assurance Records. The inspector discussed the lack of control of relative humidity in the vault with cognizant personnel. MP&L has evaluated the lack of control of relative humidity and are now storing their archival records in Flora, Mississippi. However, MNCR-0003-79 has not been closed by MP&L. Therefore, this item remains open.