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

Report No. 50-261/82-33

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

Facility Name: Robinson

Docket No. 50-261

License No. DPR-23

Inspection at Robinson site near Hartsville, SC, and Corporate Headquarters at Raleigh, NC

Inspectors: G. A. Belisle — Date Signed: 10/20/82

L. H. Jackson — Date Signed: 10/20/82

Approved by: C. M. Upright, Section Chief — Date Signed: 10/21/82
Engineering Inspection Branch
Division of Engineering and Technical Programs

SUMMARY

Inspection on September 20-24, 1982

Areas Inspected

This routine, unannounced inspection involved 50 inspector-hours on site and at the corporate offices in the areas of audit and audit implementation; the onsite review committee; procurement; receipt, storage, and handling of equipment; and the records program.

Results

Of the five areas inspected, no violations or deviations were identified in three areas; six apparent violations were found in two areas (Failure to conduct audits within the time required by Technical Specifications, two violations, paragraph 5.a; Failure to distribute audits within the time required by Technical Specifications, paragraph 5.b; Failure to respond to audits within the time required by the QA Program, paragraph 5.c; Failure to correctly categorize an audit finding, paragraph 5.d; and, Failure to store records on shelves, paragraph 9).

REPORT DETAILS

1. Persons Contacted

Licensee Employees

S. Barrett, Senior QA Specialist
*D. Baur, Project QA/QC Specialist
J. Benjamin, Project Engineer, Operations
J. Bradshaw, Storekeeper
#N. Chiangi, Manager, Engineering and Construction QA/QC
S. Clark, Engineer
*R. Connely, Assistant General Manager
*S. Crocker, Manager, E&RC
R. Crook, Document Control Specialist
*C. Crawford, Manager, O&M
*J. Curley, Technical Support Manager
W. Flanagan, Project Engineer
J. Gailey, Project Vendor Surveillance Specialist
#I. Johnson, Principal QA Specialist
R. Lambert, QA Engineer
F. Lowery, Operations Superivsor
A. McCauley, Principal Engineer, Onsite Nuclear Safety
D. McGaw, Principal Vendor Surveillance Specialist
P. Monroe, Storeroom Foreman
*B. Watkins, Administrative Supervisor
*C. Wright, Specialist Regulatory Compliance

Other licensee employees contacted included technicians and office personnel.

*Attended exit interview onsite September 22, 1982
#Attended exit interview at Corporate Offices September 24, 1982

2. Exit Interview

The inspection scope and findings were summarized on September 22 and 24, 1982, with those persons indicated in paragraph 1 above. The licensee acknowledged the following inspection findings:

Violation, 261/82-33-01, Failure to perform audits within Technical Specification timeframe, paragraph 5.a.

Violation, 261/82-33-02, Failure to perform an audit within Technical Specification timeframe, paragraph 5.a.

Violation, 261/82-33-03, Failure to distribute audits within required timeframes, paragraph 5.b.

Violation, 261/82-33-04, Failure to respond to audits within required timeframes, paragraph 5.c.

Violation, 261/82-33-05, Failure to correctly categorize an audit finding, paragraph 5.d.

Violation, 261/82-33-06, Failure to store records on shelves, paragraph 9.

Inspector Followup Item, 261/82-33-07, Plant Nuclear Safety Committee overview function, paragraph 6.a.

Inspector Followup Item, 261/82-33-08, Procedure changes and modifications, paragraph 6.b.

Also generally discussed at the exit interview were 10 CFR 50.59 requirements and licensee actions to assure procedural compliance.

3. Licensee Action on Previous Enforcement Matters

Not inspected.

4. Unresolved Items

Unresolved items were not identified during this inspection.

5. Audits, Audit Implementation (40702, 40704)

References:
(a) CQAD 80-1, Procedure for Corporate QA Audits, Revision 2
(b) CQAP 16, Audits, Revision 3
(c) CQAP 15, Nonconformance Control and Corrective Action, Revision 3
(d) CQAD 80-2, Procedure for Training and Qualification of Quality Assurance Program Audit Personnel, Revision 0
(e) CQAD 80-3, Procedure for Collection, Storage and Maintenance of Quality Assurance Audit Records, Revision 0
(f) CQAD 80-5, Procedure for Participating In Joint Quality Assurance Audits and Preparing, Distributing and Maintaining the QA Audit Documents, Revision 0

The inspector reviewed references (a)-(f) and verified that 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 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.

- Audit frequency 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 inspector reviewed results of nine audits (QAA/20-20 through 20-29). Qualifications of auditors were reviewed during a previous inspection at the Brunswick facility and are discussed in Reports 50-325/82-20, 50-324/82-20, paragraph 5.

Within this area, five violations were identified and are discussed in the following paragraphs.

a. Failure to Perform Audits Within Technical Specification (TS) Required Timeframes

Technical Specification 6.5.3 through 6.5.3.5 detail responsibilities of the Performance Evaluation Unit (PEU) relative to administering the quality assurance audit program. TS 6.5.3.2.d specifically delineates audits to be performed and required frequencies. TS 6.5.3.2.d (5) requires audits of the Emergency Plan and implementing procedures at least once per 24 months. Audit QAA/20-19 performed October 15-19, 1979 and Audit QAA/20-29 performed July 12-16, 1982, implemented this requirement. The timeframe between these audits is 33 months.

TS 6.5.3.2.d.(7) requires audits of the Facility Fire Protection Program and implementing procedures at least once per 24 months. Audit QAA/20-18 performed June 18-22, 1979, and Audit QAA/20-24/25 performed August 24 - September 4, 1981, implemented this requirement. The timeframe between these audits is 26 months. These failures to perform audits within timeframes of TS 6.5.3.2.d.(5) and 6.5.3.2.d.(7) constitute a violation (261/82-33-01).

TS 6.5.4.2 requires an inspection and audit of the fire protection and loss prevention program to be performed by an outside qualified fire consultant at intervals no greater than three years. This TS requirement was established by Amendment 31 issued February 28, 1978, and implemented 30 days after being established. This audit was conducted September 16-17, 1981, a total of 42 months since implementation. This failure to perform an audit within the timeframe of TS 6.5.4.2 constitutes a violation (261/82-33-02).

b. Failure to Distribute Audits Within Required Timeframes

TS 6.5.3.4 requires that audits be approved by the principle QA Specialist and transmitted to various management positions within 30 days after completion of the audit. The following audits exceeded this timeframe:

QAA/20-27 conducted April 26-30, 1982, issued June 15, 1982
QAA/20-28 conducted May 11-14, 1982, issued June 15, 1982

Additionally, audit QAA/20-24/25 conducted August 24 - September 4, 1981, was issued October 14, 1981. However, the delinquent issuance of this audit was identified during the Management Review of Independent Nuclear Safety Review and Quality Assurance Audit Activities (MR-8) conducted by the Director of Corporate Health Physics November 10-12, 1981.

In response to this MR-8 item, the Principle QA Specialist answered in part on December 31, 1981, "Making the Lead Auditors responsible for the audit status log will also place more emphasis on issuance of reports within 30 days. The necessity of complying with this requirement has been re-emphasized to the Lead Auditors in Performance Evaluation." This corrective action was concurred in by the Director of Corporate Health Physics on January 7, 1982.

This failure to distribute audits within the TS required timeframe constitutes a violation (261/82-33-03).

c. Failure to Respond to Audit Findings Within Required Timeframes

The licensee's accepted QA Program (March 18, 1982 Letter) endorses ANSI N45.2.12 - 1977. Paragraph 4.5.1 of this standard requires the audited organization to respond as requested by the audited organization. Reference (a) paragraph 6.6.1 requires in part that the audited activity management respond to the Principle QA Specialist - PEU in writing within 30 days after receipt of the report. The following are examples of audits that were not responded to within this timeframe:

Audit QAA/20-23 issued February 5, 1981 and responded to March 16, 1981

Audit QAA/20-37 issued June 15, 1982 and responded to August 6, 1981

The inspector identified two additional audits (QAA/20-21 and 20-24/25) that were responded to three and six days, respectively, past the required due date. However, this delay appears to be within a reasonable time for delivery of mail between the corporate office and the site. The inspector estimated one week (7 days) for delivery of mail to site personnel. Site personnel identified that a request for extension of time to respond to Audit QAA/20-24/25 had been discussed with the Principle QA Specialist during a telephone conversation; however, this discussion was not documented and the Principle QA Specialist, although acknowledging that the conversation could have occurred could not recall such a discussion.

This failure to respond to audit findings as required constitutes a violation (261/82-33-04).

d. Failure to Correctly Categorize An Audit Finding

Reference (a) defines a nonconformance as a deficiency in characteristic, documentation, or procedure which renders the quality of an item unacceptable or indeterminate. A concern is defined as a questionable practice which has the potential of causing a nonconformance or where additional information is required for evaluation of acceptability. Audit QAA/20-28 identified five concerns. Concern 3 stated that ANSI N18.7 - 1976 paragraph 5.3.9.1 requires that Emergency Instructions include as a minimum the Symptoms, Immediate Operator Actions, and Subsequent Operator Actions. It also stated that during a review of Emergency Instructions (EIs), the following was noted:

1. EI-15 does not include "Symptoms."
2. EI-17 does not include "Immediate Operator Actions" and "Subsequent Operator Actions."
3. EI-18 does not include "Symptoms" and "Automatic Actions."

A written response to this concern is requested.

The ANSI Standard is specific in requiring these headings in EIs and not having them compromises the quality of the item as unacceptable. Consequently, this item should by definition be a nonconformance instead of a concern. This failure to correctly categorize an audit finding is a violation (261/82-33-05).

6. Onsite Review Committee (40700)

References: (a) Technical Specifications
(b) A.I.-3.0, Plant Nuclear Safety Committee (PNSC) and Safety Review (CNS), Revision 143

(c) Memo/81-22, Plant Nuclear Safety Committee Members and Alternates, dated August 7, 1981
(d) Memo/82-517, Nuclear Safety Review Qualifications, dated September 10, 1982

The inspector reviewed references (b)-(d) and verified that PNSC activities are being conducted in accordance with reference (a). The inspector selected PNSC activities conducted during January and February 1982 (Meetings 912-927) and verified that membership, review process, frequency of meetings and personnel qualifications of members meet reference (a) requirements.

Within this area, two inspector followup items were identified and are discussed in the following paragraphs.

a. PNSC Overview Activities

H. B. Robinson's Technical Specifications (TS) have recently been amended (Amendment 70, effective September 10, 1982) to delete PNSC review and approval of procedure changes and modifications unless an unreviewed safety question has been determined to exist. These review activities have been delegated to qualified personnel (TS 6.5.1.1 through 6.5.1.2.5); however, the PNSC is required to maintain an overview of these activities (TS 6.5.1.6.6). The inspector interviewed four members of the PNSC in an attempt to ascertain how this overview was performed. Each member of the PNSC had a slightly different concept of this overview function. The PNSC has not met formally to define this overview function; but, a meeting was scheduled for September 28, 1982. Until the PNSC determines what overview is to be applied to activities required by TS 6.5.1.1 through TS 6.5.1.2.5, this is identified as an inspector followup item (261/82-33-07).

b. Review of Procedure Changes and Modifications

The Principal Engineer, Onsite Nuclear Safety conducted formalized training consisting of 10 CFR 50.59 requirements and how to perform safety evaluations required by 10 CFR 50.59. A written examination was given to personnel attending this training. Based upon satisfactory completion of this training, personnel were qualified by plant management to perform reviews of plant procedure changes and modifications (Memo/82-517, dated September 10, 1982). The inspector interviewed five personnel from this list of qualified reviewers and identified that diverse opinions existed as to what constituted an adequate safety review of procedure changes and modifications. The inspector carefully reviewed 10 CFR 50.59 requirements with these personnel and with the Principal Engineer, Onsite Nuclear Safety. The plant has not processed any procedure changes or modifications since this system has been incorporated into TS as discussed in paragraph 6.a. Until this review process is fully developed and implemented, this is identified as an inspector followup item (261/82-33-08).

7. Procurement (38701)

References: (a) The accepted QA Program (Letter E. E. Utley to D. G. Eisenhut, March 18, 1981)
(b) ANSI N45.2.13 - 1976, Quality Assurance Requirements for Control of Procurement of Items and Services for Nuclear Power Plants
(c) SR-1, Procurement of Plant Materials and Equipment, Revision 6
(d) SR-5, Special Materials Request Blanket Purchase Orders, and Service Contracts, Revision 0

The inspector reviewed the licensee's procurement program as described in references (a), (c) and (d) to verify that procurement documents adequately identify the equipment or materials being purchased, incorporate Westinghouse Technical Specifications when necessary, identify special coatings required for unusual applications, specify nuclear grade packing for items subject to contamination, require certified material test reports where necessary to verify acceptability of materials, allow required access to vendor's shops where vendor surveillance is advantageous to verify quality; that 10 CFR 21 reporting requirements are incorporated, and that changes to procurement documents are reviewed and approved prior to issue for fabrication.

The inspector confirmed that an approved vendors list is maintained. Vendors are accepted for incorporation on the list by maintaining an ASME Boiler and Pressure Vessel Code Certificate, by acceptance from a CASE Survey, or by a corporate survey. Vendors maintain their acceptance status so long as they continue to supply quality products without undue problems and by periodic re-evaluations by CP&L.

The inspector selected approximately twelve procurement documents to confirm acceptability according to corporate policy. The general agreement between CP&L and Westinghouse was one of the procurement documents reviewed for replacement of Steam Generators for H. B. Robinson plant to assure incorporation of Westinghouse design specifications, ASME Boiler and Pressure Vessel Codes Section II, III, IX, XI, and ASTM SB-163 requirements for replacement tubing. Also, 10 CFR 21 requirements were incorporated. Hold points for vendor inspections and shop access were required. Documentation to be submitted was listed.

Within this area, no violations or deviations were identified.

8. Receipt, Storage, and Handling of Equipment and Materials (38702)

References: (a) The accepted QA Program (Letter E. E. Utley to D. G. Eisenhut, March 18, 1981)
(b) CQAP 4, Procurement Control, Revision 4

(c) ANSI N45.2.2 - 1972, Packing, Shipping, Receiving, Storage, and Handling of Items for Nuclear Power Plants
(d) ANSI 18.7 - 1976, Administrative Controls and Quality Assurance for Operating Phase on Nuclear Power Plants
(e) QAP-205, Receipt Inspection, Revision 0
(f) SR-2, Receiving Plant Materials and Equipment, Revision 2
(g) SR-3, Storing Plant Materials and Equipment, Revision 3
(h) SR-5, Special Materials Requests, Blanket Purchase Orders and Special Contracts Revision 0

The inspector reviewed the licensee's receipt, storage, and handling of equipment and materials program as described in references (a), (b), (e), (f), (g), and (h) to verify that written requirements for conducting receipt inspection of incoming materials and equipment are established, shipping damage inspections are conducted, materials and equipment are in accordance with procurement documents, receiving inspections are documented and retained, accompanying documentation is reviewed and approved, and nonconformances are documented and handled in accordance with approved procedures.

The inspector selected ten purchase orders and verified that QA requirements had been included, that documentation required to accompany each shipment had been specified, Westinghouse equipment specifications were attached when required, receiving inspections were documented, certified material test reports were reviewed and approved, and materials were stored in accordance with site approved procedures.

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

9. Records (39701)

References
(a) CQAP 17, Records, Revision 1
(b) A.I.-8, Plant Records, Revision 134
(c) A.I.-9, Plant Drawing Program, Revision 84
(d) Records Management System 1, H. B. Robinson Plant Filing Index and Instructions, Revision 1
(e) ANSI N45.2.9 - 1974, Collection, Storage, and Maintenance of Quality Assurance Records for Nuclear Power Plants

The inspectors reviewed the licensee's records program as described in references (a) through (d) to verify that written requirements for collection, storage, and maintenance of quality related records have been established, that records are categorized, classified, indexed, and maintained in a fireproof vault, and that records are retrievable.

The inspectors selected records involving fuel handling, work requests, weekly surveillances, auxiliary operator logs inside, auxiliary operators logs outside, hot operator logs, NRC daily status reports and phone checks, boric acid inventory, PNSC meeting minutes, QA surveillances, nonconformance reports, and radiochemistry and E-Bar determinations for review to confirm that records are on file, have been approved, and are retrievable.

Within this area, one violation was identified. During a tour of the records storage vault, the inspectors identified several boxes of radiographs stored on the floor in the vault. Reference (e) paragraph 5.4.2 requires that records (radiographs are defined as one type of quality record) be stored on shelves. This failure to store records on shelving constitutes a violation (261/82-33-06).

The inspector also identified one discrepancy regarding records. Reference (b) paragraph 8.5.7 requires that radiographs be stored in locked metal cabinets. This requirement is licensee imposed and is in excess of current regulatory requirements. No violation is issued for failure to follow procedures; however, this lack of procedural compliance was discussed with management personnel during the exit interview.