

ADMINISTRATIVE CONTROLS

- procedures that require a 10 CFR 50.59 safety evaluation as described in Section 6.5.3.2.d.
- b. Review of all proposed tests and experiments that affect nuclear safety.
 - c. Review of all proposed changes to Appendix "A" Technical Specifications.
 - d. Review of all proposed changes or modifications to plant systems or equipment that affect nuclear safety.
 - e. Review of the safety evaluations that have been completed under the provisions of 10 CFR 50.59.
 - f. Initiation or review of investigations of all violations of the Technical Specifications including the reports covering evaluations and recommendations to prevent recurrence.
 - g. Review of all REPORTABLE EVENTS.
 - h. Review of facility operations to detect potential nuclear safety hazards.
 - i. Performance of special reviews, investigations or analyses and reports thereon as determined by the SORC.
 - j. Review of the Facility Security Plan and implementing procedures and changes thereto that require a 10 CFR 50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10 CFR 50.54(p).
 - k. Review of the Facility Emergency Plan and implementing procedures and changes thereto that require a 10 CFR 50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10 CFR 50.54(q).
 - l. Review of the Fire Protection Program and implementing procedures and changes thereto that require a 10 CFR 50.59 safety evaluation.
 - m. Review of all unplanned on-site releases of radioactivity to the environs including the preparation of reports covering evaluation, recommendations, and disposition of the corrective action to prevent recurrence.
 - n. Review of changes to the PROCESS CONTROL MANUAL and the OFF-SITE DOSE CALCULATION MANUAL.

Not used.

Review of the Facility Security Plan and implementing procedures and changes thereto that require a 10 CFR 50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10 CFR 50.54(p).

Review of the Facility Emergency Plan and implementing procedures and changes thereto that require a 10 CFR 50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10 CFR 50.54(q).

REVIEW PROCESS

6.5.1.7 A technical review and control system utilizing qualified reviewers shall function to perform the periodic or routine review of procedures and changes thereto. Details of this technical review process are provided in Section 6.5.3.

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- f. All REPORTABLE EVENTS.
- g. All recognized indications of an unanticipated deficiency in some aspect of design or operation of structures, systems, or components that could affect nuclear safety; and
- h. Reports and meeting minutes of the SORC.

AUDITS

6.5.2.4.3 Audits of facility activities shall be performed under the cognizance of the OSR staff. These audits shall encompass: the following

- a. The conformance of facility operation to provisions contained within the Technical Specifications and applicable license conditions, ~~at least once per 12 months;~~
- b. The performance, training and qualifications of the entire facility staff, ~~at least once per 12 months;~~
- c. The results of actions taken to correct deficiencies occurring in facility equipment, structures, systems, or method of operation that affect nuclear safety, ~~at least once per 6 months;~~
- d. The performance of activities required by the Operational Quality Assurance Program to meet the criteria of Appendix B, 10 CFR Part 50, ~~at least once per 24 months;~~
- e. ~~The Facility Emergency Plan and implementing procedures at least once per 12 months;~~
- f. ~~The Facility Security Plan and implementing procedures at least once per 12 months;~~
- g. Any other area of facility operation considered appropriate by the General Manager - Quality Assurance and Nuclear Safety or the Vice President and Chief Nuclear Officer.
- h. The facility Fire Protection Program and the implementing procedures, ~~at least once per 24 months;~~
- i. ~~The fire protection and loss prevention program implementation at least once per 12 months utilizing either a qualified off-site licensee fire protection engineer(s) or an outside independent fire protection consultant. An outside independent fire protection consultant shall be utilized at least once per 36 months; and~~
- j. The radiological environmental monitoring program and the results thereof, ~~at least once per 12 months.~~
- k. The OFFSITE DOSE CALCULATION MANUAL and implementing procedures, ~~at least once per 24 months;~~

Not used.

HOPE CREEK

An audit of the fire protection and loss prevention program implementation utilizing an outside independent fire protection consultant. 6-11 Amendment No. 52

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1. The PROCESS CONTROL PROGRAM and implementing procedures for processing and packaging of radioactive wastes, ~~at least once per 24 months; and,~~
- m. The performance of activities required by the Quality Assurance Program for effluent and environmental monitoring, ~~at least once per 12 months.~~

The above audits may be conducted by the Quality Assurance Department or an independent consultant. Audit plans and final audit reports shall be reviewed by the OSR staff.

RECORDS AND REPORTS

6.5.2.4.4 Records of OSR activities shall be maintained. Reports of reviews and audits shall be prepared and distributed as indicated below:

- a. The results of reviews performed pursuant to Section 6.5.2.4.2 shall be reported to the Vice President and Chief Nuclear Officer at least monthly.
- b. Audit reports prepared pursuant to Specification 6.5.2.4.3 shall be forwarded by the auditing organization to the Vice President and Chief Nuclear Officer and to the management positions responsible for the areas audited (1) within 30 days after completion of the audit for those audits conducted by the Quality Assurance Department, and (2) within 60 days after completion of the audit for those audits conducted by an independent consultant.

6.5.2.5 ONSITE SAFETY REVIEW GROUP (SRG)

FUNCTION

6.5.2.5.1 The SRG shall function to provide: the review of plant design and operating experience for potential opportunities to improve plant safety; evaluation of plant operations and maintenance activities; and advice to management on the overall quality and safety of plant operations.

The SRG shall make recommendations for revised procedures, equipment modifications, or other means of improving plant safety to appropriate station/corporate management.

RESPONSIBILITIES

6.5.2.5.2 The SRG shall be responsible for:

- a. Review of selected plant operating characteristics, NRC issuances, industry advisories, and other appropriate sources of plant design and operating experience information which may indicate areas for improving plant safety.
- b. Review of selected facility features, equipment, and systems.
- c. Review of selected procedures and plant activities including maintenance, modification, operational problems, and operational analysis.

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- b. A Safety Limit Violation Report shall be prepared. The report shall be reviewed by the SORC. This report shall describe (1) applicable circumstances preceding the violation, (2) effects of the violation upon unit components, systems, or structures, and (3) corrective action taken to prevent recurrence.
- c. The Safety Limit Violation Report shall be submitted to the Commission, the General Manager - Quality Assurance and Nuclear Safety and the Vice President and Chief Nuclear Officer within 30 days of the violation.
- d. Critical operation of the unit shall not be resumed until authorized by the Commission.

6.8 PROCEDURES AND PROGRAMS

6.8.1 Written procedures shall be established, implemented, and maintained covering the activities referenced below:

- a. The applicable procedures recommended in Appendix A of Regulatory Guide 1.33, Revision 2, February 1978.
- b. The applicable procedures required to implement the requirements of NUREG-0737 and supplements thereto.
- c. Refueling operations.
- d. Surveillance and test activities of safety-related equipment.
- e. Security Plan implementation.
- f. Emergency Plan implementation.
- g. Fire Protection Program implementation.
- h. PROCESS CONTROL PROGRAM implementation.
- i. OFFSITE DOSE CALCULATION MANUAL implementation.
- j. Quality Assurance Program for effluent and environment monitoring.

6.8.2 Each procedure and administrative policy of 6.8.1 above, and changes thereto, shall be reviewed and approved in accordance with specification 6.5.1.6 or 6.5.3, as appropriate, prior to implementation and reviewed periodically as set forth in administrative procedures.

Insert A

6.8.3 On-the-Spot changes to procedures of Specification 6.8.1 may be made provided:

- a. The intent of the original procedure is not altered;
- b. The change is approved by two members of the unit management staff, at least one of whom holds a Senior Reactor Operator license on the unit affected; and

INSERT A

Procedures of 6.8.1.e and 6.8.1.f shall be reviewed and approved in accordance with the Facility's Security and Emergency Plans or 6.5.3, as appropriate, prior to implementation and reviewed periodically as set forth in administrative procedures.

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ATTACHMENT 4

MARKED UP PROPOSED TECHNICAL SPECIFICATION PAGES

SALEM UNIT NO. 1
FACILITY OPERATING LICENSE NO. DPR-70
DOCKET NO. 50-272

ADMINISTRATIVE CONTROLS

QUORUM (continued)

shall consist of the Chairman or his designated alternate and four members including alternates.

RESPONSIBILITIES

6.5.1.6 The Station Operations Review Committee shall be responsible for:

- a. Review of: (1) Upper tier administrative procedures within the scope of Regulatory Guide 1.33 (2/78), and changes thereto and (2) Newly created procedures or changes to existing procedures that require a 10CFR50.59 safety evaluation as described in Section 6.5.3.2.d.
- b. Review of all proposed tests and experiments that affect nuclear safety.
- c. Review of all proposed changes to Appendix "A" Technical Specifications.
- d. Review of all proposed changes or modifications to plant systems or equipment that affect nuclear safety.
- e. Review of the safety evaluations that have been completed under the provisions of 10CFR50.59.
- f. Investigation of all violations of the Technical Specifications including the reports covering evaluation and recommendations to prevent recurrence.
- g. Review of all REPORTABLE EVENTS.
- h. Review of facility operations to detect potential nuclear safety hazards.
- i. Performance of special reviews, investigations or analyses and reports thereon as requested by the General Manager - Salem Operations.
- j. Review of the Facility Security Plan and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10CFR50.54(p).
- k. Review of the Facility Emergency Plan and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10CFR50.54(q).
- l. Review of the Fire Protection Program and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation.

Not used.

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REVIEW

6.5.2.4.2 The OSR staff shall review:

- a. The safety evaluations for changes to procedures, equipment, or systems; and tests or experiments completed under the provisions of 10CFR50.59, to verify that such actions did not constitute an unreviewed safety question;
- b. Proposed changes to procedures, equipment, or systems, and tests or experiments that involve an unreviewed safety question as defined in 10CFR50.59;
- c. Proposed changes to Technical Specifications or to the Operating License;
- d. Violations of codes, regulations, orders, Technical Specifications, license requirements, or of internal procedures or instructions having nuclear safety significance;
- e. Significant operating abnormalities or deviations from normal and expected performance of plant equipment that affect nuclear safety;
- f. All REPORTABLE EVENTS;
- g. All recognized indications of an unanticipated deficiency in some aspect of design or operation of structures, systems or components that could affect nuclear safety;
- h. Reports and meeting minutes of the Station Operations Review Committee.

AUDITS

6.5.2.4.3 Audits of facility activities shall be performed under the cognizance of the OSR staff. These audits shall encompass:

- the following
- a. The conformance of facility operation to provisions contained within the Technical Specifications and applicable license conditions, ~~at least once per 12 months.~~
 - b. The performance, training, and qualifications of the entire facility staff, ~~at least once per 12 months.~~
 - c. The results of actions taken to correct deficiencies occurring in facility equipment, structures, systems, or method of operation that affect nuclear safety, ~~at least once per 6 months.~~
 - d. The performance of activities required by the Operational Quality Assurance Program to meet the Criteria of Appendix B to 10CFR50, ~~at least once per 24 months.~~

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AUDITS (continued)

Not used.

- e. ~~The Facility Emergency Plan and implementing procedures at least once per 12 months.~~
- f. ~~The Facility Security Plan and implementing procedures at least once per 12 months.~~
- g. Any other area of facility operation considered appropriate by the General Manager - Quality Assurance and Nuclear Safety or the Vice President and Chief Nuclear Officer.
- h. The Facility Fire Protection Program and implementing procedures, ~~at least once per 24 months.~~
- i. ~~The fire protection and loss prevention program implementation at least once per 12 months utilizing either a qualified offsite-licensed fire protection engineer(s) or an outside independent fire protection consultant. An outside independent fire protection consultant shall be utilized at least once per 36 months.~~
- j. The radiological environmental monitoring program and the results thereof, ~~at least once per 12 months.~~

An audit of the fire protection and loss prevention program implementation utilizing an outside independent fire protection consultant.

The above audits may be conducted by the Quality Assurance Department or an independent consultant. Audit plans and final audit reports shall be reviewed by the OSR staff.

RECORDS AND REPORTS

6.5.2.4.4 Records of OSR activities shall be maintained. Reports of reviews and audits shall be prepared and distributed as indicated below:

- a. The results of reviews performed pursuant to Section 6.5.2.4.2 shall be reported to the Vice President and Chief Nuclear Officer at least monthly.
- b. Audit reports prepared pursuant to Section 6.5.2.4.3 shall be forwarded by the auditing organization to the Vice President and Chief Nuclear Officer and to the management positions responsible for the areas audited (1) within 30 days after completion of the audit for those audits conducted by the Quality Assurance Department, and (2) within 60 days after completion of the audit for those audits conducted by an independent consultant.

6.5.2.5 ON-SITE SAFETY REVIEW GROUP (SRG)

FUNCTION

6.5.2.5.1 The On-Site Safety Review Group (SRG) shall function to provide: the review of plant design and operating experience for potential opportunities to improve plant safety; the evaluation of plant operations and

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6.8 PROCEDURES AND PROGRAMS

6.8.1 Written procedures shall be established, implemented and maintained covering the activities referenced below:

- a. The applicable procedures recommended in Appendix "A" of Regulatory Guide 1.33, Revision 2, February 1978.
- b. Refueling operations.
- c. Surveillance and test activities of safety related equipment.
- d. Security Plan implementation.
- e. Emergency Plan implementation.
- f. Fire Protection Program implementation.
- g. PROCESS CONTROL PROGRAM implementation.
- h. OFFSITE DOSE CALCULATION MANUAL implementation.
- i. Quality Assurance Program for effluent and environmental monitoring.

except 6.8.1.d
and 6.8.1.e,

6.8.2 Each procedure and administrative policy of 6.8.1 above, and changes thereto, shall be reviewed and approved in accordance with Specification 6.5.1.6 or 6.5.3, as appropriate, prior to implementation and reviewed periodically as set forth in administrative procedures. Insert A

6.8.3 On-the-spot changes to procedures of 6.8.1 above may be made provided:

- a. The intent of the original procedure is not altered.
- b. The change is approved by two members of the plant management staff, at least one of whom holds a Senior Reactor Operator's License on the unit affected.
- c. The change is documented and receives the same level of review and approval as the original procedure under Specification 6.5.3.2a within 14 days of implementation.

INSERT A

Procedures of 6.8.1.d and 6.8.1.e shall be reviewed and approved in accordance with the Facility's Security and Emergency Plans or 6.5.3, as appropriate, prior to implementation and reviewed periodically as set forth in administrative procedures.

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NLR-N94051

ATTACHMENT 5

MARKED UP PROPOSED TECHNICAL SPECIFICATION CHANGES

SALEM UNIT NO. 2
FACILITY OPERATING LICENSE NO. DPR-75
DOCKET NO. 50-311

ADMINISTRATIVE CONTROLS

RESPONSIBILITIES

6.5.1.6 The Station Operations Review Committee shall be responsible for:

- a. Review of: (1) Upper tier administrative procedures within the scope of Regulatory Guide 1.33 (2/78), and changes thereto and (2) Newly created procedures or changes to existing procedures that require a 10CFR50.59 safety evaluation as described in Section 6.5.3.2.d.
- b. Review of all proposed tests and experiments that affect nuclear safety.
- c. Review of all proposed changes to Appendix "A" Technical Specifications.
- d. Review of all proposed changes or modifications to plant systems or equipment that affect nuclear safety.
- e. Review of the safety evaluations that have been completed under the provisions of 10CFR50.59.
- f. Investigation of all violations of the Technical Specifications including the reports covering evaluation and recommendations to prevent recurrence.
- g. Review of all REPORTABLE EVENTS.
- h. Review of facility operations to detect potential nuclear safety hazards.
- i. Performance of special reviews, investigations or analyses and reports thereon as requested by the General Manager - Salem Operations.
- j. Review of the Facility Security Plan and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10CFR50.54(p).
- k. Review of the Facility Emergency Plan and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10CFR50.54(q).
- l. Review of the Fire Protection Program and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation.
- m. Review of all unplanned on-site releases of radioactivity to the environs including the preparation of reports covering evaluation, recommendations and disposition of the corrective action to prevent recurrence.

Not used.

Review of the Facility Security Plan and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10CFR50.54(p).

Review of the Facility Emergency Plan and implementing procedures and changes thereto that require a 10CFR50.59 safety evaluation, or involve a potential decrease in the effectiveness of the plan, per 10CFR50.54(q).

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REVIEW

6.5.2.4.2 The OSR staff shall review:

- a. The safety evaluations for changes to procedures, equipment, or systems; and tests or experiments completed under the provisions of 10CFR50.59, to verify that such actions did not constitute an unreviewed safety question;
- b. Proposed changes to procedures, equipment, or systems; and tests or experiments that involve an unreviewed safety question as defined in 10CFR50.59;
- c. Proposed changes to Technical Specifications or to the Operating License;
- d. Violations of codes, regulations, orders, Technical Specifications, license requirements, or of internal procedures or instructions having nuclear safety significance;
- e. Significant operating abnormalities or deviations from normal and expected performance of plant equipment that affect nuclear safety;
- f. All REPORTABLE EVENTS;
- g. All recognized indications of an unanticipated deficiency in some aspect of design or operation of structures, systems or components that could affect nuclear safety;
- h. Reports and meeting minutes of the Station Operations Review Committee.

AUDITS

6.5.2.4.3 Audits of facility activities shall be performed under the cognizance of the OSR staff. These audits shall encompass: *the following*

- a. The conformance of facility operation to provisions contained within the Technical Specifications and applicable license conditions, ~~at least once per 12 months.~~
- b. The performance, training, and qualifications of the entire facility staff, ~~at least once per 12 months.~~
- c. The results of actions taken to correct deficiencies occurring in facility equipment, structures, systems, or method of operation that affect nuclear safety, ~~at least once per 6 months.~~
- d. The performance of activities required by the Operational Quality Assurance Program to meet the Criteria of Appendix B to 10CFR50, ~~at least once per 24 months.~~

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AUDITS (continued)

- Not used.
- e. ~~The Facility Emergency Plan and implementing procedures at least once per 12 months.~~
 - f. ~~The Facility Security Plan and implementing procedures at least once per 12 months.~~
 - g. Any other area of facility operation considered appropriate by the General Manager - Quality Assurance and Nuclear Safety or the Vice President and Chief Nuclear Officer.
 - h. The Facility Fire Protection Program and implementing procedures, ~~at least once per 24 months.~~
 - i. ~~The fire protection and loss prevention program implementation at least once per 12 months utilizing either a qualified offsite-licensed fire protection engineer(s) or an outside independent fire protection consultant. An outside independent fire protection consultant shall be utilized at least once per 36 months.~~
 - j. The radiological environmental monitoring program and the results thereof, ~~at least once per 12 months.~~

An audit of the fire protection and loss prevention program implementation utilizing an outside independent fire protection consultant.

The above audits may be conducted by the Quality Assurance Department or an independent consultant. Audit plans and final audit reports shall be reviewed by the OSR staff.

RECORDS AND REPORTS

6.5.2.4.4 Records of OSR activities shall be maintained. Reports of reviews and audits shall be prepared and distributed as indicated below:

- a. The results of reviews performed pursuant to Section 6.5.2.4.2 shall be reported to the Vice President and Chief Nuclear Officer at least monthly.
- b. Audit reports prepared pursuant to Section 6.5.2.4.3 shall be forwarded by the auditing organization to the Vice President and Chief Nuclear Officer and to the management positions responsible for the areas audited (1) within 30 days after completion of the audit for those audits conducted by the Quality Assurance Department, and (2) within 60 days after completion of the audit for those audits conducted by an independent consultant.

6.5.2.5 ON-SITE SAFETY REVIEW GROUP (SRG)

FUNCTION

6.5.2.5.1 The On-Site Safety Review Group (SRG) shall function to provide: the review of plant design and operating experience for potential opportunities to improve plant safety; the evaluation of plant operations and maintenance activities; and advice to management on the overall quality and safety of plant operations.

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6.8 PROCEDURES AND PROGRAMS

6.8.1 Written procedures shall be established, implemented and maintained covering the activities referenced below:

- a. The applicable procedures recommended in Appendix "A" of Regulatory Guide 1.33, Revision 2, February 1978.
- b. Refueling operations.
- c. Surveillance and test activities of safety related equipment.
- d. Security Plan implementation.
- e. Emergency Plan implementation.
- f. Fire Protection Program implementation.
- g. PROCESS CONTROL PROGRAM implementation.
- h. OFFSITE DOSE CALCULATION MANUAL implementation.
- i. Quality Assurance Program for effluent and environmental monitoring.

except 6.8.1.d
and 6.8.1.e,

6.8.2 Each procedure and administrative policy of 6.8.1 above, and changes thereto, shall be reviewed and approved in accordance with Specification 6.5.1.6 or 6.5.3, as appropriate, prior to implementation and reviewed periodically as set forth in administrative procedures.

Insert A

6.8.3 On-the-spot changes to procedures of 6.8.1 above may be made provided:

- a. The intent of the original procedure is not altered.
- b. The change is approved by two members of the plant management staff, at least one of whom holds a Senior Reactor Operator's License on the unit affected.
- c. The change is documented and receives the same level of review and approval as the original procedure under Specification 6.5.3.2a within 14 days of implementation.

INSERT A

Procedures of 6.8.1.d and 6.8.1.e shall be reviewed and approved in accordance with the Facility's Security and Emergency Plans or 6.5.3, as appropriate, prior to implementation and reviewed periodically as set forth in administrative procedures.

LCR 94-05
NLR-N94051

ATTACHMENT 6

PROPOSED REVISIONS TO THE HOPE CREEK
UPDATED FINAL SAFETY ANALYSIS REPORT
FACILITY OPERATING LICENSE NO. NPF-57
DOCKET NO. 50-354

1.8.1.33 Conformance to Regulatory Guide 1.33, Revision 2,
February 1978: Quality Assurance Program Requirements
(Operation)

HCGS complies with ANSI N18.7-1976/ANS-3.2, as endorsed and modified by Regulatory Guide 1.33. The contents of the plant operating procedures will comply with the applicable requirements of Section 5.3 of ANSI/ANS-3.2-1982. See Section 17.2 for further discussion of quality assurance during plant operation.

1.8.1.34 Conformance to Regulatory Guide 1.34, Revision 0,
December 28, 1972: Control of Electroslag Weld Properties

Regulatory Guide 1.34 is not applicable to HCGS because the process is not used.

See Section 1.8.2 for the NSSS assessment of this Regulatory Guide.

1.8.1.35 Conformance to Regulatory Guide 1.35, Revision 2,
January 1976: Inservice Inspection of UngROUTED Tendons
in Prestressed Concrete Containment Structures

Regulatory Guide 1.35 is not applicable because HCGS does not have a prestressed concrete containment.

1.8.1.36 Conformance to Regulatory Guide 1.36, Revision 0,
February 23, 1973: Nonmetallic Thermal Insulation for
Austenitic Stainless Steel

HCGS complies with Regulatory Guide 1.36.

See Section 5.2.3 for further discussion and Section 1.8.2 for the NSSS assessment of this Regulatory Guide.

Exception is taken to the audit frequencies listed within Position C.4. The provisions of the Quality Assurance Program described in Section 17.2.18 "Audits" governs the audit frequencies.

3. Proposed test or experiments that involve an unreviewed safety question as defined in 10CFR50.59.
4. Proposed changes to Technical Specifications or to the Operating License.
5. Violations of codes, regulations, orders, Technical Specifications, license requirements, or internal procedures or instructions having nuclear safety significance.
6. Significant operating abnormalities or deviations from normal and expected performance of plant equipment that affect nuclear safety.
7. All reportable events.
8. All recognized indications of an unanticipated deficiency in some aspects of design or operation of safety-related structures, systems, or components that could affect nuclear safety.
9. Reports and meeting minutes of the SORC.

13.4.2.1.2 Audits

are addressed in Section 17.2.18.

Audits of facility activities that generally are required to be performed under the cognizance of OSRA ~~in accordance with the Standard Technical Specifications are listed below:~~

1. The conformance of facility operations to provisions contained within the Technical Specifications and applicable license conditions at least once per 12 months.
2. The performance, training, and qualifications of the entire facility staff at least once per 12 months.

3. The results of actions taken to correct deficiencies occurring in facility equipment, structures, systems, or method of operation that affect nuclear safety at least once per 6 months.
4. The performance of activities required by the Operational Quality Assurance Program to meet the criteria of Appendix B, 10CFR50, at least once per 24 months.
5. The Facility Emergency Plan and implementing procedures at least once per 12 months
6. The Facility Security Plan and implementing procedures at least once per 12 months.
7. Any other area of facility operation considered appropriate by the General Manager - QA and Nuclear Safety Review or the Vice President and Chief Nuclear Officer.
8. The Facility Fire Protection Program and implementing procedures at least once per 24 months.
9. An independent fire protection and loss prevention program inspection and audit shall be performed at least once per 12 months utilizing either qualified offsite licensee personnel or an outside fire protection firm.
10. An inspection and audit of the fire protection and loss prevention program shall be performed by a qualified outside fire consultant at least once per 36 months.
11. The radiological environmental monitoring program and the results thereof at least once per 12 months.

The above audits may be conducted by the Quality Assurance Department or an independent consultant. Audit plans will be reviewed by OSR prior to issuance.

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HCGS-UFSAR

Revision 1
April 11, 1989

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13.4.2.1.3 Records

Records of OSR activities will be prepared and maintained. Reports of reviews and audits will be distributed as follows:

1. The results of reviews performed pursuant to Section 13.4.2.1.1 shall be reported to the Vice President and Chief Nuclear Officer at least monthly.
2. Audit reports prepared pursuant to Section ~~13.4.2.1.2~~ ^{6.5.2.4.3} shall be forwarded by the auditing organization to the Vice President and Chief Nuclear Officer and to the management positions responsible for the areas audited
1) within 30 days after completion of the audit for those audits conducted by the Quality Assurance Department and
2) within 60 days after completion of the audit for those audits conducted by an independent consultant.

of the Technical Specifications (and further detailed in UFSAR Section 17.2.18)

13.4.2.2 Onsite Safety Review Group

The Onsite Safety Review Group (SRG) was established and functioning prior to initial fuel load. The functions of the SRG include: the review of plant design and operating experience for potential opportunities for improving plant safety; the evaluation of plant operations and maintenance activities; and advice to management on the overall quality and safety of plant operations.

The SRG makes recommendations for revised procedures, equipment modifications, or other means of improving plant safety to appropriate station/corporate management.

13.4.2.2.1 Organization

The SRG consists of the Onsite Safety Review Engineer and three dedicated, full-time engineers.

17.2.17 Quality Assurance Records

Records necessary to demonstrate that activities important to quality have been performed in accordance with applicable requirements are identified and maintained in accordance with Regulatory Guide 1.88, as noted in Section 17.2.2. Documents shall be considered valid records only if stamped or initialed or signed and dated by authorized personnel or otherwise authenticated. Record types, as a minimum, comply with applicable technical specification requirements and include operating logs, maintenance and modification procedures and related inspection results and reportable occurrences.

Design and other QA records are replicated via microform and stored in record facilities at the generating station and at offsite locations.

The Nuclear Department is responsible for the permanent storage of station records. The retention period; permanent storage location; and methods of control, identification, and retrieval are specified by administrative procedure. Individual station department heads are responsible for submitting applicable department records to the designated location for retention.

INSERT

17.2.18 Audits

Audits of PSE&G and supplier organizations that implement the QA program are performed by QA to verify compliance with the applicable portions of the program through personnel interview and review of applicable documents and records, as required. An annual audit schedule is prepared, identifying audits to be performed and their frequency.

Audits are conducted by audit teams comprised of a certified lead auditor and certified auditors, and technical specialists (when deemed necessary).

Audits are conducted using preestablished written procedures and checklists. Areas of deficiency revealed by audits are reviewed with management and are corrected in a timely manner. Required corrective action is documented and verified. Followup action, including reaudit of deficient areas, is performed.

The audit program conducted by QA includes, but is not limited to, the following activities covered by the QA program:

1. Operation, maintenance, and modification
2. Preparation, review, approval, and control of design, specifications, procurement and requisition documents, instructions, procedures, and drawings
3. Inspection programs
4. Indoctrination and training
5. Implementation of operating and test procedures
6. Calibration of measuring and test equipment
7. Fire protection
8. Other applicable activities delineated in Table 17.2-~~2~~¹.

The audit data is analyzed and a written report of the results of each audit is distributed to appropriate management representatives of the organization(s) audited, as well as other affected management personnel. Included in the report is a statement of QA program effectiveness. QA is audited by independent auditors at least every two years to verify implementation of the corporate QA program. Reports of these audits are directed to appropriate PSE&G management personnel.

PROPOSED INSERT FOR UFSAR SECTION 17.2.18

Audits of PSE&G and supplier organizations that implement the QA program are performed by QA to verify compliance with the applicable portions of the program, through personnel interview, observation of activities in process, and review of applicable documents and records, as required. An annual audit schedule is developed to identify the audits to be performed and their frequency. A dominant factor in audit schedule development is performance in the subject area. Audit schedules are revised so that weak or declining areas receive increased audit coverage and strong areas receive less consistent with the audit schedule frequency requirements of the Code of Federal Regulations and the UFSAR. Audits of the selected aspects of operational phase activities are performed with a frequency commensurate with safety significance and in a manner to assure that biennial (2 years) audits of safety related activities are performed. A list of operational phase activities subject to the audit program is provided in the Technical Specifications and in Table 17.2-1. To provide added flexibility in scheduling Technical Specification audits of operational phase activities, a 25% extension to the biennial frequency is permitted. The biennial audit frequency and the 25% extension are not applicable to those audits whose frequencies are mandated by the Code of Federal Regulations.

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ATTACHMENT 7

PROPOSED REVISIONS TO THE SALEM UNIT NOS. 1 AND 2
UPDATED FINAL SAFETY ANALYSIS REPORT
SALEM UNIT NOS. 1 AND 2
FACILITY OPERATING LICENSE NOS. DPR-70 AND DPR-75
DOCKET NOS. 50-272 AND 50-311

outside the range of 3 to 12 percent for E-308, E-309, and E-316 is considered rejectable.

6. Production welding parameters are monitored on a spotcheck basis by the field welding supervision and the Field Quality Control Group.

Regulatory Guide 1.32 - USE OF IEEE STANDARD 308-1971, "CRITERIA FOR CLASS 1E ELECTRIC SYSTEMS FOR NUCLEAR POWER GENERATING STATIONS"

The Salem Station design satisfies the requirements of IEEE Standard 308-1971, thereby conforming with the intent of the Regulatory Guide.

The Salem Station Operational Quality Assurance Program will conform with the regulatory position as set forth in the Regulatory Guide.

Regulatory Guide 1.33 - QUALITY ASSURANCE PROGRAM REQUIREMENTS (OPERATION), 2/78 (endorses N18.7-1976/ANS 3.2)

The Salem Station Operational Quality Assurance Program will conform with the regulatory position as set forth in the Regulatory Guide.

Regulatory Guide 1.34 - CONTROL OF ELECTROSLAG WELD PROPERTIES

Electroslag welding of Nuclear Classes 1 and 2 components is confined to the area of reactor coolant piping elbows. These are made from cast clamshells of ASTM A351 Gr. CF-8M joined together on longitudinal seams by the electroslag process. Welding of these components was performed under specified weld procedure control monitored by Westinghouse. PSE&G also established that the shop production welds were in conformance to the procedure qualification.

Exception is taken to the audit frequencies listed within Position C.4. The provisions of the Quality Assurance Program described in Section 17.2.18 "Audits" 3A-16 governs the audit frequencies.

Design and other QA records are replicated via microform and stored in record facilities at the generating station and offsite locations.

The Nuclear Department is responsible for the permanent storage of station records. The retention period for records; permanent storage location; and methods of control, identification, and retrieval are specified by administrative procedure. Individual station department heads are responsible for submitting applicable department records to the designated location for retention.

17.2.18 Audits

INSERT

Audits of PSE&G and supplier organizations that implement the QA program are performed by QA to verify compliance with the applicable portions of the program through personnel interview and review of applicable documents and records, as required. An annual audit schedule is prepared, identifying audits to be performed and their frequency.

Audits are conducted by audit teams comprised of a certified lead auditor, certified auditors, and technical specialists (when deemed necessary).

Audits are conducted using preestablished written procedures and checklists. Areas of deficiency revealed by audits are reviewed with management and are corrected in a timely manner. Required corrective action is documented and verified. Followup action, including reaudit of deficient areas, is performed.

The audit program conducted by QA includes, but is not limited to, the following activities covered by the QA program:

1. Operation, maintenance, and modification.
2. Preparation, review, approval, and control of design, specifications, procurement and requisition documents, instructions, procedures, and drawings.

3. Inspection programs.
4. Indoctrination and training.
5. Implementation of operating and test procedures.
6. Calibration of measuring and test equipment.
7. Fire protection.

8. Other applicable activities delineated in Table 17.2-2.

The audit data is analyzed, and a written report of the results of each audit is distributed to appropriate management representatives of the organization(s) audited, as well as other affected management personnel. Included in the report is a statement of QA program effectiveness. QA is audited by independent auditors at least every 2 years to verify implementation of the corporate QA program. Reports of these audits are directed to appropriate PSE&G management personnel.

PROPOSED INSERT FOR UFSAR SECTION 17.2.18

Audits of PSE&G and supplier organizations that implement the QA program are performed by QA to verify compliance with the applicable portions of the program, through personnel interview, observation of activities in process, and review of applicable documents and records, as required. An annual audit schedule is developed to identify the audits to be performed and their frequency. A dominant factor in audit schedule development is performance in the subject area. Audit schedules are revised so that weak or declining areas receive increased audit coverage and strong areas receive less consistent with the audit schedule frequency requirements of the Code of Federal Regulations and the UFSAR. Audits of the selected aspects of operational phase activities are performed with a frequency commensurate with safety significance and in a manner to assure that biennial (2 years) audits of safety related activities are performed. A list of operational phase activities subject to the audit program is provided in the Technical Specifications and in Table 17.2-1. To provide added flexibility in scheduling Technical Specification audits of operational phase activities, a 25% extension to the biennial frequency is permitted. The biennial audit frequency and the 25% extension are not applicable to those audits whose frequencies are mandated by the Code of Federal Regulations.

LCR 94-05
LCR 94-10
NLR-N94051

ATTACHMENT 8

INFORMATIONAL COPIES OF
APPLICABLE EMERGENCY PLAN SECTIONS

HOPE CREEK AND SALEM UNIT NOS. 1 AND 2
FACILITY OPERATING LICENSE NOS. NPF-57, DPR-70 AND DPR-75
DOCKET NOS. 50-354, 50-272 AND 50-311

SECTION 17

EMERGENCY PLAN ADMINISTRATION

17.1 Responsibility

General

The Vice President and Chief Nuclear Officer has the overall responsibility for the development and updating of emergency planning and coordination of the plans with other response organizations. The organization for coordination and direction of emergency planning matters is shown in Figure 17-1.

The Emergency Preparedness Manager has been delegated the authority to approve the Emergency Plan and Implementing Procedures for adequacy and consistency. He is assigned the responsibility for ensuring that the Emergency Plan and Implementing Procedures are appropriately interfaced with the plans, procedures, and training of offsite support agencies as required to maintain suitable timely notifications and development of protective action recommendations.

Review and Approval of Emergency Preparedness Documents

As appropriate, the applicable Station Operations Review Committee (SORC) reviews emergency plans and procedures as they relate to nuclear safety in accordance with Technical Specifications. The General Manager of Station Operations approves plans and procedures applicable to his/her station in accordance with Technical Specifications. The review and approval of the Emergency Plan, Implementing Procedures, Event Classification Guide, and Emergency Preparedness Administrative Procedures will be done in accordance with Table 17-1.

Training Procedures/Lesson Plans

It is the responsibility of the Emergency Preparedness Manager to review and revise the Training Procedures/Lesson Plans in accordance with the Nuclear Emergency Preparedness Training Program. The Training Procedures/Lesson Plans are based on the approved Emergency Plan and Procedures.

17.2 Revisions

Revisions to the Emergency Plan, and Emergency Plan Implementing Procedures are made whenever such changes are necessary to ensure that the Emergency Plan can be implemented. The details are contained in the Emergency Preparedness Administrative Procedures.

Any holder of the Emergency Plan, and/or Emergency Plan Implementing Procedures may prepare revision(s) to any section or procedure. Under normal circumstances, implementing procedure changes are coordinated by the department head responsible (Table 17-1) for the given procedure.

A revision request form is filled out by the person preparing the revision with a description of the revision requested by signing and dating the form.

A list of each section or procedure is maintained in front of the Emergency Plan and Emergency Plan Implementing Procedures indicating the latest revision number and effective date.

17.3 Distribution

All revisions are distributed by the Document Distribution Group in accordance with Nuclear Department Administrative Procedures.

The document holder revises the document, signs a receipt form, and indicates the date revisions were received or entered.

The form is then returned to the Document Distribution Group.

17.4 Automatic Review

The Emergency Plan and associated documents are reviewed at least once each year. As part of the review, the Event Classification Guide is reviewed with the state and location governments. The Emergency Plan and associated documents are updated and procedures are improved, based upon training exercises/drills, and changes onsite or in the environs. Agreement letters from offsite agencies and local support groups are verified or updated biennially or when changes/revisions to the Plan are implemented which could affect their responsibilities. Updating of telephone numbers is done quarterly. The Emergency Preparedness Manager coordinates this review and requests that each person responsible for a controlled copy of each Emergency Plan submit revisions as necessary.

17.5 Independent Review

The Emergency Plan and associated documents receive an independent review on an annual basis, by the General Manager - Quality Assurance/Nuclear Safety Review. Management directives provide instructions for evaluation and correction of audit findings, training, readiness testing, and emergency equipment. The results of the review and actions taken are forwarded to the Station General Managers, the General Manager - Nuclear Services, the Emergency Preparedness Manager, and the reviewers. The records of these reviews are retained for five (5) years.

TABLE 17-1
 * REVIEW AND APPROVAL OF EMERGENCY PLAN DOCUMENTS

| DOCUMENT | STATION QUALI. | RESP. MGR | EP MGR | **GM QA/ SAFETY REV. | **STATION OPER REV COMM | GM STATION OPS. |
|--|--------------------------|---|--------------------------|-------------------------------|----------------------------------|---|
| EMER PLAN ALL SECTIONS | Yes | EP Mgr. | Yes | As req. | As required | GM-SGS GM- HCGS |
| SGS ECG | Yes | OM-SGS -OPS | Yes | As req. | As required | GM-SGS |
| HCGS ECG | Yes | OM-HCGS -OPS | Yes | As req. | As required | GM- HCGS |
| ARTIFICIAL ISLAND EMERGENCY PLAN IMPLEMENTING PROCEDURES | | | | | | |
| SGS 100S 200S 300S | Yes Yes Yes | OM-SGS-OPS OM/TM/EPM- As required RP/C Mgr- SO | Yes Yes Yes | As required | As required | GM-SGS GM-SGS GM-SGS |
| HCGS 100H 200H 300H | Yes Yes Yes | OM-HCGS OPS OM/TM/EPM- As required RP/C Mgr- HC | Yes Yes Yes | As required | As required | GM-HCGS GM-HCGS GM-HCGS |
| EOF 400 500 600 700 | Yes Yes Yes Yes | EP Mgr. GM-E&PB Mgr.-Rad. Pro. Serv. EP Mgr. | Yes Yes Yes Yes | As required | As required | GM-SGS GM-HCGS Yes Yes Yes Yes |
| ENC 800 | Yes | Pub. Info. Mgr. | Yes | As required | As required | GM-SGS GM-HCGS |
| Security 900 | Yes | Sec. Mgr. | Yes | As required | As required | GM-SGS GM-HCGS |
| EP Admin 1000 | Yes | EP Mgr. | Yes | As required | As required | GM-SGS GM-HCGS |

Please see Notes on page 17.5



NOTES:

- * Procedures undergoing revisions that are editorial will require approval of the Emergency Preparedness Manager ONLY.
- ** Review required if 10CFR50.59 Safety Evaluation was performed.

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ATTACHMENT 9

INFORMATIONAL COPIES OF
APPLICABLE SECURITY PLAN SECTIONS

HOPE CREEK AND SALEM UNIT NOS. 1 AND 2
FACILITY OPERATING LICENSE NOS. NPF-57, DPR-70 AND DPR-75
DOCKET NOS. 50-354, 50-272 AND 50-311

SAFEGUARDS INFORMATION DETERMINATION

CHAPTER 13

SECURITY AUDITS

13.1 Audits Policy

Name Michael Branch
Title Security Regulatory Coordinator
Organization PSEG
Date REMOVED - 3/10/94

A management audit is conducted of the physical security program, with the exception of the Personnel Access Program, every 12 months by individuals independent of the security organization. Normally these audits are conducted by the Quality Assurance Department; however, the services of an outside organization may be used. The results of the audit and evaluation and recommendations for any corrections and improvements are documented and reported to the General Manager - Nuclear Services. The reports are maintained for five years and are available for inspection by authorized representatives of the U.S. Nuclear Regulatory Commission.

In accordance with the requirements of 10 CFR 73.56, audits of the Personnel Access Program are conducted every 24 months following an initial audit within 12 months of program implementation.

13.2 Scope of Audits

The management audit normally conducted by the Quality Assurance Department includes but is not limited to the following:

- (1) Review and audit of the Security Plan, Contingency Plan, Training and Qualification Plan, and their implementing procedures.
- (2) Evaluation of the physical protection system and security practices effectiveness.
- (3) Review and evaluation of the physical protection system testing and maintenance program.
- (4) Review and audit of the LLEA response commitments.
- (5) Assessment of the effectiveness of Safeguards Information protection.

13.3 Audit Reports

Audit reports address compliance with Security Plans and evaluation of the effectiveness of the physical protection system. In instances where non-compliance exists or the

effectiveness is in question, recommendations for corrections or improvements will be made.

13.4 Response to Audits

Audit findings are reported to the General Manager - Nuclear Services. The Manager - Site Protection is directed to resolve any deficiencies in a timely manner.

SAFEGUARDS INFORMATION DETERMINATION

Name Michael March
Title Senior Security Regulatory Coordinator
Organization PSEG
Date REMOVED - 3/10/94