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Georgia Power
the southern electric system

Power Generation Department

Office of Inspection and Enforcement
U. S. Nuclear Regulatory Commission
Washington, D. C. 20555

NRC DOCKETS 50-321, 50-366
OPERATING LICENSES DPR-57, NPF-5
EDWIN I. HATCH NUCLEAR PLANT UNITS 1, 2
PERFORMANCE APPRAISAL INSPECTION REPORT

ATTN: Director, Division of Reactor Programs

Gentlemen:

In response to the Nuclear Regulatory Commission Performance Appraisal Inspection Report 50-321/82-17, 50-366/82-17 dated September 1, 1982, Georgia Power Company submits the attached information which addresses observations made in the area of Committee Activities (Section 2 of the appraisal report). The responses are presented in the same order as the observations in the report. Some of the observations have been editorially shortened to aid in the continuity of responses.

As a comment, it is noted that this inspection report included comments on positive aspects of our programs, as well as the weaknesses. This practice is gratefully acknowledged and is invited to continue.

If you have any further questions, please contact this office.

Very truly yours,

L. T. Gucwa

L. T. Gucwa
Chief Nuclear Engineer

MJB/mb

Attachment

A001

xc: J. T. Beckham, Jr.
H. C. Nix, Jr.
J. P. O'Reilly (NRC-Region II)
Sr. Resident Inspector

Georgia Power

A. PLANT REVIEW BOARD

Observation A.1.a: The charter listed the Technical Specifications (TS) review requirements but failed to include the requirement to review 24 hour LER's.

Response to A.1.a: The charter is being eliminated; therefore all requirements of the PRB will be in the TS or procedures. The requirement to review 24 hour LER's is in the TS and is being performed by the PRB. A revision of the administrative procedure for the Plant Review Board (HNP-6) will state this requirement of TS.

Observation A.1.b: There were numerous facility procedures that described PRB responsibilities. HNP-809, Plant Modification Approval and Implementation, revision 9, was one of these. None were referenced in the charter or HNP-6, and members interviewed were unsure as to which procedures or how many described PRB duties.

Response to A.1.b: All responsibilities for PRB review as stated in TS will be included in a revision of HNP-6. Other PRB review requirements are identified in plant procedures as deemed necessary by the plant and will also be included in this revision. Procedure HNP-6 is the controlling document for PRB activities; other procedures may re-iterate PRB review requirements for assistance.

Observation A.1.c: There were no criteria established for the selection of alternates, other than for the Chairman, to ensure that an alternate could adequately serve in place of an appointed member.

Response to A.1.c: Criteria will be established in Procedure HNP-6 for the selection of PRB alternates.

Observation A.1.d: There were no guidelines on the use of alternates that included specifics on when an alternate could substitute for a member, and on the responsibility of each member to keep his or her alternate informed of committee activities.

Response to A.1.d: Guidelines on the use of alternates will be addressed in Procedure HNP-6.

Observation A.1.e: There was no designation of operating records to be reviewed by the committee.

Response to A.1.e: Operating records and associated trends are monitored by system engineers, operation personnel, shift technical advisors and management. To identify specific operating records could draw attention away from other important areas. The PRB reviews these records and/or trends as the situation dictates.

Observation A.1.f: There were no requirements to review the following:

Changes to the QA Manual or QA Program.

SRB meeting minutes, reports, and correspondence (including SRB audit reports).

Facility operations and records to detect trends that would not be apparent to the day-to-day observer.

Training and re-training programs for non-licensed facility staff members.

Fire Protection Plan, changes to the Plan, and implementing procedures.

Non-routine event reports, including LERs, Deviation Reports (DRs), and Nonconformance Reports (NCRs).

QA audit reports.

Response to A.1.f: All responsibilities for PRB review as stated in the TS will be included in a revision of HNP-6. Other PRB review requirements are identified in plant procedures, as deemed necessary by the plant, and will also be included in the revision.

Observation A.1.g: There was no provision for handling dissenting opinions and for the use of minority reports.

Both the PRB charter and HNP-6 were in need of revision. Titles of individuals were not current with the organization, and paragraph designations in the charter were in error in several places.

Response to A.1.g: See responses to A.1.a and A.2.a&b. The handling of dissenting opinions in the PRB is resolved, if possible, within the confines of the PRB committee. Minority reports may be attached to the PRB minutes to document any disagreement. HNP-6 will be revised to reflect the organizational changes.

Observation A.2.a&b: There were no provisions for committee members to review appropriate material prior to PRB meetings. The material was passed around and read at the beginning of each meeting. Comments or questions were to be written on comment sheets attached to the documents and discussed and their review was considered complete and satisfactory. This review-by-exception process appeared to have several drawbacks.

Response to A.2.a&b: The PRB presently uses a PRB reading room. The material to be reviewed is placed in packets as before with comment sheets attached. Each member can review all the PRB material prior to the meeting and indicate his comments on the comment sheet. Comment sheets are signed or initialed to indicate PRB member review for comment. If there are no outstanding comments made, the material is properly disposed of and documented in the PRB minutes. By not making any comments each member is agreeing that the material is acceptable as submitted. This review-by-exception type of review is considered appropriate by the plant and will continue to be used. With implementation of the reading room the

Response to A.2.a&B: (Continued)

PRB meeting is used to resolve outstanding comments and address concerns as they are identified. There is ample time to review the material. Each member schedules his own time for reviewing this material.

All DCRs are reviewed and presentations of DCRs are made by request of the PRB. The majority of DCRs that are submitted to the PRB are presented.

Non-reportable DRs are evaluated on a case-by-case basis with PRB open items initiated for DRs resulting from recurrent plant problems. Non-reportable DRs are also trended by the Quality Control Department.

Procedure changes are reviewed as required by the PRB. If the change is questioned, a presentation or explanation of the change is obtained prior to the PRB recommending the change for approval by the plant manager.

The A/E has the design information readily available facilitating a timely technical review. The review of all required documents or changes are made by the PRB with the A/E contacted when questions cannot be resolved by the PRB.

Observation A.2.c:

The PRB's review of corrective action systems was limited. Deviation Reports (DRs) and Nonconformance Reports (NCRs) were reviewed for NRC reportability requirements. Few non-reportable DR's were evaluated for corrective action to prevent recurrence. No systematic approach existed to evaluate all DRs and ensure that appropriate corrective action was designated. The PRB did not follow up on the majority of non-reportable DRs to determine if any corrective action had been accomplished.

Response to A.2.c:

A trend analysis is performed by QC of reportable, as well as non-reportable, DR's to identify recurring plant deviations. If adverse trends are detected, they are identified to plant management to prevent recurrence and ensure appropriate corrective action. On request of the PRB, such trends may be reviewed.

Observation A.3: The policy for use of alternates for committee members was weak. Members did not have assigned alternates; and consequently, did not have to keep anyone informed of committee activities in order to provide continuity in their absence.

Response to A.3: See responses to A.1.c. and A.1.d.

Observation A.4. No one on the committee was assigned the responsibility to ensure that all required documents were delivered to the committee for review. QA performed no audits of PRB activities and this was considered a significant weakness. The QA representative stated that he was present at nearly all PRB meetings to monitor activities but that he suffered from a certain natural loss-of-objectivity by being so close to the committee functions.

Interviews with various members of the SRB revealed their awareness of many perceived problems with the PRB: too many items for them to review with insufficient time for proper reviews, inadequate meeting minutes, and inadequate response to the 1980 SRB audit. In spite of these concerns, no apparent corrective action was being taken.

Response to A.4: It is the responsibility of each department to ensure that all documents requiring review by the PRB from their respective departments are delivered to the committee for review.

At least annually QA performs an audit of administrative controls which includes some PRB activities. The SRB, however, conducts an annual audit of the PRB. These audit results were available at the time of this observation.

The PRB has undergone several changes during this year that have yielded positive results, e.g., implementation of the PRB reading room. As a result of these changes and heightened awareness of the PRB's responsibilities, the PRB is responsive to SRB requests and/or reports.

B. SAFETY REVIEW BOARD

Observation B.1.a: Titles of individuals used throughout the charter and procedures were not current with the organization.

Response to B.1.a: The SRB charter and procedures will be revised to reflect the current organization.

Observation B.1.b: There was no guidance on what constitutes an unreviewed safety question.

Response to B.1.b: The guidance provided by 10 CFR 50.59 concerning unreviewed safety questions will be incorporated into the SRB procedure, SRB-001.

Observation B.1.c: There were no requirements to review the following:

Non-routine Event Reports, including 30-day LER's, non-reportable Deviation Reports, and non-reportable Nonconformance Reports.

Changes to the QA Manual or QA Program

Facility operations and records to detect trends that may not be apparent to the day-to-day observer.

Response to B.1.c.: SRB Procedure, SRB-003, will be revised to include the reviews of: 30-day LERs, changes to the QA Manual or QA Program, and items routed to detect trends. Non-reportable Deviation Reports and Nonconformance Reports will be audited during the SRB audit of the PRB.

Observation B.2: The charter and TS listed the areas for which the SRB was to provide independent review and audit. These lists differed from the ANSI N18.7-1976 requirement, to which the licensee was also committed by not including the areas of "nondestructive testing" and "administrative controls."

Observation B.2 (Continued)

The SRB maintained a list of "SRB Member Responsibilities." This list was apparently not meant to correspond to the areas of experience mentioned in the foregoing paragraph, but it did assign to each member areas of responsibility that included many of the expertise areas. Not included were metallurgy, instrumentation and control, administrative controls, and nondestructive testing.

Response to B.2:

The SRB charter will be revised to include independent review and audit of nondestructive testing and administrative controls. Responsibility for review and audit in the areas of metallurgy, instrumentation and control, administrative controls, and nondestructive testing will be assigned to specific SRB members. In addition, the charter will be revised to reflect specifically that the Chairman will assign to SRB members the various areas described in the charter.

Observation B.3.a&b:

The most significant weakness found in the SRB, like the PRB, involved their review process. There were several aspects of this process that revealed inadequacies.

Most of the material to be reviewed at the scheduled SRB meetings received prior review by the members, unlike the PRB, but the result was the same: review-by-exception and the consequent loss of committee interaction. Material was routed to the members prior to the scheduled meetings. Any comments or questions that the members had were added to the routing sheet and passed on. Those routing sheets that had comments could then be brought to the attention of the committee at the next scheduled meeting.

Another problem in this review process was the area of assigned responsibilities for SRB members. Interviews indicated that these assignments tended to restrict the scope of review by some members.

Observation B.3.a&b: (Continued)

The most significant problem with this system was that there was effectively no committee review. There appeared to be no committee interaction on the bulk of material that the meeting minutes recorded were reviewed at scheduled meetings. The individual items routed were not mentioned during the meetings; there were no summary presentations on the material, and there was no followup by the committee.

Interviews indicated that the reviews of TS required items (TS 6.5.2.7) were somewhat superficial. There was no "nuts and bolts" technical review. For the offsite committee this did not seem totally inappropriate, but when compared with statements made by PRB members, it appeared that there was a heavy dependence on someone else's review. The trend is one that may not have resulted in any specific problems to date, but requires management attention before it does.

Response to B.3.a&b:

The review of material routed to the SRB has been enhanced in that committee members have been encouraged to make appropriate comments on all routed material. The SRB Chairman will conduct followup on these comments and ensure that all comments are discussed in SRB meetings. In addition, members will have the opportunity to bring up additional comments on all of the routed material during the SRB meetings. Members have been directed to conduct a comprehensive review in their own responsibility area, but also to conduct a broad review of all routed material. The prior review and the committee interaction in the meetings will permit comprehensive committee interaction and discussion. In addition, the minutes of the SRB meetings will permit a broader understanding by upper level corporate management of the material reviewed and discussed by the SRB.

Observation B.4.a:

There were several weaknesses involving the SRB's review or lack of review of specific subjects.

Observation B.4.a: (Continued)

TS 6.5.2.7.e requires the SRB to review violations of TS and internal procedures or instructions having nuclear safety significance. TS 6.5.2.7.f requires review of "Significant operating abnormalities or deviations from normal ...." TS 6.5.2.7.h requires review of "All recognized indications of an unanticipated deficiency...."

Contrary to these requirements, the SRB performed no review of Deviation Reports and Nonconformance Reports which the PRB had determined to be "non-reportable." An examination of the non-reportable Deviation Reports written for the month of February 1982, revealed many that appeared to fall into one or more of the categories described by the requirements.

Related to this was a weakness in the QA audit program. TS 6.5.2.8.c requires an audit of "The results of actions taken to correct deficiencies. ." The responsibility for this audit was apparently shared by the SRB and QA. The SRB performed no audits, however, of corrective action systems; and QA did not include non-reportable Deviation Reports in their semiannual audit of corrective action systems.

Response to B.4.a:

See Response to item B.1.c. In addition, the SRB will rely primarily on corrective action audits performed by the QA Department to satisfy the requirement of Tech Spec 6.5.2.8.c. The QA Department does include non-reportable Deviation Reports in their audits of operating activities (Administrative Controls), although this was not a part of the semiannual audit of corrective action systems. Semi-annual corrective action systems audits in the future will include a sampling of Deviation Reports.

Observation B.4.b:

QA audit plans and schedules were routed to SRB members in similar fashion to TS required documents as previously described. Review of these plans and schedules by SRB members was considered to be a strength; however, the review performed provided feedback to QA that was limited in its value. There was no committee interaction on the plans and schedules, and the feedback represented non-consensus of the committee membership.

Response to B.4.b: The comments received on QA audit plans and schedules and the specific audit plans and schedules themselves will be discussed in SRB meetings. Feedback to the QA Department will result from the SRB interaction.

Observation B.4.c: Interviews indicated that DCR safety evaluations provided by the principal consultant engineer, Bechtel, were frequently routed to SRB members separate from the DCRs due to time differences in when they arrived at the licensee's offices. This resulted in some confusion among the committee reviewers and consequent difficulty in performing adequate reviews. The only connection between the separate documents was the reviewer's memory.

Response to B.4.c: SRB procedures will be revised such that safety evaluations of DCRs routed to the SRB will include a design summary or other information to describe the design change. Separate routings of DCR information will then be unnecessary.

Observation B.4.d: The SRB performed no review of changes to the QA Program or QA Manual. This was considered a weakness due to the fundamental importance of the QA program to safe and reliable operation of the facility.

Response to B.4.d: See Response to item B.1.c. The SRB will review such changes in the future.

Observation B.4.e: The SRB did not follow, nor did interviews reveal that the SRB members were aware of the PRB Open Items.

Response to B.4.e: The SRB will follow PRB Open Items through review of PRB minutes.

Observation B.5: The SRB minutes did not reflect all of the committee's activities in fulfilling their TS and procedure commitments.

Observation B.5 (Continued)

(a) TS 6.5.2.7.e requires a review of violations of the TS and internal procedures. To fulfill this responsibility in part, the SRB reviewed NRC inspection reports and QA audit reports. Neither of these reviews were reflected in the meeting minutes.

(b) Many of the committee's decisions, recommendations, and followup activities were not always reflected in the minutes. The SRB maintained a "Suspense File" of open items. These were followed and resolved separately from the meetings and were not described in the minutes.

(c) Subcommittee reports were not attached to the minutes, and interviews indicated that responsible corporate managers were often not aware of these.

(d) The review of QA audit plans and schedules and the corresponding recommendations were not reflected in the meeting minutes.

(e) The LERs, DCRs, DoCRs, Test or Experiment Requests, and PRB meeting minutes reviewed were not recorded in the SRB minutes. The identification numbers were listed on their respective routing sheets and the routing sheet numbers were listed in the minutes.

Response to B.5.: SRB minutes will be enhanced for future meetings to include the above.

Observation B.6.a: In spite of the emphasis on training, there appeared to be a significant lack of awareness and confusion among committee members as to what the SRB activities and responsibilities were. Procedural ambiguity resulted in an inconsistent handling of SRB audit assignments.

Response to B.6.a: SRB procedure, SRB-008, will be revised to remove the ambiguity in the SRB member responsibilities concerning audits. The SRB primarily relies on the QA Department and other organizations to conduct the audits required to be done under the cognizance of the SRB by the TS 6.5.2.8 audit program. In addition, there are several specific audits conducted by the SRB. Two of these audits are the SRB audit of the QA Department and the SRB audit of the PRB. Reports of audits conducted under the TS 6.5.2.8 will be provided within 30 days to the Executive Vice President - Power Supply as required by TS 6.5.2.10.c. Audits conducted under the cognizance of the SRB will be reviewed in SRB meetings.

Observation B.6.b.: Another example of the confusion committee members had over SRB activities involved the handling of SRB open items. The committee had one procedure to deal with this subject, SRB-004, SRB List of Concerns, Revision 0. It dealt specifically with situations that members felt would compromise nuclear safety, and had never been used. Routine open items apparently did not occur frequently. They were maintained by the SRB Secretary in his "suspense file." They were not tracked in a formal sense with closure or delays, for example, being recorded in minutes or memoranda. Several members indicated a lack of awareness of these systems.

Response to B.6.b: SRB routine open items will be tracked in a more formal manner.

Observation B.6.c: Some members seemed unsure of which categories of documents the committee reviewed.

Response to B.6.c: SRB procedure, SRB 003, will be revised to more clearly state documents being reviewed.

Observation B.7: The review performed by upper level corporate managers of information generated by the PRB, SRB, and QA was limited.

Response to B.7:

Upper level corporate management will be made more aware of the matters associated with the PRB, SRB and QA. Previously, managers were briefed generally on committee concerns: problems being resolved by the committees, trends, and other matters. This process will continue. In addition, information concerning the details of committee processes and procedures will be discussed with upper level corporate managers. Such additional information will provide managers with a better working knowledge of the day-to-day processes that take place in the SRB and PRB.

In addition, corporate management conducts a review of plant operations monthly. This review includes QA and NRC findings. On a quarterly basis, the Quality Assurance Committee meets to also perform a quality review.