

JAN 22 1991

Docket No. STN 50-482/90-28
STN 50-482/90-31
STN 50-482/90-34
License No. NPF-42

Wolf Creek Nuclear Operating Corporation
ATTN: Bart D. Withers
President and Chief Executive Officer
P.O. Box 411
Burlington, Kansas 66839

7:

Thank you for your letter of December 7, 1990, in response to our letters and Notices of Violation dated October 19 and November 9, 1990, for Violations 482/9031-02 and 482/9034-02, respectively. Your letter also responded to the verbal request of November 12, 1990, for additional information for Violation 482/9023-01. We have reviewed your reply and find it meets the regulatory concerns raised in our Notices of Violation. We will review the implementation of your corrective actions during a future inspection to determine that full compliance has been achieved and will be maintained.

Sincerely,

ORIGINAL SIGNED BY
SAMUEL J. COLLINS

Samuel J. Collins, Director
Division of Reactor Projects

cc:
Wolf Creek Nuclear Operating Cor.,
ATTN: Gary Boyer, Plant Manager
P.O. Box 411
Burlington, Kansas 66839

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ATTN: Jay Silberg, Esq.
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RIV:URP/*DWJ* C:DRP/*Bart* D:DRP
WBJones;df ATHowell SJC/DT114/s
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Wolf Creek Nuclear Operating
Corporation

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Public Service Commission
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Manager, Electric Department
P.O. Box 360
Jefferson City, Missouri 65102

U.S. Nuclear Regulatory Commission
ATTN: Regional Administrator, Region III
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Wolf Creek Nuclear Operating Corp.
ATTN: Otto Maynard, Manager
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Kansas Corporation Commission
ATTN: Robert Elliot, Chief Engineer
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Topeka, Kansas 66612-1571

Office of the Governor
State of Kansas
Topeka, Kansas 66612

Attorney General
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Topeka, Kansas 66612

Chairman, Coffey County Commission
Coffey County Courthouse
Burlington, Kansas 66839

Kansas Department of Health
and Environment
Bureau of Air Quality & Radiation
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ATTN: Gerald Allen, Public
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Forbes Field Building 321
Topeka, Kansas 66620

bcc to DMB (IE01) w/licensee ltr

Wolf Creek Nuclear Operating
Corporation

-3-

bcc distrib. by RIV w/licensee ltr:

R. D. Martin

Resident Inspector

Section Chief (DRP/D)

DRP

DRSS-RPEPS

Section Chief (RIII, DRP/3C)

RIV File

SRI, Callaway, RIII

MIS System

RSTS Operator

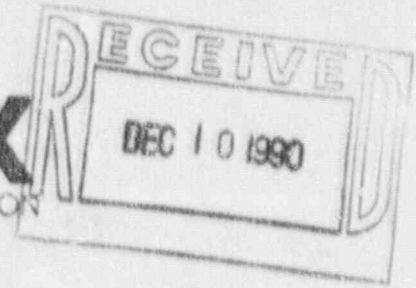
Project Engineer (DRP/D)

Lisa Shea, RM/ALF

DRS

WOLF CREEK

NUCLEAR OPERATING CORPORATION



Bar D. Withers
President and
Chief Executive Officer

December 7, 1990

WM 9J-0198

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Mail Station P1-137
Washington, D. C. 20555

Reference: 1) Letter dated October 19, 1990 from S. J. Collins,
NRC to B. D. Withers, WCNOG
2) Letter dated November 9, 1990 from S. J. Collins,
NRC to B. D. Withers, WCNOG
Subject: Docket No. 50-482: Response to Violation 482/9031-02
and 482/9034-02

Gentlemen:

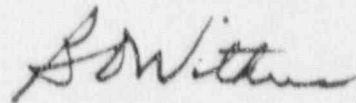
The Attachment provides Wolf Creek Nuclear Operating Corporation's (WCNOG) combined response to violations 482/9031-02, 482/9034-02 and other requested information. As a result of discussions on November 14, 1990 between Mr. A. T. Howell, NRC and Mr. H. K. Chernoff, WCNOG, concerning the similarities of three NRC requested responses to NRC violations and concerns, it was agreed that WCNOG would provide a combined response to these items.

Reference 1 transmitted violation 482/9031-02 concerning the failure to take adequate corrective action and requested additional information regarding the overall actions to correct the apparent continuing work control problems and an assessment of the effectiveness of the corrective action program at Wolf Creek Generating Station (WCGS). Reference 2 transmitted violation 482/9034-02 concerning the failure of the corrective action program to ensure that hardware failures and nonconforming conditions are evaluated to assure equipment operability. On November 12, 1990, additional information was verbally requested by Mr. A. T. Howell, NRC, concerning WCNOG's previously submitted response to violation 482/9028-01.

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If you have any questions concerning this matter, please contact me or Mr. H. K. Chernoff of my staff.

Very truly yours,



Bart D. Withers
President and
Chief Executive Officer

BDW/jra

Attachment

cc: A. T. Howell (NRC), w/a
R. D. Martin (NRC), w/a
D. V. Pickett (NRC), w/a
M. E. Skow (NRC), w/a

Violation (482/9031-02): Failure to Take Adequate Corrective Action

Finding: Criterion XVI of 10 CFR Part 50, Appendix B, "Corrective Actions," requires, in part, that measures shall assure that conditions adverse to quality are promptly identified and corrected. The licensee's quality assurance Procedure QAP 16.1, "Corrective Action for QA Program Breakdowns," Revision 3, paragraph 6, states that corrective action controls, as established in this procedure, shall assure that significant conditions adverse to quality are promptly identified, reported, and corrected to preclude recurrence as required by WCNOG Corporate Quality Manual, KGP-1210 and ADM 01-033. Procedure KGP-1210, Revision 3, "Programmatic Deficiency Reporting," Section 6.1 requires a programmatic deficiency report be written for a significant deviation from expected plant performance.

1. Contrary to the above, on May 16, 1990, the licensee failed to initiate a programmatic deficiency report following a test of the main generator voltage regulator that produced an unexpected response, including alarms and low voltage conditions on the safety-related busses.
2. Contrary to the above, the licensee did not perform, in a timely fashion, portions of the corrective action for the May 16, 1990, test, specifically relevant to the control room crews, until approximately 3 weeks after our inspector questioned the performance of the test.

Violation (482/9034-02): Failure to Evaluate Hardware Failures and Nonconformances to Assure Equipment Operability

Finding: 10 CFR 50, Appendix B, Criterion XVI, states, in part, that measures shall be established to assure that conditions adverse to quality, such as failures, malfunctions, deficiencies, deviations, defective material and equipment, and nonconformances are promptly identified and corrected.

Wolf Creek Generating Station Quality Assurance Procedure QAP 16.1, "Corrective Action for QA Breakdowns," Revision 3, paragraph 6, states, in part, that corrective action controls, as established in this procedure, shall assure that significant conditions adverse to quality are promptly identified, reported, and corrected.

Contrary to the above, the licensee's corrective action program did not assure that a nonconforming condition potentially affecting the operability of the turbine-driven auxiliary feed pump (TDAFP) was promptly reported and corrected. This condition existed from November 2, 1989, to October 1, 1990, before it was corrected and subsequently reported to the NRC.

Request For Additional Information (482/9028-01): Watchstander With
Inactive License

On November 12, 1990, Mr. A. T. Howell, NRC, verbally requested WCNOG to provide additional information on violation 482/9028-01. The information requested concerned the reason for not initiating a corrective action document when it was identified by Control Room personnel when an individual assumed the supervising operator watch without having performed the required proficiency watches.

Reason For Violation:

(482/9031-02): The reason for the violation was the failure of Control Room personnel to recognize that the main generator voltage regulator adjustment and subsequent undervoltage condition constituted a significant condition adverse to quality. On May 16, 1990, while performing the main generator voltage regulator adjustment various alarms were received indicating an undervoltage condition of the plant electrical busses. The Control Room operators followed the appropriate alarm responses and terminated the regulator adjustment. The actions taken by the operators prevented the loss of any electrical bus or a main generator trip. The actions taken were noted in the Shift Supervisor log and reported to Operations Management. Since the adjustment did not result in the loss of an electrical bus or a trip of the main generator Control Room personnel initially determined that no corrective action document was required to be generated. Additionally, discussions with the operating crews were not held until investigation into the recent events related to inadequate work control practices was conducted and the appropriate corrective actions determined.

(482/9034-02): The reason for the violation was the failure of licensed and nonlicensed personnel to evaluate the seismic qualifications of a DC control cable that connects to the electro-hydraulic valve actuator on the Turbine Driven Auxiliary Feedwater Pump. On November 2, 1989 Control Room personnel made an operability decision with the information available and the associated work request was assigned a lower priority. Again on May 10, 1990 while reviewing the environmental qualifications, nonlicensed personnel failed to identify a seismic concern on the DC control cable.

RAI(482/9028-01): At the time of this event, the individual was relieved by a qualified on-shift supervising operator. Minimum shift crew composition in accordance with Technical Specification Table 6.2-1 was satisfied. As a result of the Manager Operations requiring Shift Supervisors to track the status of proficiency watches, it was identified by Control Room personnel that the individual did not have the required proficiency watches. Since minimum shift crew composition was satisfied and actions had been previously initiated by the Manager Operations, it was initially determined that this event was not significant and that no corrective action document needed to be generated.

Corrective Steps:

The similarities associated with the two violations and request for additional information involve the identification of significant conditions adverse to quality and timeliness of corrective actions. The discussions below provide the corrective steps that have been taken to enhance the work controls program and the corrective action program.

Work Controls Program. As a result of the main generator voltage regulator adjustment, the nonconforming condition potentially affecting the operability of the turbine-driven auxiliary feedwater pump and other recent events, WCNOG has implemented several enhancements to the work controls program. These enhancements are discussed below.

1. Operations and Maintenance Management have determined that work on equipment in service is to be performed under procedural controls. Under special circumstance the requirement to have a procedure for the work activity may be waived with the approval of both the Manager Operations and Manager Maintenance and Modifications. Procedure ADM 08-201, "Control of Maintenance and Modifications", has been revised to reflect the above practice. Procedures are currently being developed for preventative maintenance activities and are to be in place prior to performance of the activity. For corrective maintenance activities on equipment in service, procedures are developed as the need arises. Proceduralizing work activities on in service equipment ensures that appropriate reviews are performed to determine the effect of activities on plant operation and safety-related equipment.
2. An engineering screening/review of Work Requests has been incorporated into the work controls program to assess the identified nonconformance and its effect on the ability of a component or associated system component to perform it's Safety Design Basis Function. The backlog of open Corrective Work Requests was reviewed and no additional design basis problems were identified. Procedure ADM 05-001, "Work Request Review" was developed to provide the details for performing this review. This design basis engineering review of the nonconformance may lead to further Control Room review of the initial operability determination and minimizes the potential for having inoperable safety-related equipment in the plant without being in the appropriate Technical Specification action statement.
3. Procedure ADM 01-057, "Work Request" was revised to provide detailed guidelines for the performance of troubleshooting activities. Troubleshooting activities that are associated with plant systems or are significant to plant operation require the initiation of a Work Request and notifying the Shift Supervisor prior to commencement of the activity. Documentation of the troubleshooting activity is accomplished by step by step instructions delineating a troubleshooting sequence or a composition of a step by step chronological log of the troubleshooting sequence as it progresses or a combination of both on the Troubleshooting Activity Sheet. These guidelines provide a uniform approach to troubleshooting activities.

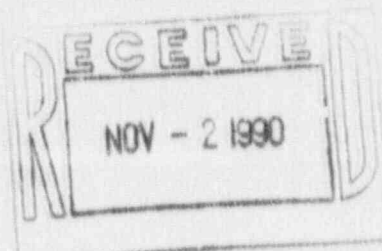
Corrective Action Program. The WCNOG corrective action program encompasses procedures for identifying hardware nonconformances and programmatic and implementation problems. WCNOG utilizes a company wide procedure, KGP-1210, "Programmatic Deficiency Reporting", to provide a uniform approach to documenting analyzing and responding to significant conditions adverse to quality of a programmatic or implementation nature. In June, 1990, the Quality Assurance organization conducted an audit of the corrective action program to verify the effectiveness of the program. Although there was room for performance improvements in the implementation of the corrective action program the overall program was considered to be adequate. Discussed below are enhancements that are being implemented to improve the corrective action program and to provide prompt notification of problems to the appropriate level of management.

1. On October 4, 1990, the Plant Manager issued, to all station personnel, a letter discussing the importance of identification of problems, mistakes, near misses, or unusual plant occurrences so that appropriate root cause analysis and corrective action to prevent recurrence can be initiated. Plant Management is continuing to review the Control Room and Shift Supervisor Logs with an increased awareness to question identified problems for significance.
2. In January 1990, procedure ADM 02-112, "Operations Event Reports" was established as a mechanism by which Control Room personnel can report events, conditions or occurrences which should be made known to WCGS management. On November 20, 1990, Operations Management provided additional guidance to Control Room personnel concerning the initiation of Operations Event Reports (OERs). This guidance has been reflected in a change to ADM 02-112. Control Room personnel are to generate OERs and Operations Management determines if additional corrective measures are required which may include review of the event by the Plant Safety Review Committee.
3. Procedure KGP-1210 has been revised to require a formal independent review of proposed corrective action and a review of the effectiveness of the corrective actions taken. This independent review is accomplished by a cognizant individual not directly responsible for the subject activity. The procedure revision additionally requires organizations to establish and track a follow-up date when appropriate to formally review the effectiveness of corrective actions taken.

Date When Full Compliance Will Be Achieved:

As described above, WCNOG has implemented several enhancements to provide increased cognizance and control of work activities in the plant. In addition enhancements to the corrective action program have been implemented to ensure conditions are identified to the appropriate level of management and properly documented, evaluated and corrected. Full compliance has been achieved.

WOLF CREEK
NUCLEAR OPERATING CORPORATION



Bart D. Withers
President and
Chief Executive Officer

October 31, 1990

WM 90-0183

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Mail Station P1-137
Washington, D. C. 20555

Reference: Letter dated October 1, 1990 from R. D. Martin, NRC to
B. D. Withers, WCNOG
Subject: Docket No. 50-482: Response to Violation 482/9028-01

Gentlemen:

Attached is Wolf Creek Nuclear Operating Corporation's (WCNOG) response to violation 482/9028-01 which is documented in the Reference. Violation 482/9028-01 involved a watchstander with an inactive license.

If you have any questions concerning this matter, please contact me or Mr. H. K. Chernoff of my staff.

Very truly yours,

Bart D. Withers
President and
Chief Executive Officer

BDW/aem

cc: W. B. Jones (NRC), w/a
R. D. Martin (NRC), w/a
D. V. Pickett (NRC), w/a
M. E. Skow (NRC), w/a

Violation (482/9028-01): Watchstander With Inactive License

Finding:

Technical Specification Table 6.2-1 requires that shift crew composition include an individual with a senior operator license in addition to the shift supervisor. This individual is designated by the licensee as the supervising operator. To maintain an active license, 10 CFR 55.53(e) requires that a senior operator actively perform the functions of a senior operator a minimum of five 12-hour shifts per calendar quarter.

Contrary to the above, on July 17, 1990, an individual assumed the supervising operator watch without having performed five 12-hour shifts the preceding calendar quarter.

Reason for Violation:

The individual assumed the supervising operator watch on July 7, 1990 at 1857 hours until 2004 hours when it was recognized by the affected individual during a review of proficiency watches that he had four of the required five proficiency watches in the previous quarter. The reason for this violation is a failure of the individual watchstander to keep an accurate count of his proficiency watches as a supervising operator.

Corrective Steps Which Have Been Taken And Results Achieved:

A log book has been placed in the Control Room and each Reactor Operator (RO) and Senior Reactor Operator (SRO) is required to record the dates they stood a watch including the five proficiency watches required per quarter. This log book was in the process of being updated when the above violation was identified. Each Shift Supervisor is being held accountable for ensuring the log book is maintained current for his crew and that licensed personnel not assigned to a crew, but also required to maintain an active license, are current and have the required proficiency watches prior to assuming a watch. A review has been performed to verify all other licensed personnel have met the necessary proficiency watch requirements with no other unqualified watchstanders found.

The above occurrence was logged in the Control Room Log on July 7, 1990. This log, along with the Shift Supervisors Log is reviewed on a daily basis by a number of management and supervisory personnel. Since the situation was discovered and corrected by the individual, and another qualified supervising operator present in the Control Room assumed the watch upon discovery, the proper level of significance was not placed on the event and the need for timely assessment of corrective actions was not recognized. On October 4, 1990, the Plant Manager issued, to all station personnel, a letter discussing the importance of identification of problems, mistakes, near misses, or unusual plant occurrences so that appropriate root cause analysis and corrective actions to prevent recurrence can be initiated.

Corrective Steps Which Will Be Taken To Avoid Further Violations:

Maintaining the log book for proficiency watches current and the Shift Supervisor accountability for personnel on his shift being qualified will avoid further violations of this nature. Additionally a computerized program is being developed which will identify if an individual is current and qualified for a particular assigned position on shift. This program will be expanded to include other shift positions such as fire brigade members. This will allow the Shift Supervisor to readily check to ensure all requirements, (i.e. training, physical examinations, proficiency watches) are met for an individual assuming a particular position on shift.

Management will continue to review the Control Room and Shift Supervisor Logs with an increased awareness to question identified problems for significance.

Date When Full Compliance Will Be Achieved:

Maintaining the log book for proficiency watches current has been achieved. Development and implementation of the computer program is in progress and full implementation will be completed by December 14, 1990.