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

Report Nos. 50-269/82-40, 50-270/82-40, and 50-287/82-40

Licensee: Duke Power Company
422 South Church Street
Charlotte, North Carolina

Facility Name: Oconee

Docket Nos. 50-269, 50-270, and 50-287

License Nos. DPR-38, DPR-47, and DPR-55

Inspection at Oconee site near Seneca, South Carolina, and at company offices in Charlotte, North Carolina

Inspectors CM Upright for 11/17/82
G. A. Belisle Date Signed

P. E. Fredrickson 11/17/82
P. E. Fredrickson Date Signed

CM Upright for 11/17/82
L. H. Jackson Date Signed

P H Skinner 11/17/82
P. H. Skinner Date Signed

Approved by: CM Upright 11/17/82
C. M. Upright, Section Chief Date Signed
Engineering Inspection Branch
Division of Engineering and Technical Programs

SUMMARY

Inspection on October 25-29, 1982

Areas Inspected

This routine, unannounced inspection involved 125 inspector-hours on site and at the company offices in the areas of licensee action on previous enforcement matters, QA program review, audits, QA/QC administration, requalification training, test and measurement equipment program, surveillance testing and calibration control, maintenance program, procurement, receipt/storage/handling of materials, document control, housekeeping/cleanliness program, and licensee action on previously identified inspection findings.

Results

Of the 13 areas inspected, no violations or deviations were identified in 12 areas; one apparent violation was found in one area (Failure to document material control measures, paragraph 13.a).

REPORT DETAILS

1. Persons Contacted

Licensee Employees

M. Alexander	Maintenance Coordinator
*D. Austin	Training and Safety Coodinator
*R. Brackett	Senior QA Engineer
R. Bugert	Senior Instructor
C. Clark	Maintenance Supervisor
*J. Davis	ONS-Maintenance
#J. Effinger	Senior QA Specialist
#J. Frye	Senior QA Supervisor
#R. Futrell	Manager Nuclear Safety Assurance
D. Gordon	Assistant Shift Supervisor
D. Kelley	Training Supervisor
*E. Kelley	Clerk
H. Lowery	Shift Operating Engineer
*W. Martin	ONS - Maintenance
*T. Mathews	Licensing Technical Specialist
J. McCool	QA Surveillance Supervisor
*J. McIntosh	Superintendent of Administration
*R. Nichols	ONS Administration
T. Owen	Superintendent of Technical Support
H. Poole	I&E Supervisor
N. Pope	Superintendent of Operations
R. Rogers	Licensing Engineer
J. Sites	Maintenance Coordinator, Materials
*J. Smith	Station Manager

Other licensee employees contacted included technicians, operators, mechanics, and office personnel.

NRC Resident Inspector

*D. Falconer, Resident Inspector

#Attended exit interview at Company Offices on October 28, 1982

*Attended exit interview at site on October 29, 1982

2. Exit Interview

The inspection scope and findings were summarized on October 28 and 29, 1982, with those persons indicated in paragraph 1 above. The licensee was informed of the inspection findings listed below. The licensee acknowledged the following inspection findings:

- Violation 269,270,287/82-40-01, Failure to document material control measures, paragraph 13.a

- Unresolved Item 269,270,287/82-40-02, QA followup to assure timely responses to audit findings, paragraph 6.

- Inspector Followup Item 269,270,287/82-40-03, Protection of weld end preparations, paragraph 13.b.

- Inspector Followup Item 269,270,287/82-40-04, Preventive maintenance on items in storage, paragraph 11.

3. Licensee Action on Previous Enforcement Matters

The following terms are defined and used throughout this report:

Accepted QA Program	Duke Power Company Topical Report, Quality Assurance Program, Duke-1-A Amendment 5
APM	Administrative Policy Manual
CQAP	Corporate Quality Assurance Procedure
MP	Maintenance Procedure
SD	Oconee Nuclear Station Directive

a. (Closed) Infraction (269, 270, 287/79-10-07): Failure To Conduct Audits Of All Activities Affecting Quality. Duke's response dated June 29, 1979, is considered acceptable by Region II. The inspector conducted a review of audits as discussed in paragraph 6 and verified that audits are being conducted of activities affecting quality at the required frequency. The inspector concluded that Duke had determined the full extent of the infraction, performed the necessary survey and followup actions to correct the present condition, and developed the necessary corrective actions to preclude recurrence of similar infractions. Corrective actions stated in the response have been implemented.

b. (Closed) Violation (269, 270, 287/81-06-01): Failure To Submit Facility Change Safety Evaluation Summaries Annually To The NRC In The 1979 Report Submitted October 27, 1980. Duke's response dated May 22, 1981, was considered acceptable by Region II. A review of the facility change safety evaluation summaries provided to the NRC 1980 changes submitted by correspondence dated November 20, 1981, still did not include the required summary of each change. This resulted in a second violation discussed in paragraph 3.d.

c. (Closed) Unresolved Item (269, 270, 287/81-06-07): Use Of One-Hour Fire Cabinets For Storage Of Quality Records. The inspector reviewed licensee letters dated August 24, 1981, Subject: Fire Loading Analysis for Satellite Record Storage. This analysis appears adequate for determining the validity of using specific fire-rated cabinets. The inspector commented that, although this analysis was satisfactory for the present, the licensee needed to incorporate into the records management program a system whereby periodic reviews of storage area fire loads would be conducted to preclude violations of NFPA 232 requirements. The licensee stated that a review would be conducted on this matter.

d. (Closed) Violation (269/82-12-02): Failure To Submit A Summary Of The Safety Evaluation Of Each Change To The Facility Annually. Duke's response dated June 1, 1982, was considered acceptable by Region II. The inspector reviewed the facility change safety evaluation summaries for each station modification which were completed during 1981 under the provisions of 10 CFR 50.59 and submitted to the NRC by correspondence dated August 13, 1982. The actions stated in the June 1, response have been accomplished. The inspector concluded that Duke had determined the full extent of the infraction, performed the necessary survey and followup actions to correct the present condition, and developed the necessary corrective actions to preclude recurrence of similar violations. Corrective actions stated in the response have been implemented.

4. Unresolved Items

Unresolved items are matters about which more information is required to determine whether they are acceptable or may involve violations or deviations. One new unresolved item identified during this inspection is discussed in paragraph 6.

5. QA Program Review (35701)

The inspector reviewed the references listed throughout this report and verified that they met the requirements of the accepted QA Program, NRC Regulatory Guides, and ANSI Standards endorsed by that program. The licensee has submitted and the NRC approved Revision 5 of the accepted QA Program on July 3, 1981. The inspector verifed that QA personnel are aware of changes made to procedures due to this revision.

Within this area, no violations and deviations were identified.

6. Audits (40702, 40704)

References: (a) Duke -1-A, Amendment 5

(b) CQAP Chapter 16, Corrective Action, Revision 0

(c) CQAP Chapter 16-A, Corrective Action Escalation Policy, Revision 0

(d) CQAP Chapter 18, Audits, Revision 2

(e) QA-122, Corrective Action Escalation Policy, Revision 0

(f) QA-130, Qualification and Training of Lead Auditors, Revision 8

(g) QA-210, Departmental Audit Procedure, Revision 12

(h) QA-230, Departmental Audit Scheduling and Followup, Revision 8

(i) APM 2.6, Review and Audit, Revision 18

(j) QA-160, Performance of Corporate Quality Assurance Audits, Revision 0

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

- Methods have been defined for taking corrective action when deficiencies are identified during audits.
- The audited organization is required to respond in writing to audit findings.
- Distribution requirements for audit reports and corrective action responses have been defined.
- Checklists are required to be used in the performance of audits.
- Audits are conducted by trained personnel not having direct responsibility in the area being audited.
- Audit frequency is in conformance with Technical Specification requirements.
- The scope of the audit program has been defined and is consistent with Technical Specification requirements.
- Responsibilities have been assigned in writing for the overall management of the audit program.

To verify implementation of these aspects, the inspector reviewed results of eight audits (SP-81-11 (ON), 8, 7, 4, SP-82-8, 2, 10, and 14) conducted during 1981 and 1982. The inspector reviewed qualifications of one lead auditor and three auditing personnel.

Within this area, one unresolved item was identified. During the review of audits, the inspector identified that several responses to audit findings (SP-82-8, 2, 10, and 14) were delayed or requests had been made to delay answering the audit findings. Discussions with the Senior QA Supervisor identified that a review of audits conducted during 1982 had been performed and, of the first 11 audits of Nuclear Production, none were responded to on time. The Senior QA Supervisor had informed the Corporate QA Manager of this problem in a letter dated October 28, 1982. The inspector was informed that a meeting had been proposed between QA and Nuclear Production personnel to discuss the problem of timely answers to audit findings. This meeting, although proposed, had not been be specifically scheduled. No violation is being issued for failure to respond to audit findings in a timely manner since the licensee has identified and is actively seeking a solution to this problem; however, until licensee personnel clearly delineate positive corrective measures to assure timeliness of responses to audit findings, this is identified as an unresolved item (269, 270, 287/82-40-02).

7. QA/QC Administration (35751)

References:

(a) Oconee Nuclear Station Safety-Related Structures, Systems and Components, Revision 7

(b) CQAP Chapter 5, Instructions, Procedures and Drawings, Revision 0

(c) QA-100, Preparation and Issuance of Quality Assurance Procedures, Revision 6

(d) CQAP Chapter 2, Quality Assurance Program, Revision 2

(e) QA-104, Definition and Application of the Quality Assurance Program, Revision 1

(f) QA-190, Review of Quality Assurance Procedures, Revision 0

(g) QA-160, Performance of Corporate Quality Assurance Audits, Revision 0

The inspector reviewed references (a)-(g) and verified that they met requirements of the accepted QA Program, NRC Regulatory Guides, and ANSI Standards endorsed by that program. The inspector verified the following aspects of QA/QC administration:

- The licensee's QA program documents clearly identify those structures, systems, components, documents, and activities to which the QA program applies.

- Procedures and responsibilities have been established for making changes to QA program documents.

- The licensee has established administrative controls for QA/QC procedures which assure procedure review and approval prior to implementation, control of changes and revisions, and methods and control for distribution and recall.

- Responsibilities have been established to assure overall review of the effectiveness of the QA program.

- Methods exist to modify the QA program to provide increased emphasis on identified problem areas.

Within this area, no violations or deviations were identified.

8. Requalification Training (41701)

References: (a) Requalification Program for NRC Licensed Personnel, revised July 14, 1980

(b) Technical Specifications, Section 6.1, Organization, Review, and Audit

(c) SD 2.5.1(AS), Training, revised 5/81

The inspector reviewed the requalification program to determine conformance to references (a) through (c). The inspector reviewed the following areas: retraining conducted in 1981 and to date in 1982; annual written examinations and the individual's responses; documentation of required control manipulation; schedule for conducting lectures and prepared lesson plans; and participation in an accelerated training program when applicable. The training records of seven licensed operators were reviewed.

Within this area, no violations or deviations were identified.

9. Test and Measurement Equipment Program (56700, 61724)

References: (a) Accepted QA Program Section 17.2.12, Control of Measuring and Test Equipment

(b) APM Section 2.3, Control of Measuring and Test Equipment, Revision 19

(c) SD 2.3.1(M), Test and Measuring Equipment Control, revised 4/82

The inspector reviewed the licensee's Test and Measurement Equipment Program as described in references (a) through (c) to verify that selected plant activities were conducted in accordance with the accepted QA Program. The following criteria were used duing this review:

- Criteria and responsibility for assignment of the calibration and adjustment frequency have been established.

- An equipment inventory list has been prepared which identifies equipment used on safety-related structures, systems, or components and identifies the calibration frequency of each piece of equipment.

- Requirements exist for marking the latest calibration date on each piece of equipment.

- A system has been provided for assuring that equipment is calibrated by the date required.

- Requirements have been established to prohibit use of equipment which has not been calibrated within the prescribed frequency.

- Calibration controls have been established which require evaluation of the cause of an out-of-calibration and the acceptability of items previously calibrated.

- A system exists to ensure that new equipment will be added to the inventory list and calibrated prior to being placed in service.

The following listed test and measurement equipment was selected for verification of calibration, frequency, control, and evaluation.

EQUIPMENT	FREQUENCY	SERIAL NUMBER
Ashcroft Test Gauge	3M	27104, 27084, 30048
Digital Voltmeter	3M	27251, 27255, 27262
Heise Digital Pressure Indicator	6M	30018, 30019, 30020
Cronus Digital Stopwatch	12M	27502, 27503, 27504
Deadweight Tester	12M	27134
Hydrostatic Test Gages	Before & After	30128

Within this area, no violation or deviations were identified.

10. Surveillance Testing and Calibration Control (61700, 61725)

References: (a) Accepted QA Program, Section 17.2.11, Test Control

(b) APM Section 3.2.2, Periodic Testing, Revision 19

(c) SD 3.2.2, Responsibility for and Scheduling of Surveillance Requirements, revised 7/82

Utilizing the licensee's surveillance program as described in references (a) through (c), the inspector verified that selected plant surveillances met the following criteria:

- Technical Specification surveillances were covered by approved procedures which contained applicable prerequisites and preparations, acceptance criteria, and instructions to insure that systems or components are restored to operation following testing.

- Completed surveillances were reviewed in accordance with facility administrative requirements, to assure they were performed within the required time frequencies, were properly handled when tested items failed acceptance criteria, and were performed by qualified individuals.

The inspector selected the following listed periodic tests (PT) and instrument procedures (IP) to verify the licensee is performing surveillances and calibrations within the required frequency. This list also includes instrumentation not required to be calibrated by Technical Specifications but used to obtain data involving safety-related information.

PERIODIC TEST	EQUIPMENT
PT-600/1	Boric Acid Mix Tank Temperature
PT-600/1	Concentrated Boric Acid Storage Tank
PT-251/8	Chemical Addition Check Valve Functional
PT-170/5	Penetration Room Vent System

INSTRUMENT PROCEDURE	EQUIPMENT
IP-305/3A-3D	Control Rod Drive Trip Breaker
IP-310/12A-13A	High Pressure Injection Logic
IP-210/1C	Boric Acid Mix Tank Calibration
IP-210/1B	Boric Acid Mix Tank Temperature Calibration
IP/0/A/150/1H	Reactor Building Post Accident Pressure Instrument Channel "A"
IP/0/A/203/1H	Wide Range Reactor Building Water Level Instrument Calibration
IP/0/A/150/1I	Reactor Building Post Accident Pressure Instrument Channel "B"
IP/0/A/275/5I	Emergency Feedwater System Motor Driven Emergency Feedwater Pump Safety Related Instrument Calibration and System Functional Check
IP/0/B/200/3G	Reactor Coolant and Sump Post-Accident Liquid Sampling System

Within this area, no violations or deviations were identified.

11. Maintenance Program (62700, 62702)

References:
(a) APM Section 3.3, Maintenance, Revision 19

(b) SD 3.3.1(M), Safety Related or Non-Safety-Related Component or Equipment Repair, revised 3/82

(c) SD 3.3.5(M), Maintenance Work Request, revised 4/82

(d) SD 3.3.6(M), Preventive Maintenance Program, revised 10/82

(e) SD 3.3.7(M), Preservation, Preventive Maintenance, and Shelf Life of Stored Equipment, Parts and Materials, revised 5/82

(f) IP/0/A/3010/1, PM Procedure for Motors in Storage, revised 6/80

The inspector reviewed the licensee's maintenance program as described in references (a) through (f) to verify that activities were conducted in accordance with approved procedures, regulatory requirements, industry guides or standards, and Technical Specification requirements. The following criteria were used during this review:

- Required administrative approvals were obtained prior to initiating the work.

- Limiting conditions for operations were met while the components were removed from service.

- Approved procedures were used when the activity appeared to be beyond the skill of the craft.

- Activities were accomplished by qualified personnel.

- Written procedures were established for initiating work requests for emergency and preventive maintenance.

- Criteria and responsibilities for review and approval of maintenance requests were established.

- Criteria and responsibilities for designating the activity as safety or non-safety-related were established.

- Criteria and responsibilities were designated for performing inspection of maintenance activities.

- Methods and responsibilities were designated for performing functional testing of structures, systems, or components following maintenance work and/or prior to their being returned to service.

To verify implementation of this program, the inspector selected several work requests for procedural compliance, inspected items in storage for compliance with preventive maintenance requirements, and conducted a review of QA/QC maintenance documentation.

Within this area, one inspector followup item was identified. The inspector identified several motors in storage which had not been incorporated into the preventive maintenance program for items such as shaft rotation, insulation resistance checks and energizing of enclosed space heaters. These preventive maintenance requirements are addressed in ANSI N45.2.2-1972, and in references (e) and (f). Reference (e) requires that this type of preventive maintenance be performed on a quarterly basis. None of the inspected motors had been on site beyond the initial 90 days plus a grace period. The basic problem appeared to stem from the fact that equipment is placed into the preventive maintenance program after receipt inspection instead of after warehouse receipt. This difference can result in a significant delay in performing the required preventive maintenance measures when receipt inspection is delayed due to equipment or documentation nonconformance. The licensee immediately placed these motors under the preventive maintenance program and stated that the program would be modified to assure that equipment was placed in the preventive maintenance program when received at the plant site. The modification of this program and implementation of any procedure changes is identified as an inspector followup item (269,270, 287/82-40-04) and will be reviewed during a subsequent inspection.

12. Procurement (38701)

References:

(a) APM Section 2.4, Control of Materials, Parts and Components, Revision 19

(b) APM Section 4.5, Administrative Instructions for Purchase Specifications, Revision 19

(c) SD 2.4.2, Material and Labor Purchasing, revised 3/81

(d) SD 5.2.1, Procedure for Determination of Safety-Related Systems, Structures and Components, revised 1/82

(e) QA-505, Processing of Procurement Documents for Operational Nuclear Stations, Revision 13

(f) QA-601, Vendor Evaluation, Revision 5

(g) Vendor Surveillance Procedure, Revision 6

The inspector reviewed the licensee's procurement program with respect to selected elements of the accepted QA Program. The inspector verified that administrative controls had been established for preparation, review, approval, and revision of procurement documents. Implementation of the procurement program was verified by reviewing procurement documents of several safety-related items, by assuring that these documents were prepared

in accordance with required administrative controls, by assuring that purchases were from qualified vendors, and by assuring that vendors were required to supply appropriate documentation of quality. The following specific purchase orders were reviewed:

PURCHASE ORDER NUMBER	QUALITY LEVEL
F-38419	1
H-26982	2
F-40226	3
H-22395	3
G-12459	1
G-43566	1
E-61894	1
E-28917	1
F-08334	2

The inspector also reviewed the licensee's procedures to verify that acceptable methods were being used to qualify vendors that provide quality goods or services, that these procedures required maintenance of records of supplier qualifications and audits, and that responsibilities have been assigned to perform the vendor qualification program. To verify implementation, the inspector selected several vendors for review of their Duke Power Company qualification determination. The inspector also verified that these vendors were identified on the qualified vendors list.

Within this area, no violations or deviations were identified.

13. Receipt, Storage, and Handling of Materials (38700, 38702)

References:
(a) APM Section 2.4, Control of Materials, Parts and Components, Revision 19

(b) SD 2.4.1, Material Control and Services, revised 4/82

(c) SD 3.3.7, Preservation, Preventive Maintenance, and Shelf Life of Stored Equipment, Parts and Materials, revised 5/82

(d) QCG-1, Receipt, Inspection and Control of QA CONDITION Materials, Parts and Components Except Nuclear Fuel, Revision 18

(e) QCG-3, Inspection of Items in Storage, Revision 1

The inspector reviewed the licensee's program for the receipt, storage, and handling of equipment and material with respect to selected elements of the licensee's accepted QA Program. The inspector verified that administrative controls had been established concerning receipt inspection of safety-related materials, preparation and retention of required documentation, and control of acceptable, nonconforming, and conditional release items.

Implementation of the program was reviewed by selecting several safety-related items in storage and verifying documentation and item control to be in accordance with the program. The following specific items were reviewed:

ITEM	PURCHASE ORDER NUMBER
3/4" Steel Rod	H-26982
Modification Trip Relay	F-40226
Silicone Foam Sem Kits	H-22395
Rosemont Delta-P Transmitters	G-12459
5KV Cable	E-61894
Self Powered Incore Instr. Assys.	E-28917
RC-Makeup Pump Motor	F-08334
3" Sch 80 SS Pipe	H-18226
4" Conduit	Cherokee Transfer Reg #7310-802114

Within this area, one violation and one inspector followup item were identified.

a. Failure to Document Material Control Measures

During the review of reference (a) and (b), the inspector observed that although reference (a) requires that procedures and methods be developed for the control of items in storage, several of these requirements were not described in any station procedure. 10 CFR 50, Appendix B Criterion V and the accepted QA Program Section 17.2.5 require that activities affecting quality be prescribed by documented procedures. As described in ANSI N45.2.2-1972, the control of material is an activity affecting quality. The methods for complying with Section 3 of this standard are not documented in licensee procedures. This example is not to be considered as all-inclusive as other portions of ANSI N45.2.2-1972 may also be missing from licensee procedures. This failure to incorporate specific methods for controlling material into documented procedures constitutes a violation (269, 270, 287/82-40-01). Based on warehouse observations and interviews with site personnel, the inspector determined that although controls have not been documented, actual control measures are apparently being implemented satisfactorily.

b. Protection of Weld End Preparations

During the inspection of warehouse storage activities, the inspector identified several 2½", 150#, raised face weld neck flanges, procured through purchase order G-43566, which did not have protective measures established to insure that weld end preparations would not be damaged as required by ANSI N45.2.2-1972. The inspector conducted interviews with QC personnel concerning fit-up inspections that are conducted to assure that damaged weld end preparations are either repaired or rejected prior to welding. The inspector also reviewed Welding Program Procedure L-300, Revision 5 and QCL-1, Revision 9 to verify that an

adequate weld end preparation inspection is required to be documented. Discussions with NRC Region II welding inspectors confirmed that an adequate fit-up inspection would identify damage from improper warehouse storage. In this case, since damage was not observed by the inspector and since QC inspections prior to welding appear to satisfy the safety-related requirement of assuring that nonconforming weld end preparations are not used, no violation is issued for the failure to protect weld end preparations in storage. The licensee gave a target date of January 1, 1983, for submitting to the NRC, a change request to their accepted QA Program taking exception to the protection of weld end preparations in storage. The correction of this program deficiency is identified as an inspector followup item (269, 270, 287/82-40-03) and will be reviewed during a subsequent inspection.

14. Document Control (39702)

References:

(a) SD 2.1.1(AS), Drawing Distribution and Control, revised 8/82

(b) SD 2.1.2 (AS), Procedure for Microfilming Documents, revised 6/81

(c) SD 2.1.3 (AS), Correspondence Distribution and Control, revised 4/80

(d) SD 2.1.5 (AS), Indexing of Station Procedures and Use of the Major Change Process Record, revised 10/81

(e) APM 2.1, Document Control, Revision 19

(f) Duke-1-A Section 17.2.6, Document Control, Amendment 5

(g) CQAP Chapter 6, Document Control, Revision 0

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

- Administrative controls have been established for issuance, updating, and recall of outdated drawings.

- Master indices are maintained for drawings, manuals, Technical Specifications, FSARs, and procedures.

- Administrative controls have been established for distribution, updating, and recall of outdated plant documents.

To verify implementation of these aspects, the inspector selected 14 drawings (OP-100-OA-01, -100-OA-03, -101-OA-02, -102-OA-03, -107-OA-01, -108-OC, -115-OC, O-EE-036-02, -106-11, -117-18, O-1479-B, -1480-D, -1711-G,

-1714-H), 6 copies of Technical Specifications (11, 13, 35, 42, 46, 75), 5 copies of the FSAR (3, 4, 7, 12, 28), 7 copies of the APM (38, 39, 52, 58, 50, 156), and 3 copies of the Oconee Nuclear Station Safety-Related Structures, Systems and Component List (2, 8, 17) and verified that these documents were at their assigned location and were the correct revision.

Within this area, no violations or deviations were identified.

15. Housekeeping/Cleanliness Program (54701)

References:

(a) ANSI N45.2.3-1973, Housekeeping During the Construction Phase of Nuclear Power Plants

(b) Regulatory Guide 1.39, Housekeeping Requirements for Water-Cooled Nuclear Power Plants, Revision 1

(c) ANSI N18.7 - 1976, Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants

(d) APM Section 3.11, Housekeeping, Revision 19

(e) SD 3.11.4 (AS), Cleanness Zones In Safety Related Areas, revised 10/80

(f) SD 3.11.8 (AS), Housekeeping Responsibilities, revised 8/82

(g) MP/0/A/1800/1, Control of Materials on Open Safety-Related Systems, revised 9/81

The inspector reviewed references (d)-(g) and verified that they met requirements of references (a)-(c) as endorsed by the accepted QA Program. The inspector verified the following aspects of the housekeeping and cleanliness control program:

- Administrative controls have been established for general housekeeping.

- Administrative controls have been established for cleanliness practices.

The inspector reviewed seven monthly and quarterly housekeeping and safety inspection reports which had been conducted by the Superintendent of Administration, the Superintendent of Technical Services, and the Station Manager. Items identified by these reports have been corrected or are in the process of being corrected. The inspector conducted several tours of accessible areas of the facility and verified that housekeeping and cleanliness controls were in effect.

Within this area, no violations or deviations were identified.

16. Licensee Action On Previously Identified Inspection Findings

a. (Closed) Inspector Followup Item (269, 270, 287/79-10-16): Inadequate Storage Procedures - Corrective Action In Progess. The inspector verified that QCG-1 and QCG-3 are being implemented in the areas of shipping damage inspections and periodic storage area inspections.

b. (Closed) Open Item (269, 270, 287/81-06-11): Organizational Structure. The inspector reviewed Technical Specification 6.1.1.3 and the APM and verified that the licensee's plant organizational structures are functionally synonymous.

c. (Closed) Inspector Followup Item (269, 270, 287/81-15-01); Review Of The Duke Standards And Testing Facility In Charlotte. The Standards and Testing Facility was reviewed during an inspection of Duke Power Company Corporate offices on October 1, 1982. Equipment accountability, access control, and traceability to National Bureau of Standards were confirmed.

d. (Closed) Inspector Followup Item (269, 270, 287/81-15-02): Design Change Drawings. The inspector verified that findings relative to drawing control (OS-81-7, OS-81-1, OS-80-8 and OS-80-11) had been closed. The inspector selected drawings as discussed in paragraph 14 and verified adequate drawing control.