



Commonwealth Edison  
LaSalle County Nuclear Station  
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Marseilles, Illinois 61341  
Telephone 815/357-6761

May 16, 1994

U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Attention: Document Control Desk

Subject: LaSalle County Station Units 1 and 2  
Response to Notice of Violations  
Inspection Report Nos. 50-373/94002; 50-374/94002  
NRC Docket Numbers 50-373 and 50-374

- References:
1. E. G. Greenman letter to W. Murphy, Dated April 7, 1994, Transmitting NRC Inspection Report 50-373/94002; 50-374/94002.
  2. April 28, 1994 conversation between Brent Clayton (Region III) and J. E. Lockwood, LaSalle Regulatory Assurance, granting LaSalle a 10 day extension to the original 30 day response requirement for the subject Notice of Violations.
  3. W. P. Murphy letter to Document Control, Dated April 1, 1994, Transmitting LaSalle County Station Units 1 and 2, Response to Notice of Violation, Inspection Report Nos. 50-373/93035; 50-374/93035, NRC Docket Numbers 50-373 and 50-374.

Enclosed is Commonwealth Edison Company's response to the Notice of Violations (NOV) which was transmitted with the Reference 1 letter and NRC Inspection Report. Per the Reference 2 discussion, LaSalle was granted a 10 day extension to the original 30 day response requirement for the subject Notice of Violations. The violations regarded a missed Onsite Review (OSR), and improper storage of safety related components.

In the reference 1 cover letter, you stated that our OSR process was cumbersome and not understood by plant personnel. We have improved our OSR process as a result of recent initiatives. Procedure enhancements were made to define roles and qualifications of OSR participants, and to ensure easier commitment tracking of OSR recommendations. We have also chartered a Plant Operations Review Committee (PORC). PORC will function in the capacity of providing a senior management review of safety-related activities and investigations. It is an advisory committee to the Station Manager and is comprised of a multidisciplinary, senior management group to assure that all items reviewed are examined from several different perspectives. PORC will serve as a final confirmation of OSR recommendations.

You also discussed several broad concerns that required our attention. One of these concerns was the adverse trend in personnel performance related problems. In an effort to reverse this trend, we have communicated our concerns and expectations in this area to our personnel. It is our goal to instill in each individual a sense of ownership and accountability for their own actions. You discussed the fact that personnel performance related problems have been cyclical in nature at LaSalle. We will

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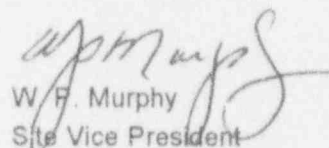
recommunicate and reenforce programs that we have in place at LaSalle to minimize personnel errors. These programs have been effective in the past, but have not been emphasized on a continuing basis.

In the areas of the corrective action program, maintenance rework, preventive maintenance and material condition, our Business Unit Plan, which includes improvements in the corrective action program and implementation of the Maintenance Strategy, addresses deficiencies which will enhance our programs. Some of the actions we are taking in these areas are discussed in Attachment B of Reference 3.

With respect to our 10 CFR 50.59 safety evaluation process, we have made some improvements in our process. We recognize the importance of a sound philosophy and approach in performing safety evaluations. Necessary improvements will be achieved at the completion of corrective actions taken as a result of a previous violation.

If there are any questions or comments concerning this letter, please refer them to me at (815) 357-6761, extension 3600.

Respectfully,

  
W. F. Murphy  
Site Vice President  
LaSalle County Station

cc: J. B. Martin, Regional Administrator, Region III  
A. Gody Jr., Project Manager, NRR  
D. Hills, Senior Resident Inspector, LaSalle  
D. L. Farrar, Nuclear Regulatory Services Manager, NORS  
J. E. Lockwood, Regulatory Assurance Supervisor, LaSalle

**ATTACHMENT  
RESPONSE TO NOTICE OF VIOLATION  
NRC INSPECTION REPORT  
50-373/94002; 50-374/94002**

**VIOLATION 373(374)/94002-01:**

10 CFR 50, Appendix B, Criterion V, states, in part that activities affecting quality shall be prescribed by documented instructions, procedures, or drawings, of a type appropriate to the circumstances and shall be accomplished in accordance with these instructions, procedures, or drawings.

LaSalle Administrative Procedure (LAP)-1200-1, "Onsite Review and Investigative Function," Attachment D states that "The on-site review of proposed changes, modifications, etc. will be reviewed by an operating or shift engineer or designated alternate."

Contrary to the above, a safety evaluation dated October 15, 1993 for isolating the emergency drain valve on the high pressure feedwater heater 26B was not reviewed by an operating engineer or shift engineer or a designated alternate.

This is a Severity Level IV violation (Supplement 1).

**VIOLATION 373(374)/94002-10:**

10 CFR 50, Appendix B, Criterion II, "Quality Assurance Program," states, in part, that the program shall take into account the need for verification of quality by inspection and test.

10 CFR 50, Appendix B, Criterion V, states, in part that activities affecting quality shall be prescribed by documented instructions, procedures, or drawings, of a type appropriate to the circumstances and shall be accomplished in accordance with these instructions, procedures, or drawings.

LaSalle Administrative Procedure (LAP)-1400-9, "Receiving, Storage, and Shipping of Material and Equipment," Section F.2.g. states that "If the material or equipment to be stored by the storeroom has special handling or storage instructions, the storeroom shall store the items in accordance with the instructions."

Contrary to the above, on February 15, 1994, ten safety related excess flow check valve poppet assemblies were found not to be stored in accordance with special storage instructions. In addition, an inspection or test program had not been implemented to assure the quality of the poppet assembly, specifically the magnetic properties.

This is a Severity Level IV violation (Supplement 1).

**ATTACHMENT (Continued)**  
**RESPONSE TO NOTICE OF VIOLATION**  
**NRC INSPECTION REPORT**  
**50-373/94002; 50-374/94002**

**REASON FOR VIOLATION 373(374)/94002-01:**

Commonwealth Edison Company agrees that the Onsite Review (OSR) for a safety evaluation that was performed to evaluate an Out-Of-Service (OOS) on the isolation of the emergency drain valve on high pressure feedwater heater 26B was not conducted as prescribed by procedure. This resulted from a lack of attention to detail in the final closure review process for the OOS and safety evaluation documents. The safety evaluation was completed to determine the acceptability of the OOS. For this safety evaluation, LAP-1200-13 "Safety Evaluations", Attachment C "Safety Evaluation Worksheet", was completed. LAP-1200-1 requires the completion of an OSR for all LAP-1200-13 Attachment C safety evaluations. LaSalle Technical Specifications require that LAP-1200-13 Attachment C safety evaluations be reviewed by the Offsite Review organization and that a summary of the safety evaluation be included in an annual report to the NRC. For these reasons, the safety evaluation was forwarded to Regulatory Assurance to track completion of all of these requirements. Regulatory Assurance has two individuals who typically process this paperwork. The individual who processed this particular safety evaluation initiated an Action Item Record (AIR) to track completion of the Offsite Review and annual reporting requirements. However, in his review of the safety evaluation, he failed to identify that no OSR had been performed. Typically, most safety evaluations are associated with documents that have already been through an OSR. An OOS does not go through OSR. Therefore, Regulatory Assurance must initiate an OSR for a safety evaluation associated with an OOS. In this case, the Regulatory Assurance individual should have recognized that the OSR had not been performed and should have initiated the OSR in accordance with LAP-1200-1.

**CORRECTIVE ACTIONS TAKEN AND RESULTS ACHIEVED (373(374)/94002-01):**

The OSR was performed for the OOS on 12/28/93.

**CORRECTIVE ACTIONS TO BE TAKEN TO AVOID FURTHER VIOLATIONS (373(374)/94002-01):**

The individual involved reviewed the requirements for conducting OSRs as it relates to safety evaluations, with the Regulatory Assurance Supervisor. Additional emphasis was placed on attention to detail and a review of expectations of job performance. This was completed by January 7, 1994. The other member of Regulatory Assurance who processes this type of paperwork was interviewed, and needed no additional counselling.

**DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED (373(374)/94002-01):**

Full compliance was achieved on 12/28/93, when the OSR identified as missing in this violation, was completed.

**ATTACHMENT (Continued)**  
**RESPONSE TO NOTICE OF VIOLATION**  
**NRC INSPECTION REPORT**  
**50-373/94002; 50-374/94002**

**REASON FOR VIOLATION 373(374)/94002-10:**

Commonwealth Edison Company agrees that special storage requirements for the Dragon excess flow check valve poppet assemblies were not met.

In 1989, after repeated failures of poppet assemblies taken from stores inventory, an investigation revealed a special storage requirement was necessary to prevent deterioration of the poppets' magnetic properties. A special storage container was fabricated by the station to ensure at least three inches were maintained between the individual poppet and the ferric material of the storage rack where the poppets were stored. This container was designed to be placed on the storage rack in only one direction. On February 15, 1994, the poppet assembly storage container was found orientated in a position that caused some of the poppets in the rack to be stored less than three inches from the ferric material of the storage rack. It could not be determined how or when the storage container orientation was changed.

**CORRECTIVE ACTIONS TAKEN AND RESULTS ACHIEVED (373(374)/94002-10):**

1. On February 22, 1994 Engineering completed an operability assessment on the installed poppet assemblies and determined that there was not an operability concern. Thus no corrective action is required for any excess flow check valves in service.
2. The poppet assemblies in storage were tested to verify acceptability for use. All of the poppets demonstrated acceptable magnetic properties.

**CORRECTIVE ACTIONS TO BE TAKEN TO AVOID FURTHER VIOLATIONS (373(374)/94002-10):**

1. The vendor was contacted and asked for guidance relating to preventative maintenance, verification of acceptability for use, and consequences of degraded magnetic forces while in use. The following guidance was provided by the vendor:
  - a. No preventative maintenance is required provided the poppets are stored properly prior to issuance to the field.
  - b. A valid test for verification of acceptance of these poppet assemblies is to place them in a valve and verify that the poppet assemblies cause a state change in the reed switches within the valve. If they do, the poppet assemblies have acceptable magnetic forces. This test is accomplished in the post-maintenance testing of the excess flow check valve.
  - c. For items already installed in the field, the poppet assemblies do not have appreciable degradation over time.

**ATTACHMENT (Continued)**  
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2. A special storage container was modified so that the three inch minimum criterion is met without dependence on container orientation.
3. An enhanced receipt inspection is now required to be performed when new poppet assemblies are procured from Dragon Valve. Special receipt inspection criteria were established to check the magnetic strengths of the poppet assemblies prior to storage.
4. Based on 1, 2 and 3 above, no periodic inspection or test is required.

**DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED (373(374)/94002-10):**

Full compliance was achieved on March 25, 1994, when the poppet assemblies in storage were tested satisfactorily and placed properly into their storage container.