



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

DEC 21 1982

Report Nos. 50-250/82-37 and 50-251/82-37

Licensee: Florida Power & Light Company
9250 West Flagler Street
Miami, FL 33101

Facility Name: Turkey Point 3 and 4

Docket Nos. 50-250 and 50-251

License Nos. DPR-31 and DPR-41

Inspection at Turkey Point site near Homestead, Florida

Inspector: Kerry D. Landis for
R. J. Vogt-Lowell

12/20/82
Date Signed

Accompanying Personnel: J. A. Agles

Approved by: C. Julian
C. Julian, Section Chief, Division of Project
and Resident Programs

12/17/82
Date Signed

SUMMARY

Inspection on October 26 - November 25, 1982

Areas Inspected

This routine announced inspection involved 296 resident inspector-hours on site in the areas of licensee actions on previous inspection findings; plant operations; surveillance testing; maintenance activities and plant tours.

Results

Of the five areas inspected, no violations or deviations were identified in four areas; one violation was found in one area (Violation - failure to perform a safety evaluation for plant changes - two examples - paragraph 5).

H. E. Yaeger, Site Manager
 *J. K. Hays, Plant Manager Nuclear
 *J. P. Mendieta, Maintenance Superintendent Nuclear
 *D. W. Haase, Operations Superintendent - Nuclear
 J. P. Lowman, Assistant Superintendent Mechanical Maintenance - Nuclear
 L. L. Thomas, Assistant Superintendent Mechanical Maintenance
 W. R. Williams, Assistant Superintendent Electrical Maintenance - Nuclear
 J. W. Kappes, Instrumentation and Control Supervisor
 *E. F. Hayes, Instrumentation and Control Engineer
 V. B. Wager, Operations Supervisor
 *T. A. Finn, Nuclear Plant Supervisor
 J. S. Wade, Chemistry Supervisor
 P. W. Hughes, Health Physics Supervisor
 *D. W. Jones, Quality Control Supervisor
 *R. B. Cook, QC Inspector
 K. N. York, Document Control Supervisor
 *J. A. Labarraque, Technical Department Supervisor
 J. Arias, Licensing Engineer
 *T. Essinger, Assistant Manager of Quality Assurance
 R. Tucker, Operations QA Supervisor - Acting
 *J. Ferrare, Operations QA Engineer

Other licensee employees contacted included technicians, operators, mechanics, and security force members.

*Attended exit interview

2. Exit Interview

The inspection scope and findings were summarized on December 3, 1982, with those persons indicated in paragraph 1 above. The inspector maintained frequent unprogrammed discussions and communications with the Plant Manager during the inspection report period. The licensee did not take exception to the findings discussed in this inspection report.

A substantial amount of discussion was held during the exit interview relating to the subject of licensee written responses to inspection report notices of violations. The inspectors highlighted the need for proper licensee identification of the root cause of specific violations such that corrective action to prevent recurrence could be effectively identified. The inspector's concerns in this area evolved primarily from a review of the licensee response to violation 50-250, 251/82-29-01 as described in the next section of this report.

DETAILS

1. Persons Contacted

Licensee Employees

- H. E. Yaeger, Site Manager
- *J. K. Hays, Plant Manager Nuclear
- *J. P. Mendieta, Maintenance Superintendent Nuclear
- *D. W. Haase, Operations Superintendent - Nuclear
- J. P. Lowman, Assistant Superintendent Mechanical Maintenance - Nuclear
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- J. W. Kappes, Instrumentation and Control Supervisor
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3. Licensee Action on Previous Inspection Findings

(Open) 50-250, 251/82-29-01 Failure to implement written procedures: The inspector reviewed the licensee's corrective action detailed in letter L-82-469 and made the following observations:

- a. In regard to FP&L response items (1-2) and (1-4), the inspector does not agree that the reason for the finding was an inadequate procedure concerning tagging of motor operated valves (MOV's) or in performing temporary clearance releases. The reason the inspector does not agree with F&PL's conclusions are that the change made to the equipment clearance order (ECO) procedure added a requirement to tag manual handwheels of MOV's. Violation 50-250, 251/82-29-01 did not result because of a failure to tag the handwheel, but in part, because the handwheel was tagged, when the paper work required tagging the control switch on vertical panel B. Also, the procedure was not properly implemented because it did specify tagging the valve motor breaker and this action was not performed. Clearly the procedural change specified will not directly correct problems resulting from failure to implement existing procedures. It is noted however that the change written may obliquely result in some improvement in this area by providing a consistent policy regarding the tagging of MOV's. The inspector has in the past observed that handwheels of MOV's may or may not be tagged depending on the operator making out the ECO, and this may lead to confusion when placing the tags.
- b. Regarding the temporary or partial lift of the tags, AP 103.4 October 23, 1981 had adequate instructions for performing partial releases of clearances (Sec. 8.7.2) and testing prior to releasing clearances (Sec. 8.6). However these sections were not appropriate to perform the instructions on the PWO requiring a complete release of the clearance.

This resulted in no documentation being maintained to indicate that the clearance had been properly released or that an independent verification had been performed as required by AP 103.4 when returning a safety related system to service. Clearly FP&L's corrective action will not correct problems resulting from failure to properly implement procedures.

FP&L has agreed to provide a supplemental response to this item by February 1, 1983.

4. Unresolved Items

Unresolved items were not identified during this inspection report period.

5. Plant Operations

The inspector kept informed on a daily basis of the overall plant status and any significant safety matters related to plant operations. Discussions were held with plant management and various members of the operations staff on a regular basis. Selected portions of daily operating logs and operating

data sheets were reviewed during the report period. The inspector conducted various plant tours and made frequent visits to the control room. Observations included witnessing work activities in progress, reviewing the status of operating and standby safety systems, and confirming valve positions, instrument readings, annunciator alarms, housekeeping, radiation area controls and vital area controls. Informal discussions were held with operators and other personnel on work activities in progress and the status of safety-related equipment and systems.

On November 15, 1982, the inspector performed a walk through of portions of Operating Procedure O.P. 4700, "Emergency Containment Coolers and Filters - Normal Operating Procedure." The inspector noted that the various deviations encountered from the procedure were properly covered by active administrative controls such as equipment clearance orders. Also on November 15, 1982, the inspector witnessed portions of the Heat Tracing System recorders "Quarterly Inspection, Lubrication and Calibration Check", performed under plant work orders (PWO) 4350 and 4351 for recorders 72 and 73 respectively. No anomalies were noted.

On November 9, 1982, while conducting a review of the control room equipment clearance book the inspector noted that clearance number 4-91 issued for Unit 3 on April 8, 1982 remained open. The clearance was issued for the local isolation valve on pressure indicator PI-934 on the Unit 3 BIT (Boron Injection Tank). The inspector discussed the finding with the Instrumentation and Control Department Supervisor in charge of the work. The documentation reviewed disclosed that on April 6, a PWO had been written to repair pressure transmitter PT-934 on the Unit 4 BIT which appeared to be leaking at the fittings. The journeyman's work report indicated that a defective (leaking) diaphragm separator connected to the transmitter was the cause of the problem. He further indicated that a replacement part was not available on site and was thus ordered from the manufacturer. It was then his decision to remove the analogous part from the Unit 3 BIT in order to install it on Unit 4. Removal of PT-934 from the Unit 3 BIT discharge header was then accomplished but without the documentation required by existing administrative controls. Evidence of documented review of the acceptability of subsequent operation of Unit 3 without the availability of PT-934 was not available from the licensee at the time of the inspector's finding. Step 8.4.4.3 of A.P. 190.15, "Plant Projects - Approval, Implementation and Regulatory Requirements," requires, for temporary substitution of parts in safety related systems, a documented safety evaluation showing that the change does not involve an unreviewed safety question and that it does not adversely affect any safety-related equipment.

The failure to provide a safety evaluation of the changes constitutes a violation. (50-250, 251/82-37-01)

A similar violation was identified during the inspectors review of FP&L's response to violation 50-250, 251/82-29-01 (as discussed in section 3 of this report). It was noted that following installation of the blank plate at flow transmitter F.T.-943 (see section 8 paragraph 5 of report No. 50-250, 251/82-29) the SI system was returned to unrestricted service for approximately 2 1/2 days. Maintenance, operations, and QC personnel failed to

recognize that in this configuration, a modification to the system (even though temporary in nature) had been effected, and that administrative controls appropriate to this modification were required. This was evident from observations that:

- (1) No documentation could be found indicating prior analysis of the work for safety significance as required by 10 CFR 50.59
- (2) No analysis was performed to verify the mechanical strength of the blank plate utilized.
- (3) The PWO did not specify, nor does it appear that the mechanic used any specific torque when assembling the blank plate in the flange. (On final reassembly with the orifice back in place the mechanic used a torque of 750 ft-lbs.)
- (4) After assembly of the blank, the PWO did not require, nor could the inspector find, any documentation that a leak check of the blank flange was performed prior to returning the SI system to unrestricted use. Therefore the maximum leakage assumptions for the SI system and components (as provided by Table 6.2-12 of the FSAR) could not be assured.

Inasmuch as the requirements of step 8.4.4.3 of A.P. 190.15 have been similarly not met, as was the case described earlier in this section with the removal of a pressure transmitter from a unit 3 system, this constitutes a second example of a failure to properly follow procedures related to system modifications.

6. Surveillance Testing

The inspector observed portions of various surveillance testing activities in progress on safety-related systems to ascertain whether testing was conducted in accordance with approved procedures; test instrumentation was calibrated; the testing was not violating limiting conditions of operation; systems tested were removed from service and returned to service following the testing in accordance with required administrative controls; radiological controls were implemented as applicable; surveillance test documentation was reviewed and that discrepancies were rectified; surveillance tests results and schedules met technical specification requirements.

During the inspection period the following periodic tests were observed:

November 1, 1982 - the inspector witnessed performance of testing on the "A" and "B" aux feed pumps in accordance with OP 7304.1 - Auxiliary Feedwater System - Periodic Test. The "C" aux feed pump was isolated for replacement of the existing turbine with a high pressure unit. During the test the inspector noted that isolation established for work on the "C" aux feed pump was proper and adequate in that the "A" and "B" pumps operated properly and there was no evident of steam or water in the maintenance area.

November 2, 1982 - The inspector witnessed performance of the Reactor Protection System reactor trip and permissive matrices (T.S. item 24 of Table 4.1-1) test per OP 1004.2 - Reactor Protection system - Periodic Test for Unit 3. Particular attention was given to the manner in which operations personnel coordinated this testing.

November 18, 1982 Observed load testing of "B" diesel per OP 4304.1 following routine maintenance performed in accordance with plant maintenance instruction Emergency Diesel Generator and Air Compressor B, and replacement of loss of excitation relay per PWO #82-294.

November 18, 1982 - Observed periodic testing of "A" aux feedwater pump in accordance with OP 7304.1 - Auxiliary Feedwater System - Periodic Test.

November 22, 1982 - Observed performance of power range nuclear instrument periodic testing in accordance with OP 12304.2 on Unit #3 (channels 3 and 4 only)

No violations or deviations were identified within the areas inspected.

7. Maintenance Activities

The inspectors observed various maintenance activities in progress on safety related systems to ascertain that the activities were not violating limiting conditions for operations; redundant components were operable; required administrative approvals and tagouts were obtained prior to initiating the work; approved procedures were used; replacement parts and materials used were properly certified; radiological controls, as applicable, were being implemented; Quality Control hold points were observed; and equipment was properly tested prior to returning to service.

On November 5, 1982 the inspector observed portions of the 3A Safety Injection pumps (high head) motor breaker inspection. The work was performed under PWO-4466 issued on 11-4-82 and equipment clearance order ECO 11-018.

On November 24, 1982 the inspector observed portions of maintenance activities performed on Unit 3's Main Steam Check Valve MSCV 3B. Plant procedure O.P. 1507.12, "Main Steam Check Valves Disassembly, Repair and Reassembly" was available at the job site. The maintenance work was being performed under PWO-1163 and ECO-11-085.

The inspector reviewed the work package associated with replacement of the loss of excitation relay on the "B" diesel generator. This work was performed under PWO 82-294. Since the replacement relay was not identical to the original, an analysis was required to ensure the substitution did not constitute an unreviewed safety question. The inspector was satisfied that the analysis had been properly performed.

No violations or deviations were identified within the areas inspected.

9. Plant Tours

Various plant tours were conducted by the inspectors. Attention was focused on the operability of safety-related equipment in the following areas: cable spreading room; inverter and battery room; motor generator set and battery rooms; rod control equipment rooms; switchgear rooms; diesel generator and day tank rooms; auxiliary building.

On November 4, 1982 during a routine plant tour the inspector noticed that repairs to the intake cooling water piping on the discharge from the component cooling heat exchanger had been performed with an epoxy-like material. Subsequent investigation and discussion with the maintenance supervisor revealed that the work was properly performed with a PWO, and that the manner in effecting the repair had been analyzed and approved by the Technical Department.

On November 19, 1982 the inspector toured the Unit 4 containment. Particular attention was given to ensuring that the requirements of AP 190.19 Appendix B - Material Accountability, were observed for the open Unit 4 reactor vessel.

No violations or deviations were identified within the areas inspected.