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Power Generation Department

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Georgia Power
the southern electric system

NED-83-078

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U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II - Suite 2900
101 Marietta Street, NW
Atlanta, Georgia 30303

REFERENCE:
RII: JPO
50-321/50-366
Inspection Report
82-42/82-40

ATTENTION: Mr. James P. O'Reilly

GENTLEMEN:

The referenced inspection report of January 11, 1983, identified three violations of NRC requirements. We have reviewed these violations and offer the following response:

VIOLATION A

10 CFR 50, Appendix B Criterion I requires that persons and organizations performing quality assurance functions shall have sufficient authority and organizational freedom to identify quality problems, to recommend solutions, and to verify implementation of solutions. Criterion XVI further requires that measures shall be established to assure that conditions adverse to quality are promptly corrected. The accepted QA Program (FSAR Chapter 17.2) Section 17.2.1.1.3 states that the Manager of Quality Assurance, by reporting to the Executive Vice President, has the authority and independence necessary to effectively assure conformance to quality requirements. Section 17.2.18 states that the Quality Assurance Department uses audit finding reports (AFRs) to assure that responsible management has implemented corrective action.

Contrary to the above, the Quality Assurance Department does not effectively assure conformance to quality standards in that all conditions adverse to quality have not been promptly corrected. One AFR identified in 1978, two AFRs identified in 1979, seven AFRs identified in 1980, and seven AFRs identified in 1981 remain uncorrected as of October 22, 1982. Between October 27, 1978, and August 22, 1980, Region II issued six citations for failure to take corrective actions by mechanisms defined within the QA Program (Reports 50-366/78-44; 50-321/79-07, 50-366/79-08; 50-366/79-09; 50-321/79-11, 50-366/79-15; 50-321, 366/80-17; and 50-321, 366/80-28).

This is a Severity Level IV Violation (Supplement I). Similar items were brought to your attention in our letters dated December 8, 1978; March 23, 1979; April 2, 1979; May 18, 1979; May 19, 1980; and August 22, 1980.

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RESPONSE TO VIOLATION A

Admission or denial of the alleged violation: Georgia Power Company (GPC) admits that there are instances within the examples cited where QA audit findings adverse to quality had not been promptly corrected. However, it should be noted that major work resulting in a number of substantive corrective actions had been accomplished within those examples cited.

Reason for the violation: There are two basic reasons that some QA audit findings had not been promptly corrected. First, the procedures and practices associated with planning and scheduling corrective action plans did not always assure rigid adherence to the schedules. As a result of this weakness and changes in priority established by Plant Management, the completion of a number of corrective actions was delayed. In some cases, these delays became excessive and this problem was not always adequately identified to senior management. Second, the methods and procedures used to track the progress of action plans did not reflect the major work performed toward correction. Furthermore, problems found in the same general area in subsequent audits were frequently added to the scope of the original finding, thereby prolonging completion. Also, in certain instances corrective actions were planned to achieve more than simple correction of the finding, making the corrective actions more programmatic. As a result, findings were not always promptly corrected.

Corrective steps which have been taken and the results achieved: GPC has already taken actions to strengthen and improve the effectiveness of the QA Program.

a. A new position, the General Manager-Quality Assurance and Radiological Health & Safety (GMQA), has been established and filled for the express purpose of increasing the effectiveness of the QA Department and for carrying out GPC's commitments to its quality assurance programs. This position reports to the Executive Vice President-Power Supply, thereby providing the necessary authority and independence.

b. The GMQA has performed a detailed and comprehensive assessment of the QA Department and the related activities of organizations under the QA Program. This assessment resulted in a number of planned improvement actions which have been approved by the Executive Vice President for implementation. A number of these actions, such as the changes described in "corrective actions will be taken" below, were already in progress at the time of the subject NRC inspection and are to be fully implemented during the first calendar quarter of 1983.

RESPONSE TO VIOLATION A (Continued)

c. Other actions include: strengthening the conduct of audits by the QA Department, improvement in the quality of responses by the audited organization to QA audit findings, improvement in administering corrective action by the audited organization through a designated line organization point of control at the plant site, improvement in reporting to management the problems which require their attention, and improvement in the oversight by senior management of the progress toward correcting NRC/QA findings.

GPC believes that the ability of management to detect and promptly correct QA problems will be greatly improved when these improvement actions are fully implemented. In addition, one of the seven 1980 AFR's and two of the seven 1981 AFR's identified above have already been closed.

Corrective steps which will be taken to avoid further violations: GPC is working on a revision to its auditing and corrective action procedures. These procedures are scheduled for release by March 1, 1983, and will include a new method for tracking and assuring prompt correction of deficiencies identified by NRC and QA inspections and audits. The procedures will contain requirements for the preparation of a detailed action plan and milestone schedule by the audited organization for the correction of each finding. It will provide for QA review and approval of the plan and schedule and require frequent review by QA on the status and operation of the follow-up system of the audited organization. Corrective actions which are considered by QA to be inadequate or untimely will be entered on a special report and provided to senior management for resolution. For all existing NRC/QA findings, GPC has already begun to apply these new procedures. Special attention will be given to those findings which have taken a relatively long time for completing the proposed corrective measures.

Date when full compliance will be achieved: Full compliance will be achieved by March 1, 1983.

VIOLATION B

10 CFR 50, Appendix B Criterion V and the accepted QA program Section 17.2.5 require that activities affecting quality shall be prescribed by documented procedures and shall be accomplished in accordance with these procedures. QA procedures QA-05-06, Plant Hatch QA Field Staff Audits, Revision 9, and QA-05-01, Corporate Staff Audits, Revision 4, each require audited organizations to respond to audit findings within 30 days after receipt of the audit report.

Contrary to the above, activities affecting quality were not accomplished as prescribed by documented procedures in that audit findings 82-MC-1/20; 81-CA-1/77 and 1/79; 82-BOP-1/5 and 1/6; 82-MT-1/1, 1/2, 1/3, and 1/4; and 82-RCW-1/21 were not responded to within 30 days after receipt of the audit report as required by procedures QA-05-06 and QA-05-01. These examples are not intended to be all inclusive, but represent 10 audit findings from a sample of 16 audit findings selected for review by the inspector.

This is a Severity Level IV Violation (Supplement I). A similar item was brought to your attention in our letter to you dated August 22, 1980.

RESPONSE TO VIOLATION B

Admission or denial of alleged violation: The violation occurred.

Reason for the violation: Power Generation Department is required to respond to Quality Assurance Audit Findings within 30 days. This response can be either initial corrective action stating action to be taken to address the audit findings or final corrective action describing actions taken to correct the audit findings. Deadline extensions are frequently granted for the final correction response, but these are not intended to affect the initial response deadline. The Plant Hatch staff uses an Action Tracking System to monitor these responses to Quality Assurance Audit Findings. In the past, wording used on the site action tracking forms was unclear and, as a result, personnel were not aware that the additional time being granted did not apply to the initial corrective action response.

Corrective Steps which have been taken and the results achieved: By January 28, 1983, Power Generation Department had submitted to the site Quality Assurance Department all overdue (30-day) initial corrective action responses. To avoid further violations, the form used for action tracking of the required responses was clarified to eliminate the potential confusion as to when the response was required.

RESPONSE TO VIOLATION B (Continued)

Corrective steps which will be taken to avoid further violations: A training directive will be issued to permanent Plant Hatch supervisory personnel to identify the source(s) of the 30-day requirement, cover the required handling of Quality Assurance Audit Findings, and clarify the use of the action tracking form. This training will be completed by March 15, 1983.

Date when full compliance will be achieved: Full compliance was achieved on January 28, 1983, when it was verified that the required responses to audit findings had been submitted to the site Quality Assurance Department.

VIOLATION C

10 CFR 50, Appendix B Criterion XVII and the accepted QA Program Section 17.2.17 require that sufficient records shall be maintained to furnish evidence of activities affecting quality. The records shall include qualifications of personnel. The accepted QA program Appendix A references Regulatory Guide 1.146 (August 1980) which endorses ANSI N45.2.23-1978. Section 5.3 of this standard requires that records for lead auditors shall be maintained and updated annually.

Contrary to the above, qualification records were not updated annually for four of five lead auditors between 1977 and 1982. These examples are not intended to be all inclusive.

This is a Severity Level V Violation (Supplement I).

RESPONSE TO VIOLATION C

Admission or denial of the alleged violation: The violation occurred.

Reason for the violation: The violation occurred because of poorly defined responsibility for the initiation, administration and review of lead auditor requalification records.

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RESPONSE TO VIOLATION C (Continued)

Corrective steps which have been taken and the results achieved: As indicated in the NRC inspection report, the qualifications of all lead auditors and associated records were current at the time of the inspection. However, a review of GPC lead auditor qualification records was completed January 27, 1983. This review identified no GPC QA Department lead auditors who failed to meet the requalification requirements of Reg. Guide 1.146 or ANSI N45.2.23-1978. The review did identify that certification of lead auditor requalification had, in some instances, exceeded the required 12-month interval. However, all lead auditors were verified to be qualified and certified.

Corrective steps which will be taken to avoid further violations: The GMQA has appointed a training coordinator who has the responsibility for the evaluation of lead auditor qualification and periodic requalification. The training coordinator also has the responsibility, based on this evaluation and review, to recommend to the GMQA the certification and recertification of lead auditors, as appropriate.

Date when full compliance will be achieved: Full compliance was achieved on January 28, 1983.

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

Very truly yours,

L. T. Gucwa

L. T. Gucwa
Chief Nuclear Engineer

MJB/mb

xc: J. T. Beckham, Jr.
H. C. Nix, Jr.
Senior Resident Inspector