

AUG 5 1991

Docket Nos. 50-445  
50-446  
License No. NPF-87  
Construction Permit No. CPPR-127

TU Electric  
ATTN: W. J. Cahill, Jr., Executive  
Vice President, Nuclear  
Skyway Tower  
400 North Olive Street, L.B. 81  
Dallas, Texas 75201

Gentlemen:

SUBJECT: NO. 50-445/91-28; 50-446/91-28

Thank you for your letter of July 30, 1991, in response to our letter and Notice of Violation dated July 11, 1991. We have reviewed your reply and find it responsive to the concerns raised in our Notice 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:

TU Electric  
ATTN: Roger D. Walker, Manager  
Nuclear Licensing  
Skyway Tower  
400 North Olive Street, L.B. 81  
Dallas, Texas 75201

Juanita Ellis  
President - CASE  
1426 South Polk Street  
Dallas, Texas 75224

PE:DRP/B  
TReis  
8/5/91

C:DRP/B  
DDChamberlain  
8/5/91

D:DRP  
SJCollins  
8/5/91

9108070310 910805  
PDR ADGCK 05000445  
G FDR

JED

TU Electric

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GDS Associates, Inc.  
Suite 720  
1850 Parkway Place  
Marietta, Georgia 30067-8237

TU Electric  
Bethesda Licensing  
3 Metro Center, Suite 610  
Bethesda, Maryland 20814

Jorden, Schulte, and Burchette  
ATTN: William A. Burchette, Esq.  
Counsel for Tex-La Electric  
Cooperative of Texas  
1025 Thomas Jefferson St., N.W.  
Washington, D.C. 20007

Newman & Holtzinger, P.C.  
ATTN: Jack R. Newman, Esq.  
1615 L. Street, N.W.  
Suite 1000  
Washington, D.C. 20036

Texas Department of Labor & Standards  
ATTN: G. R. Bynog, Program Manager/  
Chief Inspector  
Boiler Division  
P.O. Box 12157, Capitol Station  
Austin, Texas 78711

Honorable Dale McPherson  
County Judge  
P.O. Box 851  
Glen Rose, Texas 76043

Texas Radiation Control Program Director  
1100 West 49th Street  
Austin, Texas 78756

Owen L. Thero, President  
Quality Technology Company  
Lakeview Mobile Home Park, Lot 35  
4793 E. Loop 820 South  
Fort Worth, Texas 76119

bcc to DMB (IE01)

TU Electric

-3-

bcc distrib. by RIV:

R. D. Martin  
DRP  
Section Chief (DRP/B)  
DRSS-RPEPS  
MIS System  
RIV Files

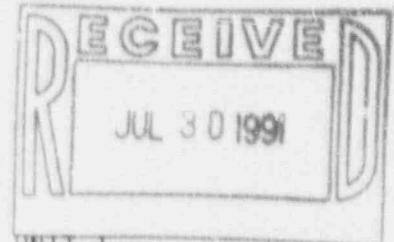
Resident Inspector (2)  
DRS  
Project Engineer (DRP/B)  
Lisa Shea, RM/ALF  
RSTS Operator



Log # TXX-91265  
File # 10130 (IR 91-28)  
Ref. # 10CFR2.201

July 25, 1991

William J. Cahill, Jr.  
Executive Vice President



U. S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, D. C. 20555

SUBJECT: COMANCHE PEAK STEAM ELECTRIC STATION (CPSES), UNIT 1  
DOCKET NO. 50-445  
NRC INSPECTION REPORT NOS. 50-445/91-28  
RESPONSE TO NOTICE OF VIOLATION

REF: NRC Letter from Samuel J. Collins to W. J. Cahill, Jr.,  
dated July 11, 1991

Gentlemen:

TU Electric has reviewed the referenced letter concerning the inspection conducted by the NRC staff during the period May 22 through July 2, 1991. This inspection covered activities authorized by NRC Operating License NPF-87 and Construction Permit CPPR-127. Attached to the referenced letter was a Notice of Violation.

TU Electric hereby responds to the Notice of Violation (445/9128-01) in the attachment to this letter.

Sincerely,

William J. Cahill, Jr.

By:

A. B. Scott, Jr.  
Vice President,  
Nuclear Operations

OB/tg

Attachment

c - Mr. R. D. Martin, Region IV  
Resident Inspectors, CPSES (2)  
Mr. D. D. Chamberlain, Region IV  
Mr. T. Bergman, NRR

910801/269 SPP

NOTICE OF VIOLATION

(445/9128-01)

Technical Specification 6.8.1 h requires that written procedures be established, and implemented to cover fire protection program implementation.

Procedure STA-722, "Fire Protection Program," Section 6.3.9.1, states that STA-723, "Fire Protection Systems/Equipment Requirements," gives detailed information about inspections concerning the fire protection equipment and systems necessary to assure that fire protection equipment and systems are available when needed.

Procedure STA-723, Section 6.3.2, states that the inspections shall be performed by the responsible organization using approved plant procedures.

Procedures FIR-302, "Fire Door Tests and Inspections," Section 6.1, states that certain fire door inspections shall be performed at least once every 24 hours and documented on the appropriate FIR-302 form. Section 6.6 states that a work request shall be generated to correct discrepancies identified during these inspections.

Contrary to the above, on June 5-6, 1991, discrepancies were identified on two fire doors. The doors were subsequently repaired with no documentation regarding how the repairs were performed or who performed the repairs. Two daily fire door inspection sheets for May 22 and 25, 1991, were approved by the fire protection supervisor but were not completed in that all the listed fire doors had not been documented as having been inspected.

RESPONSE TO NOTICE OF VIOLATION

(445/9128-01)

TU Electric accepts the violation and the requested information follows:

1. Reason For Violation

The failure to document the results of the routine inspections was caused by a lack of attention to detail on the part of those performing the inspection. As determined by review of the Inspection Sheets and interviews with cognizant personnel, Fire Protection (FP) personnel were concerned with documenting discrepant conditions accurately and taking corrective actions and overlooked the documentation of the satisfactory conditions on the inspection sheets. A secondary cause was failure of FP Management to detect the oversights. Contributing causes were the failure of the FP Technicians to consistently carry the checklists in the field; not assuring that additional personnel who contributed to inspections documented their efforts on the checklists, and issuing an informal request (i.e., three part memorandum) for work to be performed on an open Generic Work Order.

Regarding the rework of the fire doors without required documentation, interviews with craft organizations in Unit 1 and Unit 2 were inconclusive. An assumption was derived that a craft person noticed the anomalies in the door closures (i.e., loose screw and sticky barrel) and took it upon himself/herself to fix the anomalies. The craft person did not realize these fire doors require proper work control and documentation. Additionally, one set of these doors had recently been replaced and did not have plant identification labelling as fire doors.

## 2. Corrective Steps Taken And Results Achieved

A review was conducted of inspection sheets for inspections conducted from December 15, 1989 through June 14, 1991 [discovery date of violation] for the inspection sheets in question by the Fire Protection (FP) Group on June 14, 1991. The purpose of this review was to determine whether the documentation had been filled out as required and, if some blocks for the doors were left blank, to review the inspection sheets for the day before and the day after to determine if the fire door was in satisfactory or unsatisfactory condition. A second independent review was conducted on June 18, 1991 to assure discrepant conditions (i.e., incomplete data) had been identified. Additionally, the cognizant FP Technicians were interviewed to determine whether they had verified the operability/functionality of the fire doors.

Approximately 1260 documents were reviewed. This review resulted in the following conclusions:

- o 41 inspection sheets were identified with omissions in the sat/unsat column
  - 18 documents had 1 omission
  - 13 documents had 2-5 omissions
  - 10 documents had 6 or more omissions

- o 11 inspection sheets did not have a Fire Protection supervisor's signature on page 2 of 2. These 11 sheets did not have omissions in the sat/unsat block. However, page 1 of 2 did have the required signature.

A sample of 10 Inspection Sheets which had omissions were compared to ingress and egress security reports. Results of this review are as follows:

- o Seven (7) Inspection Sheets did not identify any matters of concern.
- o Two (2) Inspection Sheets revealed the FP Technician who signed the sheet did not ingress or egress through the security doors necessary to enter the guard area to complete his/her inspection. Additional interviews with the cognizant Technicians concluded that multiple Technicians participated in the inspection but only one individual signed the Inspection Sheet. Another review of the security reports was performed for these inspections and concluded one or more technicians did go through required security doors to complete the inspections for the dates in question. Hence, no additional action was warranted.
- o Security records confirmed 3 doors in the Fuel Handling Building were not inspected during one inspection. The cognizant FP Technician was interviewed and could not recall the day in question or performing his/her inspection. A further comparison of other selected inspection sheets completed by this individual and security records identified no other discrepancies. This was concluded to be an isolated occurrence.

In addition to the review of the inspection sheets in question, approximately 6300 additional documents were reviewed which were required to be completed by the FP technicians. This additional review revealed 4 documents with missed entries. These omissions involved not marking "N/A" when the attribute was not applicable or not marking "NI" (not installed) when the fire extinguisher was not installed (and was not required).

Review of previous QA surveillance and audit results did not yield significant matters of concern in the general area of incomplete documentation. Additionally, previous reviews performed of other activities analogous to fire protection activities (e.g., chemistry records, radcon rounds and surveillance, operation rounds, security rounds, and radwaste rounds) yielded satisfactory results. Hence, it is believed the scope of this problem is limited to fire door operability verification documentation.

3. Corrective Actions Taken to Preclude Recurrence

Fire Protection Management met with the FP Technicians and reemphasized the importance of complete documentation (i.e., to ensure that records are legible and complete), and the necessity of conducting thorough review of these records to assure discrepancies are resolved in a timely manner. Additionally, FP Technician retraining on STA-302 "Station Records" has been conducted. With regard to the work request, it has been reemphasized to the FP Technicians to complete a work request and document the work request number on the Inspection Sheet.

Finally, an instructional memorandum has been issued by the Plant Manager. This memorandum emphasizes the importance of using the work order process as the authorized program for initiating repair and maintenance activities on Unit 1 and common systems, equipment, buildings and structures.

4. Date When Full Compliance Will Be Achieved

Full compliance has been achieved.