

In Reply Refer To:  
MJM2D96

APR 21 1980

Dear

This refers to your letter of November 1, 1979, to the North Carolina Department of Labor and our letter to you dated December 4, 1979, addressing your concern about worker qualifications at Carclina Power and Light Company's Shearon Harris Nuclear Plant.

Since you have not contacted me as I requested in my December 4, 1979, letter and provided me with specific details regarding your general concerns, we plan no further investigative action. However, I have requested that the appropriate technical inspection branch of this Region look into your general concerns during a future routine inspection of the Shearon Harris Nuclear Plant.

If you desire further information in this matter, please contact me.

Sincerely,

Robert J. Marsh  
Regional Investigator

bcc: W. Ward, X00S

8406010013 840403  
PDR FOIA  
VADENB3-413 PDR

CERTIFIED MAIL

OFFICE	RII: INV <i>RJM</i>	RII: INV <i>CEA</i>			
SURNAME	RJMarsh:hm	CEAIderson			
DATE	4/17/80	4/22/80			

3/12

INITIALS: \_\_\_\_\_  
 Sr. Chief: Bradley  
 Sect. Chief: Hick  
 MIS Coordinator: \_\_\_\_\_  
 Inspector Asgnd: \_\_\_\_\_

Office: \_\_\_\_\_  
 RII: INV  
 MIS Coordinator: PJ 3-13-50  
 RII: INV

Assign inspector to followup as part of a routine scheduled inspection of allegations contained in Enclosures (2).  
 Have assigned inspector contact R. J. Marsh, ext. 4191, to coordinate trip. Marsh will accompany and assist with allegation of fraudulent application. Document as routine inspection and per instruction on reverse of this form.

NRC FORM 56 (12-78) U.S. NUCLEAR REGULATORY COMMISSION

### ACTION ITEM CONTROL FORM REGION II INVESTIGATIONS

**A. INITIATING OFFICE**

01 SENDING OFFICE					02 SEQUENCE NUMBER					03 PRIORITY	04 A I TYPE	05 DATE OF REPORT			06 DATE OF TRANSACTION		
F	0	2	3	5								MONTH	DAY	YEAR	MONTH	DAY	YEAR
07 FACILITY										08 REQUESTED COMPLETION DATE			09 REQUESTER				
S A S										2							
10 DESCRIPTION																	
C A S E - F O L L O W U P O N																	

**B. ACTION OFFICE (SEE BACK FOR SPECIAL INSTRUCTIONS)**

01 RECEIVING OFFICE <small>(Check appropriate office code)</small>										FO1	FO2	FO3	FO4	FO5	FO6	FO7	FO8	FO9	FO10
										X									
Section	02 PERSON ASSIGNED										ESTABLISHED COMPLETION DATE			04 CHAN. NO.					
	Bradley										MONTH	DAY	YEAR						
TRANSFER INFORMATION <b>05</b>																			
05 TRANSFER ACTION										06 TRANSFER CODE			07 TRANSFER DATE						
CLOSEOUT INFORMATION																			
08 CLOSEOUT ACTION										09 MAN-HOURS	FO1 USE	FO2 USE	10 CLOSEOUT DATE		FO3 USE	FO4 USE			

RETURN COMPLETED FORM TO RII: INV

SPECIAL INSTRUCTIONS FOR ACTION OFFICE PERSON ASSIGNED:

1. Provide name of inspector(s) assigned and scheduled date of inspection to RII:INV as soon as possible. Date: 3/8/94 Initials: [initials]
2. Enter name of PERSON ASSIGNED and ESTABLISHED COMPLETION DATE on front of form and submit to MIS Coordinator. MIS will return form to person assigned.
3. If scheduled inspection dates must be changed, notify RII:INV of new dates as soon as possible. Date: \_\_\_\_\_ Initials: \_\_\_\_\_
4. If ESTABLISHED COMPLETION DATE cannot be met, notify RII:INV as soon as possible, identify the new date on the front of form and resubmit to MIS.
5. Identify all hours spent on this case by each inspector each week (should agree with RMS card entry each week) in the space provided below.
6. Notify RII:INV of assigned report number as soon as possible.  
RPT No. \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_
7. Immediately following the conclusion of the inspection trip, notify RII:INV of the status of each allegation or concern (i.e., substantiated, not substantiated, items of noncompliance or unresolved). If any Unresolved Items pertaining to an allegation or concern are identified in the report, list them in the space provided below. A supplemental AI will be issued.
8. DO NOT make any entries in the TRANSFER or CLOSEOUT spaces on the front of the form. RII:INV will close action item when final letter is sent to the allegor.
9. Place RII:INV on concurrence list for letter to the licensee.  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_
10. Place this form in final report package and send to Office Services.

RECORD OF MANHOURS						
INSPECTOR	WEEK ENDING	TIME LOGGED AGAINST RMS CODES				
		PAP	PR1	P1V	DOC	4WP

UNRESOLVED ITEMS

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