

Docket No. 50-346

License No. NPF-3

Serial No. 1-431

May 22, 1984



RICHARD P. CROUSE
Vice President
Nuclear
(419) 259-5221

Mr. C. E. Norelius, Director
Division of Project and Resident Programs
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Dear Mr. Norelius:

Toledo Edison acknowledges receipt of your April 18, 1984 letter (Log No. 1-946) and enclosures; Appendix, Notice of Violation; and report 50-346/84-01 (DPRP), referencing five apparent violations.

In your inspection report cover letter, you requested Toledo Edison to describe the steps we plan to take to strengthen our interim actions prior to the implementation of the Performance Enhancement Program. Subsequent to issuance of Inspection Report 84-01, on April 27, 1984, Toledo Edison met with representatives from Region III and provided a comprehensive update of the interim measures being taken. Based upon the discussions that ensued at that meeting and the comprehensive material presented, Toledo Edison believes the request contained in Inspection Report 84-01 was satisfied.

Following an examination of the items of concern, Toledo Edison herein offers information regarding these items:

1. Violation: Technical Specification 6.5.1.6.e states: The Station Review Board shall be responsible for investigation of all violations of the Technical Specifications including preparation and forwarding of reports covering evaluation and recommendations to prevent recurrence to the Vice-President-Nuclear and to the Company Nuclear Review Board.

Contrary to the above, completed Audit Finding Reports 1051-1, 977-2, 959-7, 959-8, 1001-1, 1001-4, 1001-5, 1001-6, 1072-1, 842-1, 906-1, 1069-1, and 1069-2 were not reviewed by the Station Review Board. This is a repeat item of noncompliance.

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

Response: (1) Corrective action taken and the results achieved.

A review of the completed Audit Finding Reports (AFR's) listed above indicated that two (2) were from internal audits and eleven (11) were from external audits. Internal audits are conducted within Toledo Edison organizations and external audits are conducted at the vendor's facilities.

Toledo Edison's review process requires the Station Review Board (SRB) Subcommittee to review all internal audits for Technical Specification violations. The SRB Subcommittee submits their findings to the full SRB for appropriate action.

The SRB Subcommittee reviewed AFR 959-7 and 959-8 on March 8, 1984, and their findings were reviewed by the full SRB on March 14, 1984. No Technical Specification violations were identified. Therefore, with regard to the two internal AFR's, Toledo Edison complied with the Technical Specification requirements and AFR review practices.

With regard to the external AFR's (1051-1, 977-2, 1001-1, 1001-4, 1001-5, 1001-6, 1072-1, 842-1, 906-1, 1069-1, and 1069-2), Toledo Edison's position is that they do not require review by the SRB Subcommittee or the full SRB. External AFR's generally identify programmatic deficiencies with the vendor's implementation of his Quality Assurance program.

(2) Corrective action taken to avoid further noncompliance.

The SRB Subcommittee now receives closed internal AFR's by direct distribution from Quality Assurance. Additionally, as a second check, the SRB Subcommittee will review the closed AFR Monthly Report on the Davis-Besse Maintenance Management System (DBMMS) Monthly Report.

(3) Date when full compliance will be achieved.

Full compliance was achieved March 14, 1984, when the SRB reviewed the SRB Subcommittee findings on AFR 959-7 and 959-8.

2. Violation: 10 CFR 50, Appendix B, Criterion V states in part:
"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..."

Contrary to the above, on February 9, 1984 instrument
and control technicians were using an uncontrolled
drawing in the repair of core flood tank level indi-
cator 3A1.

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

Response: (1) Corrective action taken and results achieved.

The use of information-only drawings in the Instrument & Control (I&C) Shop is a holdover from the situation which existed prior to the drawing control program. The shops' developed their own marked-up drawings and have, out of familiarity, been reluctant to dispose of them. The drawings in question have been removed from the I&C Shop.

(2) Corrective action taken to avoid further noncompliance.

Toledo Edison is presently taking several measures to improve the control over information-only and uncontrolled drawings. Davis-Besse Special Order No. 32 will be expanded to provide additional guidance over the use of information-only and uncontrolled drawings.

Outdated, marked-up, information-only drawings used in the field will be removed from all shops, reviewed by the staff, and compared with the existing drawings, as a cross check, if necessary, and then disposed of. Nuclear Safety Related information-only drawings may only be used for reference purposes and, as a practice, will be discarded when no longer needed. The Special Order will specifically prohibit the use of such drawings for maintenance purposes in the field.

The use of uncontrolled Nuclear Safety Related drawings for field maintenance purposes in the plant is prohibited. Guidance will be provided in the Special Order to state that the drawings in instruction manuals should not be used and that corresponding controlled Station drawings should be utilized for maintenance purposes.

If a Nuclear Safety Related drawing is uncontrolled and is needed for maintenance purposes, Nuclear Facility Engineering will validate the drawing to the as-built condition prior to use.

- (3) Date when full compliance will be achieved.

Full compliance will be achieved by July 30, 1984.

3. Violation:

Technical Specification 6.8.1.a states that written procedures shall be established, implemented and maintained covering the applicable procedures recommended in Appendix "A" of Regulatory Guide 1.33, November, 1972. Appendix "A" of Regulatory Guide 1.33, November, 1972 lists under Section 1, Administrative Procedures, Item h entitled "Log Entries, Record Retention, and Review Procedures." Administrative Procedure AD 1838.02, "Performance of Surveillance and Periodic Tests," Section 4.2 states once a malfunction has been identified to the Shift Supervisor... "The test may be suspended by the Shift Supervisor until the malfunctions are cleared, or it may be completed with the test personnel making the adjustment. The Shift Supervisor shall indicate the situation in his log and on the test deficiency list. If the Shift Supervisor determines that the deficiency is minor and does not affect the operability of equipment, the deficiency shall be noted on the test deficiency list and the test continued to completion." AD 1838.02, Section 6.12 states that after the Shift Supervisor reviews the test results, he shall sign the data cover sheet indicating Technical Specifications requirements have been met... "At this point unresolved test deficiencies may exist as long as they do not affect technical specification requirements or equipment operability." AD 1838.02 Section 5 and Enclosure 1 requires test completion before submittal to the shift supervisor for review.

Contrary to the above, on February 6, 1984 during the performance of ST 5031.01, the shift supervisor encountered a deficiency affecting equipment operability (the Safety Features Actuation Sequence) but did not suspend the test or make adjustments allowing the test to continue; ST 5031.01 was submitted to the shift supervisor prior to test completion (the acceptance criteria had not been signed by the designated reviewer); and the shift supervisor signed the data cover sheet

with an unresolved test deficiency that affected out-
standing Technical Specification requirements.

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

Response: (1) Corrective action taken and results achieved.

On February 6, 1984, while performing ST 5031.01, Safety Features Actuation System (SFAS) Monthly Test, the computer was inoperable. At this time, the Shift Supervisor should have, but did not, suspend the test to reschedule it when the computer was operable to meet the surveillance requirements of the Safety Features Actuation Sequencer. The acceptance criteria was not signed off when the Shift Supervisor signed the test. This was due to this test requiring the Designated Reviewer to sign the acceptance criteria. However, the test is routed to the Designated Reviewer after the Shift Supervisor signs the test as per AD 1838.02, Performance of Surveillance and Periodic Tests. On February 14, 1984, the test was rerun with the computer verifying the Safety Features Actuation Sequencer surveillance requirements. This test was run prior to exceeding the Technical Specification scheduling requirements of February 17, 1984, 0840. The Safety Features Actuation Sequencer was never inoperable.

(2) Corrective action taken to avoid further noncompliance.

To prevent the Shift Supervisor from signing an incomplete test, a modification was written to AD 1838.02, Performance of Surveillance and Periodic Tests, instructing the Shift Supervisor to either hold or suspend if the test is unable to be completed. A memo was written to the Shift Supervisors to help clarify this matter.

The Safety Features Actuation Surveillance Test was modified to have the acceptance criteria signed prior to submittal to the Shift Supervisor. It was also modified to require the computer operable prior to running the surveillance test.

(3) Date when full compliance will be achieved.

Full compliance was achieved May 18, 1984, when the modification to AD 1838.02 and ST 5031 01 were approved.

4. Violation: 10 CFR 50 Appendix B Criterion III states in part: "Measures shall be established to assure that applicable regulatory requirements and the design basis, as defined in 10 CFR 50.2 and as specified in the license application, for those structures, systems and components to which this appendix applies are correctly translated into specifications, drawings, procedures, and instructions."

Contrary to the above, the original installation of the control room emergency ventilation system was not properly translated into drawing M-027A. Drawing M-027A is Figure 9.4-1 in the USAR and FSAR. Specifically, the ductwork associated with isolation dampers HV-5301 F and HV-5311 F is shown going to the turbine building lavatory when this ductwork really goes to the control room lavatory. Also, the ductwork associated with isolation dampers HV-5301 G and HV-5311 G is shown going to the control room lavatory when this ductwork really goes to the turbine building lavatory.

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

- Response: (1) Corrective action taken and results achieved.

A review was performed of the control room emergency ventilation system design drawings, FSAR, and USAR. This review has concluded that dampers HV 5301G and HV 5311G are associated with ductwork going to the control room lavatory and dampers HV 5301F and HV 5311F are associated with the ductwork going to the turbine building lavatory. Additional reviews of equipment lists indicates these dampers are identical. Based upon the reviews performed, Maintenance Work Order (MWO) 1-84-1490-00 was issued to change the damper identification tags to reflect the correct configuration as shown in drawing M-027A, Revision 23.

- (2) Corrective action taken to avoid further noncompliance.

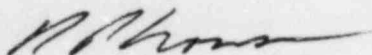
The damper identification tags have been changed to reflect the current configuration as depicted in the design drawing.

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(3) Date when full compliance will be achieved.

Under MWO 1-84-1490-00, the damper identification tags were changed as shown in drawing M-027A, Rev. 23, and walked down in a field inspection on May 10, 1984.

Very truly yours,

A handwritten signature in cursive script, appearing to read "A. Brown".

RPC:SGW:nlf
cc: DB-1 NRC Resident Inspector