



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV

611 RYAN PLAZA DRIVE, SUITE 400  
ARLINGTON, TEXAS 76011-8064

SEP 18 1995

Nebraska Public Power District  
ATTN: Guy R. Horn, Vice President - Nuclear  
1414 15th Street  
Columbus, Nebraska 68601

SUBJECT: NRC INSPECTION REPORT 50-298/95-08

Thank you for your letter of August 31, 1995, in response to our letter and Notice of Violation dated July 25, 1995. 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,

J. E. Dyer, Director  
Division of Reactor Projects

Docket: 50-298  
License: DPR-46

cc:  
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Nebraska Public Power District  
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Nemaha County Courthouse  
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Department of Natural Resources  
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Kansas Radiation Control Program Director

SEP 18 1995

bcc to DMB (IE01)

bcc distrib. by RIV:

L. J. Callan

Branch Chief (DRP/C)

MIS System

Branch Chief (DRP/TSS)

RIV File

Resident Inspector

Leah Tremper (OC/LFDCB, MS: TWFN 9E10)

DRSS-FIPB

Project Engineer (DRP/C)

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Branch Chief (DRP/C)  
MIS System  
Branch Chief (DRP/TSS)  
RIV File

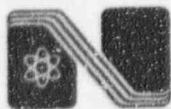
Resident Inspector  
Leah Tremper (OC/LFDCB, MS: TWFN 9E10)  
DRSS-FIPB  
Project Engineer (DRP/C)

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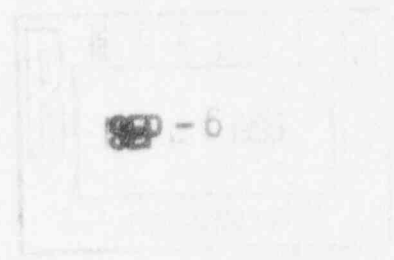
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# Nebraska Public Power District

COOPER NUCLEAR STATION  
P.O. BOX 98, BROWNVILLE, NEBRASKA 68321  
TELEPHONE (402)825-3811  
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NLS950170  
August 31, 1995



Director, Office of Enforcement  
U. S. Nuclear Regulatory Commission  
Attention: Document Control Desk  
Washington, D.C. 20555

Gentlemen:

Subject: Reply to a Notice of Violation;  
NRC Inspection Report No. 50-298/95-08;  
Cooper Nuclear Station, NRC Docket 50-298, DPR-46

Reference: Letter from Mr. J. E. Dyer (USNRC) to Mr. G. R. Horn (NPPD), dated  
July 25, 1995, NRC Inspection Report 50-298/95-08 and Notice of  
Violation.

This letter, including Attachments 1 and 2, constitutes Nebraska Public Power District's (the District) reply to the referenced Notice of Violation (NOV) in accordance with 10 CFR 2.201. Inspection Report 50-298/95-08 documented the results of an NRC inspection conducted from April 16 through May 27, 1995, and consisted of selected examinations of procedures and representative records, interviews with personnel, and observation of activities in progress. In addition to replying to the specific violations, the District was also requested to address four other questions regarding the control and use of procedures. These issues are answered in Attachment 1, under ADDITIONAL DISCUSSION. As discussed with Mr. P. H. Harrell, the submittal date for this response was extended to August 31, 1995.

In summary, the District admits nonfulfillment of the NRC requirements cited in Violation A (298/9508-01) and has completed all corrective actions that are necessary to return Cooper Nuclear Station (CNS) to full compliance with regard to the cited examples of this violation.

Should you have any questions concerning this matter, please contact my office.

J. H. Mueller  
Site Manager

Attachment

cc: Regional Administrator  
USNRC Region IV

NRC NRR Project Manager  
USNRC

NRC Resident Inspector  
Cooper Nuclear Station

NPG Distribution

95-2059

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REPLY TO JULY 25, 1995, NOTICE OF VIOLATION  
COOPER NUCLEAR STATION  
NRC DOCKET NO. 50-298, LICENSE DPR-46

During NRC inspection activities conducted from April 16 through May 27, 1995, a violation of NRC requirements was identified. The particular violation and the District's reply is set forth below:

Violation A

Violation A contained in the referenced inspection report cites the following:

"Criterion V of Appendix B to 10 CFR Part 50, "Instructions, Procedures, and Drawings," states, in part, that 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.

1. Contrary to the above, Emergency procedure 5.2.5.1, "Loss of all AC," was not appropriate to the circumstances in that the procedure did not provide instructions for securing the high pressure coolant [injection] system turbine after 10 minutes into a station blackout scenario.
2. Step 8.6.3 of Procedure 1.9, "Control and Retention of Records," required that record copies of documents be transferred to the Records Control Center within 90 days.

Contrary to the above, permanent record copies of: (1) Revision 0 of Procedure 0.31, "Equipment Status Control"; (2) replacement component evaluations; and (3) motor-operated valve diagnostic traces were not forwarded to the Records Control Center within 90 days.

3. Step 2.6 of Procedure 3.25, "Replacement Component Evaluation," Revision 3, stated, in part, that a completion checklist be included to ensure pertinent controlled documents are updated to reflect the replacement.

Contrary to the above, the completion checklist for Replacement Component Evaluation 94-071, which evaluated the replacement of Valve CS-MOV-M05A, was not completed (a blank form with no entries was found in the package) and, as a result, the valve limit switch setpoint values for the replacement valve were not updated in the appropriate procedure.

4. Procedure 7.3.36, "Limit and Torque Switch Checkout and Adjustment for Rising Stem Limit Torque Motor Operated Valves," dated November 8, 1994, stated, in part, that valve position shall be expressed in the number of handwheel turns and, when counting handwheel turns, do not include the turns required to engage the stem or take up gear slack.

Contrary to the above, on December 19, 1994, an operator set the limit switch for Valve CS-MOV-M05A without accounting for engaging the stem or taking up gear slack, which resulted in the limit switch being adjusted incorrectly and caused the valve to not indicate that it was fully shut during performance of a surveillance test on May 5, 1995."

Admission or Denial to Violation

The District admits the violation. The discussion of the overall violation is presented below. The individual examples are discussed in Attachment 2.

### Reasons for Violation

The cited examples in this violation underscore a major challenge at CNS with regard to procedure quality and adherence. The District believes that these two elements are closely linked to each other. The adherence issues corroborated a recognized adverse trend for which investigations had already been initiated. A Condition Report (CR) was generated to determine the root cause of this adverse trend and to recommend corrective actions to prevent recurrence. The Condition Review Team conducted extensive interviews with management and first line workers from numerous departments. Additionally, various CRs which concerned inadequate procedural adherence were examined. The conclusion was reached that CNS management had failed to develop and foster an environment in which procedure use and adherence is an absolute requirement. Key elements of such an environment were found to be lacking in various degrees. Specifically:

- 1) Management had not been clear on their meaning and understanding of procedure use and adherence. While there was the expectation that procedures are to be followed, there was not a consistent understanding on what this means.
- 2) The General Orientation Training program for site access discussed procedure compliance with regard to "Work Procedures" but did not address the expectations for adherence to administrative type procedures.
- 3) The procedure change process and length of time to revise a procedure is a barrier to procedure use and adherence. Additionally, the process requires the originator to be accountable for all changes in a particular revision including those changes made by several people. These two obstacles predisposed employees to live with a procedure deficiency rather than submit a Procedure Change Notice (PCN).
- 4) The lack of high quality procedures and the past culture at CNS has led to a perception that it is acceptable not to follow the procedure as long as the work meets the procedure's intent.

### Corrective Steps Taken and the Results Achieved

To address the broad-based challenge of procedure adherence at CNS, Senior Managers have conducted meetings with their departmental personnel to emphasize the importance of this issue and to stress the need to revise the procedures within each work area that need improvement. Additionally, the Site Manager has discussed this at all-hands meetings characterizing procedural adherence as one of his foremost concerns. The District believes that these actions have succeeded in sensitizing site personnel to this issue. Station management and supervision have also stressed the District's expectation of procedural adherence by promulgating a recent CNS Directive and through enhanced site orientation training on the subject.

The District has initiated a Phase 3 Performance Improvement Plan to address the area of procedure use and adherence. The objective of the plan is to develop a comprehensive approach to procedure use and adherence that clearly defines management expectations, promotes individual accountability and ownership, and facilitates the development and maintenance of quality procedures that support the safe, efficient, and consistent operation of the plant.



Corrective Steps That Will Be Taken to Avoid Further Violations

As stated previously, the District has inaugurated a Phase 3 Performance Improvement Plan to enhance procedure use and adherence. The key activities of this plan as currently constituted include:

- Development of management's expectations concerning procedure use and adherence.
- Revising the procedure change process to facilitate the timely improvement of procedures.
- Development and implementation of a procedure system that results in high quality procedures that support the safe, efficient, and consistent operation of the plant.

To avoid further violations of Criterion V of 10 CFR 50 Appendix B, the District will follow through to completion the Phase 3 Performance Improvement Plan for procedure use and adherence.

Date When Full Compliance Will Be Achieved

The District is in full compliance with the requirements of 10 CFR 50 Appendix B Criterion V with respect to the examples cited in this Violation.

ADDITIONAL DISCUSSION

*What actions will be taken to resolve why the issue related to a station blackout commitment was not identified during the 1994 review and what actions have been taken to ensure that all other station blackout commitments have been met?*

To determine why a previous 1994 SBO commitment review did not note Violation Example A.1, this issue was included within the scope of Condition Report (CR) 95-0551. The CR process has satisfactorily resolved why this occurred (the cause was attributed to personnel error on the part of the reviewing engineer and an inadequate review by his supervisor). As discussed in Attachment 2, the District will perform a detailed reevaluation of the NRC submittals associated with Station Blackout using the requirements of Procedure 0.42, "NRC Correspondence Control Procedure", to ensure the licensing basis assumptions have been properly translated into the appropriate CNS documents.

*What actions will be taken to [provide] assurance that the version of a procedure approved by the Station Operation Review Committee is actually the version that is issued?*

The Technical Support Group's practice of maintaining multiple hardcopies of the pre-SORC procedure changes in order to facilitate expeditious distribution has been discontinued. Previously, after final SORC comments were incorporated and the revision was approved, any changed pages were reprinted and then inserted by hand into the other copies. This practice provided an unacceptable potential for human error. Because all controlled copies are now reproduced from the single SORC-approved document, the version approved by SORC will be the one issued.



*What actions will be taken to [ensure] when it is identified that a procedure requires revision, issuance of the revision in a timely manner [occurs] in lieu of continuing to use an inadequate procedure to perform safety-related activities?*

The District understands that this question stems from page 12 of the Inspection Report where it was observed that Revision 0 of Procedure 7.3.50.5 was issued a few days after the replacement of CS-MOV-M05A. As discussed in Attachment 2, Example 3, the District recognizes that the Replacement Component Evaluation (RCE) process has a weakness in that it does not cause certain required document changes prior to returning the equipment to operability. Example 3 further discusses the actions taken and the commitment made to fix this weakness. Additionally, as discussed in Corrective Steps Taken and the Results Achieved, Management has taken steps to sensitize CNS personnel to the issue of procedural adherence (including the expectation that deficient procedures will be corrected prior to the resumption of the activity).

*What actions will be taken to [provide] assurance that the reason for changes being made to procedures is fully documented?*

The PCN package provides the quality record that documents what the changes are and why they are being made. The package includes the PCN forms which describe in detail the reason for the procedure change and the annotated copy of the procedure. To document PCN reviewer comments (which may not be reflected in the PCN forms), Comment/Resolution sheets have been used as a tool to properly address them. The District has recently instituted a policy of including the Comment/Resolution sheets with the final PCN package for microfilming. Proceduralization of the use of the Comment/Resolution sheets has been included in the upcoming revision to the PCN procedure. With respect to the observation that there was an inappropriate level of documentation for a procedure change that incorporated a Station Operation Review Committee (SORC) comment, the SORC Administrator is using the Comment/Resolution sheets as a vehicle for capturing and dispositioning SORC comments, supplemented by direct annotation on the original SORC PCN.

## DISCUSSION OF SPECIFIC EXAMPLES

The specific examples of this violation have been closely examined via the CNS Corrective Action Program. The following summaries describe the causes, completed corrective actions, and future steps that will be taken with regard to each issue.

### Example 1

This example resulted from the failure to ensure in 1991 that the licensing basis assumptions for the use of HPCI during a Station Blackout (SBO) event were clearly identified and properly reconciled with the SBO Emergency Procedure. This procedure has been changed to correct this cited example. It now assures that during the licensing basis SBO, HPCI will be promptly secured after one cycle of operation. Additionally, a review was performed of the SBO calculations that were affected by the use of HPCI. This review has validated that associated calculation assumptions were supported by operator actions as directed by plant procedures. The District will verify that the other licensing basis assumptions associated with the SBO submittals have been properly translated into the appropriate CNS documents using the action item identification process of Procedure 0.42. Based on the results of this verification, a decision will be made as to a broader inquiry and further corrective action.

### Example 2

In addition to the broader concern for procedural adherence, the items described in this example indicate that there is a lack of understanding among some employees as to what a quality document is and the appropriate storage requirements for them. Specific corrective actions have been taken for each issue:

- The original PCN for Revision 0 of Procedure 0.31 (as well as several other PCNs in routing) were reclaimed and sent to the CNS Records Center for microfilming. The requirements of Procedure 1.9, "Control and Retention of Records", with respect to this issue have been reiterated to the Technical Support Group clerks.
- The RCEs were relocated to a qualified fire-proof cabinet as allowed by Procedure 1.9. The RCE procedure was changed to reflect this requirement. Additionally, the cognizant Engineering Clerk was advised of the requirements for storage of quality documents.
- The results of MOV diagnostic traces were added to the parent MOV Maintenance Work Request (MWR) packages per procedure 7.3.35.5. The MWR packages are stored in fire-proof cabinets which meet the requirements of Procedure 1.9. Test data that had been maintained on computer floppy disks has been transferred to optical disks which are also now stored in fire proof cabinets.

Actions that have been taken to address the concern for CNS document control practices include:

- Establishing the Site Services Manager as the program owner for Document Control.
- Providing to CNS managers and supervisors a definition of terms to clarify and promote awareness of correct document control practices.
- Commencing an intensive review of CNS document control practices to determine weaknesses relative to the rest of the industry.

Example 3

In investigating this issue, the System Engineer was found to have in fact filled out the Completion Report on February 22, 1995 (as required by Procedure 3.25, "Replacement Component Evaluation"), but did not provide this to the Plant Engineering Clerk who maintained the open RCE records (which were the files reviewed by the inspectors and which still indicated a "blank" Completion Report). Although this completion report did not identify the need to revise Procedure 7.3.50.5 (which controlled the CS-MOV-MOSA limit switch settings) this issue underscores a weakness in the RCE process in that Procedure 3.25 does not require document revisions until after RCE implementation is accomplished in the field. Documents that are more appropriately revised prior to (or coincident with) installation of the replacement part rely on that particular document's programmatic change process and the expertise of the RCE originator in recognizing the needed change, rather than by specific prompting in the RCE procedure. To correct this weakness, Procedure 3.25 has been placed in a restricted use status with administrative compensatory measures pending the incorporation of guidance that addresses this weakness. The RCE process will be changed to ensure that plant documents which will need revision are identified, and revised if necessary to support operability, prior to declaring the affected component operable.

Example 4

In an effort to curtail valve mispositioning events, Operations personnel had been directed to manipulate components that were tagged out for Maintenance under approved Clearance Orders. Although Maintenance Procedure 7.3.36 contained a precaution on the proper counting of MOV handwheel turns, the Maintenance personnel overseeing the completion of the procedure step failed to ensure the precaution was clearly communicated to the operator, who was not specifically familiar with this procedure. As described in Attachment 1, CNS management has stressed the requirements for procedure adherence, including training sessions at the working group level. This has succeeded in sensitizing CNS personnel to this challenge. Additionally, the recurrence of this specific type of event has been precluded by revising the previously mentioned policy so that qualified Maintenance personnel can perform manipulations on equipment that has been tagged out and turned over to the Maintenance Department.

Correspondence No: NLS950170

The following table identifies those actions committed to by the District in this document. Any other actions discussed in the submittal represent intended or planned actions by the District. They are described to the NRC for the NRC's information and are not regulatory commitments. Please notify the Licensing Manager at Cooper Nuclear Station of any questions regarding this document or any associated regulatory commitments.

COMMITMENT	COMMITTED DATE OR OUTAGE
The other licensing basis assumptions associated with the SBO submittals will be verified to have been properly translated into the appropriate CNS documents using the action item identification process of Procedure 0.42.	9/30/95
Based on the results of this [SBO submittal] verification, a decision will be made as to a broader inquiry and further corrective action.	None
The District will follow through to completion the Phase 3 Performance Improvement Plan for procedure use and adherence.	None
The RCE process will be changed to ensure that plant documents which will need revision are identified, and revised if necessary to support operability, prior to declaring the affected component operable.	9/30/95