TU ELECTRIC

Log # TXX-92064
File # 10010
937
Ref. # 10CFR50.54(a)(3)

March 3, 1992

William J. Cahill, Jr.
Group 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
PROPOSED FSAR CHANGE
QUALITY ASSURANCE (QA) PROGRAM CHANGE - ELIMINATION OF
INLINE REVIEW OF NONCONFORMANCES BY NUCLEAR OVERVIEW

REF: NUREG-0797, "Safety Evaluation Report," Supplement 22 (SSER 22)

Gentlemen:

Attached is a proposed FSAR change which removes the requirement for an inline, independent review of Operations Notification and Evaluation (ONE) Forms, the Unit 1 nonconformance documents. The independent review of ONE Forms, which is performed by the Nuclear Overview Department (NOD), has been determined to be redundant of a review performed by the responsible line manager. The CPSES QA Program, as revised by this change, will continue to satisfy the criteria of 10 CFR 50 Appendix B. This change only applies to the ONE Form program in Unit 1 and does not affect the review of Unit 2 nonconformance documents.

This FSAR change is being submitted as a proposed change because TU Electric has determined that this change is a reduction in commitment of the QA program description previously approved by the NRC in the referenced SSER. As such, this change must receive NRC approval prior to implementation in accordance 10 CFR 50.54(a)(3).

Currently, independent reviews of the disposition and closure of ONE Forms are performed by NOD as an inline function of the nonconformance control process. These reviews are performed at the closure of the ONE Form to independently determine whether the condition has been appropriately addressed and all actions have been completed. In addition to review by NOD, the disposition and closure review is also performed by the manager who is responsible for the hardware or procedures against which the ONE Form is issued. The review by the responsible manager is performed prior the review by NOD.

Elimination of the review by NOD will not reduce the level of quality of structures, systems and components. An evaluation of the results of the closure review process has concluded that the ONE Form process, and controls administered by the cognizant manager, have been effective in appropriately

090125

A053
1/1

correcting identified nonconformances. In addition, Technical Specification required audits of the nonconformance and corrective action programs have verified the effectiveness of the nonconformance control activities as recommended and implemented by the cognizant managers. These results confirm that the line managers are ensuring that ONE Forms are appropriately dispositioned and closed without the additional inline review by NOD.

Elimination of the inline review by NOD will not change the monitoring and oversight functions currently performed by NOD. NOD will continue to monitor the nonconformance process through the review of root cause analysis results, audit deficiencies, prework review of work orders, design modification reviews, trending, audits and surveillances.

To facilitate NRC Staff review of these changes, the attachment is organized as follows:

1. A marked-up copy of the revised FSAR pages (additional pages immediately preceding and/or following the revised pages are provided if needed to understand the change).

2. A description/justification of each item involved.

3. A copy of related SSER sections.

A 10CFR50.59 evaluation was performed for the above change. The evaluation revealed that no unreviewed safety question is created as a result of the deletion of this review. This change will be included in a future amendment to the FSAR.

If you have any questions regarding this submittal, please contact David Bize at (214) 812-8879.

Sincerely,

William J. Cahill, Jr.

By: _____
D. R. Woodlan
Docket Licensing Manager

Attachment
DNB/dnb

c - Mr. R. D. Martin, Region IV
Mr. I. Barnes, Region IV
Resident Inspectors, CPSES (2)
Mr. T. A. Bergman (NRR)
Mr. M. B. Fields (NRR)

ATTACHMENT TO TXX-92064

76 | 3. Preparation of nonconformance documents which identify nonconforming items and describe the nonconformance, the disposition of the nonconformance, and the reinspection or testing performed to determine the acceptability of the item after the disposition has been completed.

76
77 | 4. Review of nonconformance documents written on installed plant equipment to determine impact on operability. The administrative controls assure that nonconforming materials do not affect the operability of safety related equipment in violation of Technical Specification requirements.

77 | 5. Conditional releases allow issuance of nonconforming items from the warehouse for initial installation and testing. Conditional releases also allow operation of the item pending disposition of the nonconformance provided credit is not taken for Technical Specification operability of the item. Each conditional release also describes any limitations or special precautions required. Conditional releases are periodically evaluated as to their status and the results forwarded to management for their review.

6. Verification of the acceptability of rework/repair of items by reinspection or testing of the item as originally performed or by a method which is equivalent to the original inspection and testing method.

7. Nonconformance reports which are dispositioned "use as is" or "repair" are made part of the quality verification records associated with the items.

8. Periodic analysis of these reports to be performed and forwarded to management to show quality trends.

Q421.72
77 | Responsibility for the implementation of activities related to nonconformance control, including disposition and closeout is assigned to the cognizant manager of the area of concern. Nonconformances which are resolved by repair or use-as-is dispositions are reviewed and approved by Engineering.

LDCR 89-91 H1

CDCR-91-191

Independent ~~review of nonconformances, including disposition and closeout, is~~ evaluation of activities related to nonconformance control are performed by appropriate Nuclear Overview personnel. Q421.71 81

Marking and segregation of nonconforming items, when required, are addressed in station procedures. Compliance with these administrative requirements is verified through the station surveillance and audit program. Q421.71 77 53

17.2.16 CORRECTIVE ACTION

Requirements are established for the identification and correction of conditions adverse to quality. These requirements are consistent with the provisions of Regulatory Guide 1.33 as discussed in Appendix 1A(B). 71 37

Conditions adverse to quality, such as failures, malfunctions, deficiencies and deviations, identified through review of documents, surveillance, audits, or experience during operation, are documented and dispositioned. Significant conditions adverse to quality are evaluated to determine the cause of the condition and the corrective action to be taken to preclude recurrence. 71

Reports of significant conditions adverse to quality are reviewed by the Operation Review Committee and that committee's decisions and/or recommendations regarding corrective action are forwarded to appropriate management personnel. Follow-up reviews to verify proper implementation of corrective action are conducted by Nuclear Overview personnel. 81

17.2.17 QUALITY ASSURANCE RECORDS

Requirements are established for the identification, collection, and storage of quality assurance records. These requirements are 71

FSAR Page (as amended)	Group	Description
17.2-34, 35	2	Remove Inline Review of Nonconformance Reports by Nuclear Overview Department Revision: Currently, independent inline review of nonconformances is performed by the Nuclear Overview group. This review is performed at the closure of the nonconformance document to independently determine whether the documentation reflects completion of the corective action and that the form is properly completed. This is not a technical review and is redundant of actions performed by the Manager in whose area of responsibility the nonconformance was identified. An evaluation of the closure review process has concluded that the nonconformance process and adminsitrative controls, administered by the cognizant manager, have been effective in appropriately correcting and documenting identified nonconformances. FSAR Change Request Number: 91-191.01 SER/SSER Impact: No

17 QUALITY ASSURANCE

17.1 General

The quality assurance (QA) program for the operations phase of Comanche Peak Steam Electric Station (CPSES), Units 1 and 2 is described in Section 17.2 of the Final Safety Analysis Report (FSAR). The staff based its evaluation of this QA program on a detailed review of this information through FSAR Amendment 77 and an advance FSAR amendment provided by a letter dated December 19, 1989 which will be included in Amendment 78 to be issued before Unit 1 fuel loading. The staff assessed the applicant's QA program for the operations phase to determine if it complies with the requirements of Title 10 of the Code of Federal Regulations (CFR) Part 50, Appendix B, "Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants"; with the regulatory guides and the American National Standards Institute (ANSI) standard listed in Table 17.1 of this supplement; and with the Standard Review Plan (SRP) (NUREG-0800) Section 17.2, Revision 1, "Quality Assurance During the Operations Phase." The evaluation in this section and those that follow replaces the corresponding sections in the Safety Evaluation Report (SER) and its supplements, including the referenced table and figure, as well as prior evaluations included under Section 17.5, "List of Systems, Structures, and Components Under Control of the QA Program."

17.2 Organization for the QA Program

The structure of the organization responsible for the operation of CPSES and for the establishment and execution of the operations phase QA program is shown in Figure 13.1 of this supplement.

The Executive Vice President-Nuclear Engineering and Operations (NEO), is responsible for the overall management and operation of CPSES, including the establishment of company nuclear policies. He also has overall responsibility for establishing and executing the CPSES QA program for operations. He has assigned to the Vice President-Nuclear Operations the overall responsibility for operating CPSES and for implementing the QA program for operations at CPSES. The Vice President-Nuclear Operations is responsible to the Executive Vice President-NEO for operating activities at CPSES. Duties and responsibilities of the Vice President-Nuclear Operations include technical and administrative direction of the Plant Manager, the Manager-Startup, the Manager of Nuclear Operations Support, the Plant Evaluation Manager, the Manager-Projects, the Manager-Nuclear Training, and the technical and administrative direction for implementing QA controls at nuclear plants operated by the applicant.

The Director, QA, reports directly to the Vice President-Nuclear Engineering, and is responsible to him for ensuring effective implementation of the QA program. This reporting relationship ensures that the Director, QA, has sufficient authority, organization freedom, and independence from undue influence of, or responsibility for, costs and schedules to effectively ensure implementation of and compliance with the CPSES operations QA requirements and controls.

The Director, QA, communicates directly with NEO supervisory and management personnel and with appropriate management levels in consultant and contractor QA organizations to identify quality problems; initiate, recommend, or provide solutions; and to verify implementation of solutions to quality problems. He has authority to "stop work" during the operations phase. Specific duties and responsibilities of the Director, QA, include the direction of QA Department personnel; technical and administrative direction of the Deputy Director of QA, the Manager, Quality Control (QC), and the Manager, QA; verification that procedures for the control of quality-related activities comply with QA requirements; verification of the implementation of the QA program within NEO; verification that consultants, contractors, and suppliers providing quality-related items or services have established and implemented an adequate QA program; and membership or representation on the Operations Review Committee.

The Deputy Director, QA is responsible for the day-to-day management and operations of the QA Department. The QA Department functions to ensure effective implementation of the QA program. The QA Department performs internal and external audits, surveillances, and inspections. The audits, surveillances, and inspections are performed by qualified individuals other than those who performed or directly supervised the work. Personnel report directly to the Manager, QC when acting in the capacity of QC inspectors.

17.3 Quality Assurance Program

The QA program for the operation of CPSES is presented in the QA Manual, which establishes the QA policies, requirements, and controls to be implemented at CPSES. The QA Manual establishes the quality requirements and controls to be implemented during station operations and defines the responsibilities, authorities, and measures for the control and accomplishment of activities affecting the quality and operation of safety-related structures, systems, and components. The Executive Vice President-NEO, is responsible for approving the QA Manual.

On the basis of its review, the staff concludes that the CPSES QA Manual and Section 17.2 of the CPSES FSAR are structured in accordance with Appendix B to 10 CFR Part 50 and with the provisions of the Nuclear Regulatory Commission (NRC) regulatory guides and the ANSI standards shown in Table 17.1. These documents describe how the requirements of Appendix B to 10 CFR Part 50 are satisfied. These documents control quality-related activities involving safety-related items to satisfy the requirements of Appendix B to 10 CFR Part 50.

The QA program requires that QA documents encompass detailed controls for

(1) translating codes, standards, and regulatory requirements into specifications, procedures, and instructions

(2) developing, reviewing, and approving procurement documents, including changes

(3) prescribing all quality-affecting activities by documented instructions, procedures, or drawings

(4) issuing and distributing approved documents

Table 17.1 Regulatory guidance applicable to the QA program

Document	Revision	Date
Regulatory Guide		
1.8*	1-R	5/77
1.26*	3	2/76
1.29	2	2/76
1.30	0	8/72
1.33	2	2/78
1.37	0	3/73
1.38*	1	10/76
1.39	2	9/77
1.58	1	9/80
1.64	2	6/76
1.74	0	2/74
1.88*	2	10/76
1.94	1	4/76
1.116	0-R	5/77
1.123	1	7/77
1.146	0	8/80
ANSI Standard		
N45.2.12*	2 (Draft 4)	1/76

* With comments acceptable to the NRC.

(5) purchasing items and services

(6) identifying materials, parts, and components

(7) performing special processes

(8) inspecting and testing material, equipment, processes, and services

(9) calibrating and maintaining measuring and test equipment

(10) handling, storing, and shipping items

(11) identifying the inspection, test, and operating status of items

(12) identifying and dispositioning nonconforming items

(13) correcting conditions adverse to quality

(14) preparing and maintaining QA records

(15) auditing activities that affect quality

The CPSES QA program requires the establishment and continuous implementation of the QA indoctrination, training, and retraining program to ensure that

persons involved in safety-related activities are knowledgeable in QA instructions and implementing procedures and that they demonstrate a high level of competence and skill in the performance of their quality-related activities.

Quality is verified through surveillance, inspection, testing, checking, and auditing of work activities. The QA program requires that quality verification activities be performed by qualified personnel who are not directly responsible for performing the work being verified. Verification is performed in accordance with procedures, instructions, and/or checklists by personnel who have been qualified and certified in accordance with codes, standards, and applicant training programs.

The Director, QA, is responsible for QA audits. This includes planning, preparation, scheduling, performing, reporting, and verifying implementation of corrective and preventive action measures. The QA program establishes a comprehensive audit system to ensure that the QA program requirements and related supporting procedures are effective and properly implemented during operations. Audits include an objective evaluation of QA practices, procedures, instructions, work areas, activities, processes, and items; of the effectiveness of implementation of the QA program; and of conformance with policy directives.

The QA program requires documentation of audit results and review by the management personnel who have responsibility in the area audited to determine and take corrective action as required. Reaudits are performed to determine that nonconformances have been effectively corrected and that the corrective action precludes repetitive occurrences.

17.4 Conclusion

The staff review of the CPSES QA program description for the operations phase has verified that the criteria of Appendix B to 10 CFR Part 50 have been addressed.

On the basis of its review and evaluation of the QA program description contained in FSAR Section 17.2, the staff concludes:

(1) The applicant's QA organization has (a) sufficient independence from cost and schedule (when opposed to safety considerations), (b) authority to effectively carry out the operations QA program, and (c) access to management at a level necessary to perform the QA functions.

(2) The QA program describes requirements, procedures, and controls that, when properly implemented, comply with the requirements of Appendix B to 10 CFR Part 50 and with the acceptance criteria contained in SRP Section 17.2.

The staff concludes that the applicant's description of the QA program is in compliance with applicable NRC regulations and is acceptable for the operation of CPSES.