U.S. NUCLEAR REGULATORY COMMISSION REGION I

Report No. 84-28

Docket No. 50-220

License No. DPR-63

Licensee: Niagara Mohawk Power Corporation

300 Erie Boulevard West Syracuse, New York 13202

Facility Name: Nine Mile Point Unit 1

Inspection At: Scriba and Syracuse, New York

Inspection Conducted: December 17-20, 1984

Bissetta Reactor Engineer

Approved by:

P. K. Eapen, Acting Chief, Management Programs Section,

EPB, DETP

Inspection Summary: Routine Unannounced Inspection on December 17-20, 1984 (Inspection Report No. 50-220/84-28)

1-10-85 date

Areas Inspected: Quality Assurance (QA) audit program, and QA/QC activities.

The inspection involved 43 inspector-hours onsite and 16 inspector-hours at Corporate Office by two region based inspectors.

Results: No violations were identified.

DETAILS

1. Persons Contacted

- *M. Boyle, Nuclear Compliance and Verification (NC&V)
- W. Bryant, Quality Assurance (QA) Services Manager
- *W. Connally, QA Operations Supervisor
- R. Consaul, Associate Senior QA Engineer

*T. Egan, NC&V Engineer

R. Fassler, QA Engineer (Lead)

C. Gerber, Radwaste Operations Supervisor

F. Lukaczyk, Junior QA Engineer

- W. McArthur, Auditor (KLM Engneering)
- *T. Perkins, General Superintendent T. Roman, Station Superintendent

*K. Shea, QA Engineer (Lead)

F. Stelter, Associate Senior QA Engineer (Lead)

J. Toennies, Safety Review and Audit Board (SRAB) Chairman

C. Tonkin, Materials Supervisor

F. VanNest, Associate Senior QA Engineer (Lead)

W. Williams, Corporate Audits Supervisor

U. S. Nuclear Regulatory Commission

*S. Hudson, Senior Resident Inspector

*Denotes those present at the exit meeting on December 20, 1984.

The inspectors also interviewed other personnel during the inspection.

2. Quality Assurance Organization/Administration

2.1 References/Requirements

The requirements for the quality assurance (QA) organization are specified in the following documents:

- 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants.
- Quality Assurance Program for Nine Mile Point 1, June 10, 1984
- Technical Specifications, Section 6, Administrative Controls
- Regulatory Guide 1.33/ANSI 18.7-1976, Quality Assurance Program Requirements

- Regulatory Guide 1.58/ANSI N45.2.6-1973, Qualifications of Inspection Personnel
- Quality Assurance Procedure (QAO) 18.01 Rev. 4, Qualifications of Auditors and Lead Auditors
- QAP 18.10 Rev. 5, Internal Audits
- QAP 10.21 Rev. 1, Performance, Reporting and Follow-up of Surveillance Activities for Operations.

2.2 Program and Implementation Review

The QA organization/administration described in the reference documents was reviewed and discussed with licensee management and quality assurance/quality control (QA/QC) personnel and determined that the QA Program was:

- Organizationally structured with lines of authority and responsibilities delineated
- Adequately and independently staffed with qualified QA/QC personnel who followed complete, concise and clear administratively controlled procedures
- Measured continuously for effectiveness

The implementation review consisted of:

- Discussing the impact of the QA Department reorganization with the affected QA/QC personnel. Principally discussed was the establishment of the Manager of QA Services. The Corporate Audits group in QA Services is responsible for formal QA audits which are discussed in paragraph 3. QA Services also has the Systems/Services group that is developing the Corrective Action Status Reporting program and trend analysis. The Safety Review and Audit Board (SRAB) Audit A for 1984 Quality Assurance, Maintenance and Testing, dated October 1, 1984 recognized the reorganization effort and recommended that the QA Department be audited six months later.
- Witnessing the conduct of a QA/QC surveillance and a SRAB Audit as well as discussing their planning, scheduling and follow-up actions. The details of the inspections and audits are discussed in paragraph 3.

2.3 Findings

No violations were identified.

3. Quality Assurance (QA) Audits, Surveillances and Instructions

3.1 References/Requirements

- 10 CFR 50 Appendix B

- Technical Specification (TS) Section 6.5.3 Safety Review and Audit Board (SRAB)

ANSI N45.2.12-1977 Auditing of QA Program for Nuclear Power

Plants

- ANSI N45.2.23-1978 Qualification of QA Program Audit Personnel for Nuclear Power Plants
- Quality Assurance Procedure (QA) 18.01 Rev. 4, Qualifications for Auditors and Lead Auditors

- QAP 18.10 Rev. 5, Internal Audits

 QAP 10.21 Rev. 1, Performance, Reporting and Follow-up of Surveillance Activities for Operations

3.2 Program and Implementation Review

QA audits, surveillances and inspections were reviewed and verified that:

- The scope was defined
- The responsiblities, including that of the audited, surveilled and inspected organizations are delineated
- The preparation (e.g., auditor/inspector training, qualifications and independency, and audit/inspection checklists and plans), conduct, reporting, and follow-up actions of the audits, surveillances and inspections are also delineated.

The implementation review consisted of:

- Witnessing in part a Safety Review and Audit Board (SRAB) audit of the Radiological, Meteorlogical and Radiation Waste Program areas. The audit was being conducted by an approved contractor, KLM Engineering. The auditors were well qualified and were following a comprehensive audit plan/checklist.
- Discussing the SRAB audits with its chairman. Items of discussion included the use of contractors in conducting audits as well as corporate QA's participation in the SRAB audits. Two of the eight SRAB audits were reviewed on a sampling basis. They were SRAB Audit No. 84-05, Records; and SRAB Audit A, Nine Mile Point Unit 1 1984 QA Maintenance and Testing Audit. The audits were detailed and the audit recommendations were being implemented.

- Interviewing the cognizant audited organization personnel for their responses as well as their receptiveness to the audits and their results. In general the responses were timely and further discussed with QA where clarification was necessary. The concurred corrective actions were being implemented and QA was verifying their implementation.
- Reviewing the following audit reports for scope, results, and corrective action responses:
 - Audit No. 84-01 In Service Inspection and Test Program
 - Audit N. 84-02 Modifications for Outage, QA of Nuclear Operations, Conformance with Fuel Handling Procedures and Review of SORC Records
 - Audit No. 84-03 FSAR Purchasing
 - Audit No. 84-04 Radiation Waste Operations
 - Audit No. 84002 Materials Management
 - Audit No. 84003 QA of Nuclear Operations
 - Audit No. 84004 Implementation of QA, Administrative and Maintenance Procedures

The audits were performed in accordance with QAP 18.10 and the responses were timely and verified by QA.

- Interviewing lead and team auditors regarding their respective audits and the follow-up actions as well as their qualifications. The auditors were qualified as well as knowledgeable of the audited area. The auditors reviewed the corrective actions and verified/monitored their implementation.
- Reviewing the long range audit schedule with the audit supervisor to assure that the audits were planned, adequate in coverage, pricritized and scheduled.
- Witnessing surveillance of N1-P5P-8 "Sampling and Analysis of Diesel Fuel Oil. The sampling was for: (1) specific gravity; (2) water and sediment, and (3) viscosity of oil. The surveillance was performed in accordance with QAP 10.21

3.3 Findings

In July 1984, a Corporate Audit group was established. In accordance with QAP 18.10 paragraph 4.2, the Audit Supervisor who is head of the Corporate Audits group is "responsible for preparing and revising the Audit Schedule...". Though audit schedules are revised quarterly per QAP 18.10, objective quality evidence of long range planning or scheduling was lacking. The audit supervisor is aware of this and did provide evidence of long range planning developed for Nine Mile Unit 2 which he is applying to Nine Mile Unit 1. The Audit Supervisor agreed that formal means should be developed where he has at his disposal all the sources and information (inputs) for futuristic planning of audits. One example discussed was continued dialogue with

Operations QC Supervisor in the area of surveillance inspections. Other sources discussed were the SRAB audit results and the Corrective Action Status Reports.

The Corrective Action Status Report is developed and distributed on a regular basis by the QA System/Services Supervisor. To date, a procedure has not been developed which formalizes the Corrective Action system program as required by 10 CFR 50, Appendix B, Criterion XVI "Corrective Action". This has resulted in many inaccuracies found within the report. The QA System/Services Supervisor indicated that a procedure is being developed to formalize the Corrective Action System program and should prevent any future inaccuracies. Also he indicated that future inputs to the Corrective Action Status Report would also be used in conjunction with the development of the trend analysis report. Licensee representatives committed to having the Corrective Action System program formalized and in place by April 1, 1985. Licensee action in this area will be reviewed in a future NRC inspection (220/84-28-01).

No violations were identified.

4. Management Meeting

Licensee management was informed of the scope and purpose of the inspection in the entrance interview conducted on December 17, 1984. The findings of the inspection were periodically discussed with licensee representations during the course of the inspection. An exit interview was conducted on December 20, 1984 (see paragraph 1 for attendees) at which time the findings of the inspection were presented.

At no time during the inspection was written material provided to the licensee by the inspectors.