



UNITED STATES  
 NUCLEAR REGULATORY COMMISSION  
 REGION II  
 101 MARIETTA STREET, N.W.  
 ATLANTA, GEORGIA 30323

Report Nos.: 50-369/84-32 and 50-370/84-29

Licensee: Duke Power Company  
 422 South Church Street  
 Charlotte, NC 28242

Docket Nos.: 50-369 and 50-370

License Nos.: NPF-9 and NPF-17

Facility Name: McGuire 1 and 2

Inspection Conducted: October 22-26, 1984

Inspector: G. A. Belisle 11/28/84  
 G. A. Belisle Date Signed

Approved by: C. M. Upright 11/28/84  
 C. M. Upright, Section Chief Date Signed  
 Division of Reactor Safety

SUMMARY

Scope: This routine, unannounced inspection entailed 33 inspector-hours on site in the areas of QA Program Review, QA/QC Administration, test and measuring equipment, offsite support staff, audits and followup on previously identified inspection findings.

Results: Of the six areas inspected, no violations or deviations were identified in five areas; one violation was found in one area (failure to perform audits within Technical Specification (TS) timeframe, paragraph 9.a.).

## REPORT DETAILS

### 1. Persons Contacted

#### Licensee Employees

- \*A. Batts, Technical Support Supervisor
- \*G. Bell, QA Supervisor
- \*D. Franks, Surveillance Supervisor
- J. Frye, Manager, QA Audits
- B. Gragg, Technical Associate
- W. Hicks, Maintenance Supervisor, Tool Control
- B. Jones, PM Coordinator
- \*D. Mendenzoff, Licensing Engineer
- \*D. Rains, Superintendent of Maintenance
- \*R. Ruth, Supervisor, QA Engineering
- R. Sisk, NSRB Staff Assistant
- G. Small, Electrical Maintenance Planner
- \*L. Weaver, Superintendent, Station Services

Other licensee employees contacted included technicians, mechanics, and office personnel.

#### NRC Resident Inspectors

- \*W. Orders, Senior Resident Inspector

\*Attended exit interview

### 2. Exit Interview

The inspection scope and findings were summarized on October 26, 1984, with those persons indicated in paragraph 1 above. The licensee acknowledged the following inspection findings:

Violation: Failure to Perform Audits Within T.S. Timeframes, paragraph 9.a.

Inspector Followup Item: Incomplete Measures to Assure Conditions Adverse to Quality Are Promptly Corrected, paragraph 9.b.

Inspector Followup Item: Procedural Inadequacy, paragraph 9.c.

### 3. Licensee Action on Previous Enforcement Matters

Not inspected.

The inspector reviewed a Joint Utility Management Audit (JUMA) conducted October 8-12, 1984. This audit is discussed more fully in paragraph 9.

Within this area, no violations or deviations were identified.

7. Test and Measurement Equipment (61724)

- References:
- (a) 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants
  - (b) Regulatory Guide 1.33, Quality Assurance Program Requirements (Operations), Revision 2
  - (c) ANSI 18.7-1976, Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants
  - (d) Regulatory Guide 1.30, Quality Assurance Requirements for the Installation, Inspection, and Testing of Instrumentation and Electric Equipment
  - (e) ANSI N45.2.4-1972, Installation, Inspection, and Testing Requirements for Instrumentation and Electric Equipment During the Construction of Nuclear Power Generating Stations
  - (f) Technical Specifications

The inspector reviewed the licensee test and measurement equipment (M&TE) program required by references (a) through (f) and verified that these activities were conducted in accordance with regulatory requirements, industry guides and standards, and T.S. The following criteria were used during this review to assess overall established program acceptability:

- Criteria and responsibility for assignment of the calibration/adjustment frequency have been established.
- An equipment inventory list has been prepared which identifies equipment used on safety-related structures, systems, or components and the calibration frequency of each piece of equipment.
- Requirements exist for marking the latest calibration date on each piece of equipment.
- A system has been provided for assuring that equipment is calibrated before the date required.
- Requirements have been established which prohibit use of equipment which has not been calibrated within the prescribed frequency.

- Administrative controls have been established for QA/QC procedures which assure procedure review and approval prior to implementation, control of changes and revisions, and control of distribution and recall.
- Responsibilities have been established to assure overall review of QA program effectiveness.
- Methods exist to modify the QA program to provide increased emphasis on identified problem areas.

The following documents were reviewed to verify that these criteria had been incorporated into licensee administrative procedures for QA/QC administration activities:

Duke Power Company Topical Report, Duke-1-A, Amendment 7

McGuire Nuclear Station Quality Standards Manual for Structures, Systems, and Components dated, April 1, 1984

APM 2.6, Review and Audit, Revision 21

QA-100, Preparation and Issue of Quality Assurance Procedures, Revision 8

QA-104, Definition and Application of the Quality Assurance Program, Revision 2

QA-107, Temporary Procedure Changes, Revision 2

QA-122, Corrective Action Escalation Policy, Revision 1

QA-150, Trend Analysis, Revision 5

QA-190, Review of Quality Assurance Procedures, Revision 2

QA-191, Procedure Implementation Reviews, Revision 1

QA-210, Departmental Audit Procedure, Revision 17

QA 230, Departmental Audit Scheduling and Followup, Revision 10

QA 500, Operations Division Surveillance Program, Revision 16

QA 501, Placing, Reviewing, and Verifying Quality Assurance Requirements on Station Procedures, Revision 7

QA 509, Preparation and Issue of Quality Control Procedures, Revision 10

QCK 1, Control of Nonconforming Items, Revision 16

## 4. Unresolved Items

Unresolved items were not identified during this inspection.

## 5. QA Program Review (35701)

Reference: (a) 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants

The inspector reviewed the licensee QA Program required by reference (a) and verified that these activities were conducted in accordance with regulatory requirements. The following criteria were used during this review to assess overall established program acceptability:

- Personnel responsible for preparing implementing procedures understand the significance of changes to these procedures.
- Licensee procedures are in conformance with the QA Program.

The procedures mentioned throughout this report were reviewed to verify conformance with the QA Program.

The inspector reviewed QA Program implementation in offsite support staff and auditing. Each specific area is detailed in other paragraphs of this report. Problem areas, if identified, are detailed in specific areas inspected.

Within this area, no violations or deviations were identified.

## 6. QA/QC Administration (35751)

References: (a) 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants

(b) Technical Specifications, Section 6

The inspector reviewed the licensee QA/QC administration program required by references (a) and (b) and verified that these activities were conducted in accordance with regulatory requirements and Technical Specifications. The following criteria were used during this review to assess overall established program acceptability:

- QA documents clearly identify those structures, systems, components, documents, and activities to which the QA program applies.
- Procedures and responsibilities have been established for making changes to QA program documents.

- Calibration controls have been established which require evaluation of the cause of equipment found out of calibration and the acceptability of items calibrated using such equipment.
- New equipment will be added to the inventory list and calibrated prior to being placed in service.

The following documents were reviewed to verify that the previously listed criteria had been incorporated into licensee administrative procedures for test and measurement activities:

APM 2.3, Control of Measuring and Test Equipment, Revision 21

SD 2.3.0, Control of Measuring and Test Equipment, Revision 10

SD 2.3.1, Control and Storage of Performance Measuring and Test Equipment, Revision 0

Chemistry Manual 3.10, Control of Laboratory Equipment, Revision 8

Health Physics Manual 9.3, Control of Health Physics Survey and Analyzing Equipment, Revision 3

Health Physics Manual 9.4, Control Issue Point, Revision 5

The inspector conducted interviews with plant personnel responsible for tracking M&TE calibration status. The inspector also interviewed mechanical, instrumentation and electrical, and performance personnel responsible for calibrating their specific M&TE. The inspector toured these storage areas and verified that M&TE was being stored, marked, and calibrated as required by licensee administrative controls. The inspector reviewed the following six QA M&TE surveillances:

MC-84-51 Mechanical Maintenance, dated 9/18/84  
MC-84-2 Chemistry, dated 4/5/84  
MC-84-8 Performance, dated 4/24/84  
MC-84-20 Mechanical Maintenance, dated 5/9/84  
MC-84-27 Interfacing Organizations, dated 5/16/84  
MC-84-33 Instrumentation and Electrical, dated 7/31/84

To verify M&TE implementation, the inspector randomly selected instrumentation in the three areas previously mentioned and verified that equipment history cards were being maintained, instrumentation was properly identified, calibration stickers were attached and plainly visible, calibration dates matched equipment history and computer printout data, rejected equipment was plainly marked and segregated to prevent inadvertent issue, and calibration procedures were available for calibrations in progress. The following instrumentation was selected for review:

## Maintenance Calibration Shop

MCMNT 26339	End Standard
MCMNT 26391	Accelerometer
MCMNT 26406	Hydraulic Torque Wrench
MCMNT 26512	Pressure Gage
MCMNT 26657	Torque Wrench
MCMNT 26074	Dial Indicator
MCMNT 26784	Gage Blocks
MCMNT 26443	Hydraulic Wrench
MCMNT 26618	Pressure Gage
MCMNT 26047	Depth Micrometer
MCMNT 26706	3" Optical Flat
MCMNT 26537	Spring Scale

Three instruments (26406, 26618, 26047) were identified to have inaccurate data on the computer printout. The computer printout indicated calibration due dates of 10/25/84, 10/19/84, and 10/17/84, respectively. Instrument calibration stickers indicated that calibration for these instruments had been performed on 10/15/84, 10/19/84, and 10/19/84, respectively. Corrected calibration dates had been forwarded to PM personnel but this data had not been updated as of the inspection date.

## Instrumentation and Electrical Shop

MCIAC 26205	DIGITEC Thermometer
MCIAC 26283	Validyne
MCIAC 26524	Multiamp
MCIAC 26579	Simpson 260
MCIAC 26758	Temperature Liquid Immersion Probe
MCIAC 26905	Chart Recorder
MCIAC 26895	Pacer Industries DC-10
MCIAC 26933	Crimpers
MCIAC 26721	Decade Box
MCIAC 26699	Rosemont Calibrator
MCIAC 26075	Heise Tester

One instrument (26721) was identified to have inaccurate data on the computer printout. The computer printout indicated a calibration due date of 9/19/84. The instrument calibration sticker indicated that calibration had been performed 10/8/85. Corrected calibration dates had been forwarded to PM personnel but this data had not been updated as of the inspection date.

One instrument (26283) had no data in the calibration program to be calibrated at a specific frequency since this instrument was required to be calibrated prior to use. This was verified by discussions with planning personnel.

The inspector selected 10 retired instruments (removed from service) and verified that they had been deleted from the calibration program. Five instruments had been deleted (MCIAC 26885, 26886, 26887, 26883, and 26884). The remaining five (MCIAC 26126, 26086, 26669, 26534, and 26713) remained on the computer printout as requiring calibration. These instruments are in process of being deleted from requiring calibration.

#### Performance Shop

MCPRF 26161	Perma-Cal Gage
MCPRF 26160	Perma-Cal Gage
MCPRF 26020	Heise Gage
MCPRF 26019	Heise Gage
MCPRF 26017	Volumetrics
MCPRF 26041	Multiple Span Input Module
MCPRF 26035	Portable Intercom Unit
MCPRF 26031	Fluke Meter
MCPRF 26025	SOLA Electric Constant Voltage Transformer
MCPRF 26005	DOP Aerosol Generator

Three instruments (26035, 26025, and 26005) require no calibration. These instruments have identification numbers for tracking purposes.

Two instruments (26020 and 26019) were identified to have inaccurate data on the computer printout.

The computer printout indicated calibration due dates of 11/1/84 for both instruments. Instrument calibration stickers indicated calibration for both instruments had been performed on 10/15/84. Corrected calibration dates had been forwarded to PM personnel but this data had not been updated as of the inspection date.

The inspector selected four retired instruments (MCPRF 26055, 26054, 26028, and 26013) and verified that they had been deleted from the calibration program.

Within this area, no violations or deviations were identified.

#### 8. Offsite Support Staff (40703)

This activity was inspected during a Catawba inspection conducted October 9-13, 1984, and is documented in Inspection Report 50-413/84-96, paragraph 5.

Within this area, no violations or deviations were identified.

#### 9. Audits (40702, 40704)

References: (a) 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants



- (b) Regulatory Guide 1.144, Auditing of Quality Assurance Programs for Nuclear Power Plants
- (c) ANSI N45.2.12 - 1977, Requirements for Auditing of Quality Assurance Programs for Nuclear Power Plants
- (d) Regulatory Guide 1.146, Qualification of Quality Assurance Program Audit Personnel for Nuclear Power Plants
- (e) ANSI N45.2.23 - 1978, Qualification of Quality Assurance Program Audit Personnel for Nuclear Power Plants
- (f) Regulatory Guide 1.33, Quality Assurance Program Requirements (Operation)
- (g) ANSI N18.7 - 1976, Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants
- (h) Technical Specifications, Section 6

The inspector reviewed the licensee audit program required by references (a) through (h) and verified that auditing activities were conducted in accordance with regulatory requirements, industry guides and standards, and Technical Specifications. The following criteria were used during this review to assess overall established program acceptability:

- The scope of the audit program has been defined and is consistent with Technical Specification and QA program requirements.
- Responsibilities have been assigned in writing for overall management of the audit program.
- Methods have been defined for taking corrective action when deficiencies are identified during audits.
- The audited organization is required to respond in writing to audit findings.
- Distribution requirements for audit reports and corrective action responses have been defined.
- Checklists are required to be used in the performance of audits.
- QA audit personnel meet minimum education, experience, and qualification requirements for the audited activity.

The following documents were reviewed to verify that these criteria had been incorporated into licensee auditing activities:

Duke Power Company Topical Report, Duke-1-A, Amendment 7

QA-210, Departmental Audit Procedure, Revision 17

QA-230, Departmental Audit Scheduling and Follow-up, Revision 10

QA-130, Qualification and Training, Revision 10

QA-131, Quality Assurance Training, Revision 6

QA-140, Quality Assurance Inspector Training, Revision 8

QA-150, Trend Analysis, Revision 5

QA-160, Performance of Corporate Quality Assurance Audits, Revision 1

To verify audit program implementation the inspector reviewed the following audits:

<u>AUDIT</u>	<u>CONDUCTED</u>	<u>ISSUED</u>	<u>FINDINGS RESPONDED TO</u>
NP-83-2(MC)	2/7-18/83	03/21/83	04/20/83
NP-83-5(MC)	3/28-5/2/83	06/02/83	07/14/83
NP-83-12(MC)	6/27-28/83	07/29/83	08/24/83
NP-13-15(MC)	9/6-15/83	10/17/83	11/15/83
NP-83-16(MC)	9/6-29/83	11/07/83	12/07/83
NP-83-17(MC)	9/19-21/83	10/26/83	11/29/83
NP-83-21(MC)	10/24-11/7/83	12/22/83	01/24/84
NP-84-1 (MC)	1/16-30/84	03/01/84	N/A
NP-84-5 (MC)	3/12-30/84	04/18/84	05/17/84
NP-84-6 (MC)	3/12-23/84	04/10/84	05/09/84
NP-84-8 (MC)	5/7-18/84	06/18/84	07/16/84
NP-84-12(MC)	7/2-5/84	07/31/84	N/A
NP-84-15(MC)	9/18-20/84	10/03/84	N/A
NP-84-16(MC)	9/18-28/84	10/22/84	N/A

During this audit review the inspector identified that some audits (NP-83-2, NP-83-12, NP-83-15, NP-83-16, NP-83-17, NP-83-21, and NP-84-1) issued in 1983 were not issued within 30 days as required by T.S. The licensee also identified and documented this late audit issuance. The inspector reviewed a memo to file from the Audit Division QA Manager dated September 13, 1984, outlining corrective action which included root cause determination. It was determined that the root cause, "Appeared administrative in nature and not the result of written draft presentation." Corrective actions include additional personnel and equipment enhancement which will alleviate late report issuance. The inspector reviewed a JUMA audit conducted October 8-12, 1984, and late audit issuance was identified by JUMA as

finding JUMA-84(GO)(6). This is a repeat finding in that a similar finding had been previously identified JUMA-83(GO)(c)(2nd). Responses to this finding and other identified findings are due November 9, 1984. No violation is being written for failure to meet T.S. requirements due to the licensee identification of and continuing efforts to alleviate this problem.

During this audit review the inspector identified that some audit findings (NP-83-5, NP-83-17, and NP-83-21) are not responded to within reference (c) requirements. The inspector reviewed a memo to the Vice President, Nuclear Production Department from the Corporate QA Manager dated April 25, 1984. This memo subject is Periodic Assessment of QA Audit Results. A negative trend in this memo is identified in that three of six audit responses were late in 1982 and four of seven audit responses were late in 1983. A similar memo dated October 15, 1984, identified as positive trend, in that the quality and timeliness of audit responses had shown significant improvement since January 1984. Responses are sent an average of three days prior to the date required by the audit report. No violation is being written for failure to meet reference (c) requirements due to licensee identification and apparent resolution of this problem.

During audit NP-84-5 (MC) review, the inspector followed up on deficiency NP-84-5 (MC) (1). This deficiency identified that during a periodic test (PT) performance conducted on 12/28/83, 1B ND pump differential pressure was above the point at which the pump had to be declared inoperable and corrective action was required to be taken. The data sheet was incorrectly marked in that the acceptance criteria for the pump had been met when in fact the acceptance criteria had not been met and the pump had not been declared inoperable. The auditor apparently notified appropriate personnel because operations log books (TSAIL) declared the pump inoperable and on March 28, 1984, demonstrated operability by redoing the PT. This operability was witnessed by the Auditor.

The inspector reviewed corrective actions associated with audits NP-83-5 (MC) and NP-83-15 (MC). Audit NP-83-15 (MC) was conducted in administrative and maintenance activities. This audit identified three deficiencies relating to measuring and test equipment traceability, unauthorized changes to measuring and test equipment calibration frequencies, and lack of control in the handling and storage of station temporary and permanent procedures. This audit also identified an unresolved item relating to technical manuals used during calibration not being approved.

The deficiencies were responded to on 11/15/83, memo M. McIntosh to G. Grier. On 12/22/83, QA stated that the response to item one was not entirely satisfactory, the item two response was satisfactory, and the item three response was satisfactory. An additional response was requested for item one on or before 1/16/84, memo J. Frye to M. McIntosh. On 1/24/84 an additional response was submitted for QA review, memo M. McIntosh to G. Grier. QA responded 2/8/84, that this additional response was satisfactory, memo J. Frye to M. McIntosh.

A reevaluation of selected audit findings was performed 3/12-28/84. The reevaluation results were released 4/10/84, memo J. Frye to M. McIntosh. The item 1 reevaluation concluded that additional problems existed; consequently, an additional response and corrective action was requested on or before 4/30/84. Additional information was submitted 4/30/84, memo M. McIntosh to G. Grier. The corrective action completion date was scheduled by 5/15/84.

A second item 1 reevaluation was conducted 5/16-17/84. The results were released 5/30/84, memo J. Frye to M. McIntosh. The item 1 reevaluation concluded problems still existed; consequently, an additional response and corrective action was requested by 6/19/84. Item 1 was responded to 6/15/84, memo M. McIntosh to G. Grier. QA evaluated this response 6/29/84, memo J. Frye to M. McIntosh, and concluded that the response was incomplete; consequently, an additional response and corrective action was requested on or before 7/19/84. The additional response was forwarded to QA on 7/16/84, memo M. McIntosh to G. Grier. QA determined that this additional response was satisfactory on 7/19/84, memo J. Frye to M. McIntosh.

On 8/13/84, QA performed an item 1 comprehensive review and concluded that corrective action had been completed, memo J. Frye to M. McIntosh. This item was closed. A somewhat similar analogy could also be presented for audit MC-83-5 (MC) item 3.

The inspector reviewed a memo to the Vice President, Nuclear Production Department from the QA Manager dated April 25, 1984. This memo subject is Periodic Assessment of QA Audit results. A negative trend in this memo identified a repetitive deficiency at McGuire relating to measuring and test equipment signouts. This problem was previously identified by on site surveillances and QA Audit NP-83-15 (MC) item 1. A similar memo dated October 15, 1984, stated as a positive trend that this problem was satisfactorily rectified. Successful program implementation resulted in problem resolution.

The inspectors reviewed an outstanding nonconforming item list (NCI) dated 10/1/84, memo R. Ruth to M. McIntosh. This list has 35 items on it, four from 1982, six from 1983, and the remaining are from 1984. The following are the items from 1982 and 1983:

<u>NONCONFORMING ITEM</u>	<u>DATE ISSUED</u>
NCI-MC-511	07/22/82
NCI-MC-522	09/22/82
NCI-MC-527	11/16/82
NCI-MC-530	11/19/82
NCI-MC-572	04/19/83
NCI-MC-580	05/05/83
NCI-MC-586	08/05/83
NCI-MC-593	08/24/83
NCI-MC-598	09/28/83
NCI-MC-601	10/24/83

The inspector reviewed NCI status with a licensing engineer. Status for these items is being tracked on a MAD list. Several items (MCI-MC-511, -527, and -572) have outstanding station modifications that are pending outages for implementation. The remaining items are either awaiting final resolution, under evaluation, or being reviewed by QA. A similar analogy can be made for at least one item, NCI-MC-598, as was done for audit finding NP-83-15 (MC).

The inspector reviewed six lead auditor qualifications.

Within this area one violation and two inspection followup items were identified and are discussed in the following paragraphs.

a. Failure to Perform Audits Within T.S. Required Timeframes.

T.S. 6.5.2.9 delineates audit frequency. Audits of results of actions taken to correct deficiencies is required to be done at least once per six months. The inspector specifically requested dates when this and other selected audits had been performed. The licensee gave 6/27-28/83 and 1/16-30/84 as dates for when these audits had been conducted. The inspector informed licensee personnel that this timeframe was not consistent with T.S. requirements; consequently, this constituted a violation. Audits are performed under NSRB cognizance. A NSRB Staff Assistant requested a meeting with the inspector. During this meeting the inspector informed the NSRB Staff Assistant that relaxing specified audit time frequencies is not allowed. Time relaxation is permissible for surveillances and this is clearly delineated in TS.

Apparently, licensee personnel had been led to believe that the same time constraints for TS surveillances was also applicable for TS audit frequencies. This failure to perform an audit within TS requires timeframes constitutes a violation (369/84-32-01, 370/84-29-01).

b. Incomplete Measures to Assure Conditions Adverse to Quality are Promptly Corrected

A telephone conversation was conducted on November 1, 1984, between Region II representatives and the Corporate QA Manager. The following specific procedural inadequacies were discussed:

- QA-500, deficiency definition and criteria when deficiencies become NCIs.
- QCK-1, NCI definitions
- QA-122, escalation definitiveness

Examples relating to audit finding and NCI resolution were also generally discussed. The Corporate QA Manager stated that the examples discussed were the exception rather than the rule; however, he agreed that procedural changes would be made and when completed would be forwarded to the Senior Regional Inspector. Until the identified

procedural changes are made, this is identified as an inspector followup item (369/84-32-02, 370/84-29-02).

c. Procedural Inadequacy

QA-160, paragraph 5.1, states that at least every 12 months, plus or minus 3 months, the Executive Vice-President, Engineering and Construction, shall appoint an audit team to evaluate the status and adequacy of the Duke Power Quality Assurance Program. This is performed by a JUMA team and occurs usually in the last quarter of the year. The 1984 audit was performed October 8-12. Reference (a), Criterion II, requires that the applicant shall regularly review the status and adequacy of the quality assurance program. Although not specifically stated this regular review has been interpreted as annually (Standard Review Plan NUREG-0800 2C1.b). The inspector inquired that if this function was performed by a JUMA team and scheduling difficulties can arise, could this annual evaluation be relaxed to longer than annually (13, 14, or 15 months). The response was that annually was intended and no relaxation was allowable. Until the licensee modifies QA-160 to delete this 3 month extension, this is identified as an inspector followup item (369/84-32-03, 370/84-29-03).

10. Licensee Actions on Previously Identified Inspection Findings

- a. (Closed) Inspector Followup Item 369/82-34-01, 370/82-29-01: Audited Organizations Are Submitting Responses to Audit Findings In Excess of Specified Response Time.

The inspector reviewed audit responses for selected audits as discussed in paragraph 9. Full details are discussed in paragraph 9.

- b. (Closed) Inspector Followup Item 369/82-34-02, 370/82-29-02: Licensed Personnel Updating on Activities that May Affect Operating Practices or Plant Safety.

This item was identified by the inspector, however, it was also identified by licensee QA Audit SP-82-16 (MC). The inspector reviewed Audit SP-82-16 (MC) corrective actions. The corrective action for this item was satisfactorily closed April 17, 1984.