U. S. NUCLEAR REGULATORY COMMISSION

REGION III

Report No. 50-341/84-40(DRP)

Docket No. 50-341 License No. CPPR-87

Licensee: Detroit Edison Company
2000 Second Avenue
Detroit, MI 48226

Facility Name: Fermi 2

Inspection At: Fermi Site, Newport, MI

Inspection Conducted: November 19 through December 31, 1984

Inspectors: P. M. Byron
M. E. Parker
C. Anderson
W. F. Christianson
S. Stasek
T. M. Tongue
J. S. Wiebe

Approved By: R. C. Knop, Chief
Projects Section 1C

1-25-85
Date

Inspection Summary

Inspection on November 19 through December 31, 1984(Report No. 50-341/84-40(DRP))
Areas Inspected: Routine, unannounced inspection by resident inspectors of licensee action on previous items of noncompliance; licensee action on previous inspector identified items; headquarters requests; Technical Specification review; procedure review; operational staffing; operating staff training; management meetings; plant tours. The inspection involved a total of 586 inspector-hours onsite by 7 NRC inspectors, including 108 inspector-hours onsite during off-shifts.
Results: Of the 9 areas inspected, no items of noncompliance or deviations were identified in 8 areas. Within the remaining area, two items of noncompliance were identified (Procedure Review, Paragraph 6).

DETAILS

1. Persons Contacted

*F. Agosti, Manager, Nuclear Operations
*L. Bregni, Licensing Engineer
*G. Clark, Shift Supervisor
L. DeLucia, Assistant Shift Supervisor
*J. DuBay, Director, Planning and Control
O. Earle, Supervisor, Licensing
R. Eberhardt, Rad-Chem Engineer
*W. Fahrner, Manager, Fermi 2 Project
*E. Griffing, Assistant Manager, Nuclear Operations
*W. Holland, Vice-President, Fermi 2 Project
*W. Jens, Vice-President, Nuclear Operations
R. Kunkle, Director, SAFETEAM
S. Leach, Director, Nuclear Security
J. Leman, Maintenance Engineer
*L. Lessor, Assistant to the Superintendent
*R. Lenart, Superintendent, Nuclear Production
R. Mays, Director, Project Planning
*W. Miller, QA Supervisor, Operational Assurance
S. Noetzel, Site Manager
J. Nyquist, Assistant to Superintendent, Nuclear Production
*G. Overbeck, Assistant Plant Superintendent, Startup
J. Plona, Technical Engineer
E. Preston, Operations Engineer
W. Ripley, Startup Director
*C. P. Sexauer, Nuclear Production Administrator
*G. Trahey, Director, Nuclear QA
*R. Vance, Assistant Project Manager, Engineering

*Denotes those who attended the exit meetings.

The inspectors also interviewed others of the licensee's staff during this inspection.

2. Followup on Items of Noncompliance

(Closed) Item of Noncompliance (341/83-15-01(DPRP)): Lack of component identification of QA Level 1 material.

(Closed) Item of Noncompliance (341/83-20-02b(DPRP)): Wire baskets containing BOP and QA Level 1 cable not identified.

(Closed) Item of Noncompliance (341/83-20-03b(DPRP)): Discrepancies in the storage and handling of safety-related materials.

(Closed) Item of Noncompliance (341/83-29-02(DPRP)): Discrepancies in the storage and handling of safety-related materials.

(Closed) Item of Noncompliance (341/83-30-03(DPRP)). Discrepancies in the storage of safety-related materials.

The five items of noncompliance were identified during the latter phases of construction. All the discrepancies were similar and relate to inadequate labeling of material as to its status. These discrepancies were contrary to the requirements of Section 5.4 of ANSI N45.2.2, "Packaging, Shipping, Receiving, Storage, and Handling Items for Nuclear Power Plants." The licensee took prompt corrective action for each item after it had been identified by the inspectors. Nuclear Operations addressed the basic cause of these noncompliances by revising two existing procedures. Procedure 12.000.48,"Plant Housekeeping," Revision 4, dated November 27, 1984, Section 6.3.1 addresses the placement of scrap in marked scrap containers. Procedure 12.000.55, "Inprocess Material Control and Approved/Controlled Consumable Material Control," Revision 1, dated November 20, 1984, Sections 6.1 and 6.2 address the control of QA Level 1 and ASME material. Section 6.1.3 requires all QA Level 1 material to be identified as to its status and Section 6.2 addresses the segregation and tagging of Q and non-Q material.

The licensee completed training to Revision 1 of Procedure 12.000.55 by November 28, 1984, and implemented the procedure on December 3, 1984. The inspectors verified that the licensee corrected each of the identified discrepancies and consider the revised procedures to be adequate. The inspectors will continue to review procedural implementation. These items are considered to be closed.

3. Followup on Inspector Identified Items

a. (Closed) Open Item (341/81-10-09): SER 10.6, "Implementation of Water Chemistry Program." This SER item required the licensee to incorporate the water chemistry program into plant operating procedures prior to issuance of the operating license. As indicated in Inspection Report 50-341/84-20, the licensee's Alarm Response Procedures (ARPs) were not consistent with the SER commitments. The licensee has since revised ARP 16D24 "Polish Demin Effluent Conductivity High" to reflect change-out of a filter demineralizer when the effluent conductivity reaches 0.1 micromho/cm. The inspectors will review the other ARPs in conjunction with closing out Noncompliance 341/84-20-11(DRP). This item is considered closed.

b. (Closed) Open Item (341/81-17-05): SER I.C.8, "Pilot Monitoring of Selected Emergency Procedures for NTOL Applicants." In the SER, NRR reviewed Emergency Operating Procedures (EOPs) to ensure that these

procedures were consistent with the plant design and the BWR Owner's Group Guidelines and incorporated applicable human factors considerations. During this review it was noted that some plant-specific data was not available. These were designated by "(Later)". The inspectors reviewed EOPs 29.000.01 through 29.000.06 and 29.000.08 for inclusion of plant specific data. This review was performed using the revised Final Draft of Fermi 2 Technical Specifications. All "laters" have been removed and plant specific data based on the revised Final Draft of the Fermi 2 Technical Specifications has been incorporated. This item is considered closed.

c. (Closed) Open Item 341/84-07-01(DRP)): Lack of Indications on Testable Check Valves. During the preoperational testing of the Standby Liquid Control System (SLCS), the inspectors noted that testable check valves C41-F006 and C41-F007 did not indicate open during SLCS injection. The inspectors observed resetting of the limit switches and subsequent Sequence of Events (SOE) testing to verify proper limit switch setting. This test included injection of water into the vessel through the check valves.

The licensee was unable to obtain the disc full open indication during injection and still have the required dual indication (Disc open/Disc closed) in the test mode. This condition was due to the check valve opening further during test mode than full flow injection. A Startup Field Report SFR No. 3558 was issued and dispositioned to require limit switches to be adjusted to require disc open indication during full flow injection and test modes. The check valves were tested satisfactorily under the new requirements. This item is considered closed.

d. (Closed) Open Item (341/84-20-10(DRP)): Periodical updating of the FSAR. The inspectors reviewed Interfacing Procedure 11.000.121, FSAR and ER Amendments, Revision 2, dated 12/10/84. This procedure provides the guidelines for processing amendments to the Fermi 2 FSAR and ER. Review of the procedure revealed that it requires the FSAR to be updated annually, beginning two years after the date of issuance of the Operating License, this is in accordance with 10 CFR 50.71(e). This procedure also provides the guidelines for updating figures in the FSAR. Amendment 60 dated December 1984, to the Fermi 2 FSAR added Table 1.6-4, which identifies those figures in the FSAR which require periodic updating. This procedure ensures that those figures identified in Table 1.6-4 reflect the currently issued revision of the drawing. This item is considered closed.

e. (Closed) Unresolved Item (84-20-12(DRP)). Emergency Diesel Generator (EDG) Purchase order quality requirements and the change documents were unavailable for review. DECo Purchase Order IE 90236 dated February 23, 1973, to Fairbanks Morse for the purchase of four

EDGs did not contain any quality requirements but did state that the equipment must meet DECo specification No. 3071-19 dated January 14, 1972. Review of the purchase order package revealed documentation regarding a price increase for additional quality requirements. Review of the contract modification revealed that the change was for ASME quality requirements. The quality assurance requirements were included in Section 6 of Specification No. 3071-19, Emergency Standby Diesel A.C. Generators. QA requirements were part of the purchase conditions and this item is considered closed.

f. (Closed) Open Item (341/84-39-06(DRP)): Some personnel records do not have evidence of a high school diploma or equivalent. The licensee has issued Nuclear Operations Directive (NOD) 2, "Certification of Personnel", which requires verification that personnel meet the applicable requirements of the NRC, industry standards, and the licensee in the areas of education, training and experience. The inspector reviewed additional personnel qualifications and noted that documentation regarding high school diplomas was present. This item is considered closed.

g. (Closed) Open Item (341/84-39-07(DRP)): Training Program Description is not being implemented for the courses listed as "Academic Training Program" (File Number 500 01 01 00) and "Fuel Handling Equipment" (File Number 500 03 21 00T). The inspectors noted that "Basic Nuclear" (File Number 500 03 21 01) is being implemented. These courses adequately cover the needed training and the licensee has has revised the Training Program Description to reflect the training being given. This item is considered closed.

h. (Closed) Open Item (341/84-39-08): No evidence that the radiochemistry technicians received training on interpreting and complying with the chemical and radiochemical aspects of the technical specifications. The licensee provided the inspector with additional information which demonstrated that the radiochemistry technicians are receiving the required training. The licensee has also revised the training program description to require training on the Radioactive Effluent Technical Specifications. This training has been implemented. This item is considered closed.

i. (Closed) Open Item (341/84-39-09): It is extremely difficult to verify completion of the courses required by the training program description when using the computer printout. The licensee demonstrated to the inspectors the method used to verify completion of the required courses. The computer printout is not yet used for this task. The inspectors consider the method used to be satisfactory for verifying that personnel are adequately trained. This item is considered closed.

4. Followup on Headquarters Requests

a. Operational Readiness Inspection

An NRR and Region III management team assisted by the resident inspectors performed an inspection of Fermi's readiness for fuel load on December 11 and 12, 1984. The team observed on December 11 an operating shift's response to several operational transients run on the simulator. The team concluded that the shift responded well to the transients. The team also observed that the shift worked well as a unit and had excellent communication habits. The team split up into several groups on December 12 to tour the plant. The subgroups looks at areas of particular interest to gain first-hand knowledge of issues which are currently being reviewed by NRR. Subsequent to the tour, the licensee made a presentation to the inspection team as to their readiness for fuel load. The team leader concluded the inspection by summarizing the team's impressions which were favorable.

b. Commissioner Zech Tour

Commissioner Zech, with his technical assistant, the Regional Administrator, and the Senior Resident Inspector, toured Fermi 2 on December 13, 1984. The tour was conducted by plant management and included individual discussions with the licensed operators and a shift technical advisor by Commissioner Zech. The tour group met prior to and subsequent to the tour with senior licensee management.

5. Technical Specification Review

The inspectors reviewed the revised Final Draft Copy of Fermi 2's Technical Specifications. The scope of the review was primarily limited to incorporation of resident inspector comments and incorporated changes requested by the licensee to the Proof and Review copy of Fermi 2's Technical Specifications. The review concluded that the original concerns were addressed and incorporated where required. During this review the inspectors pointed out typographical errors in the Reactor Vessel Low Water Level, Reactor Protection System Instrumentation Setpoints. This was identified to the licensee who has agreed to submit a Technical Specification change request to incorporate this and other changes that the licensee has identified. The inspectors also pointed out discrepancies between the FSAR and Technical Specifications concerning the sodium pentaborate volume and concentration requirements for the Standby Liquid Control System. The licensee has indicated that this matter is currently under review and may require both an FSAR and Technical Specification change. The licensee has discussed their proposed changes to the revised Final Draft copy of Fermi 2's Technical Specifications with the inspectors.

No items of noncompliance or deviations were identified.

6. Procedure Review

The inspectors reviewed the following procedures and verified that: 1) each procedure was technically adequate for the task to be performed, 2) each procedure was written in such a manner as to be easily understood by the user, and 3) each procedure was consistent in content and format with all applicable regulatory requirements.

a. Plant Procedures:

General Administrative

12.000.04	On-site Review Organization (OSRO)
12.000.07	Plant Operations Manual Procedures
12.000.12	Tagging and Protective Barrier System
12.000.13	Radiation Work Permit
12.000.15	PN-21 (Work Order) Processing
12.000.25(T)	Interim Temporary Modification Procedure
12.000.27	Material Receiving, Inspection, and Status
12.000.29	Material Issue and Return
12.000.32	Deviation and Corrective Action Reporting
12.000.43	Verification of Correct Performance of Operating Activities
12.000.46(T)	Refuel Floor Conduct of Operations
12.000.47	Incident Reporting System
12.000.53	Guidelines for Determination of Safety-Related Systems, Equipment, and Procedures
12.000.58	Licensee Event Report
12.000.59	Operating Experience Assessment
12.000.79	Field-Generated Configuration Changes

The inspector also verified that administrative controls exist governing procedure writing, revising, updating, and use.

b. Operating Procedures:

Abnormal Procedures

20.106.04	Uncoupled CRD
20.106.05	Stuck Control Rod

Administrative Procedures

21.000.01	Shift Operations and Control Room
21.000.02	Operation Logs and Records
21.000.03	Post Scram Evaluation and Restart Authorization

General Procedures

22.000.01	Reactor Startup Master Checklist
22.000.03	Startup from Cold Shutdown to Rated Power
22.000.08	Primary Containment Closeout
22.000.17	Power Changes During Operation

System Procedures

23.139	Standby Liquid Control System
23.201	Automatic Depressurization System
23.202	High Pressure Coolant Injection System
23.203	Core Spray System
23.205	Residual Heat Removal System
23.206	Reactor Core Isolation Cooling System
23.404	Standby Gas Treatment System
23.406	Primary Containment Nitrogen Inerting and Purge System
23.408	Primary Containment Atmosphere Monitoring System
23.415	Drywell Cooling System
23.707	Reactor Water Cleanup System

Surveillance Procedures

24.106.07	Scram Discharge Volume Vent and Drain Valve Monthly Verification
24.138.03	Reactor Recirculation Pumps Seal Purge Isolation Valves Operability Test
24.138.06	Jet Pump Operability Test
24.202.01	HPCI Pump Operability and Flow Test at 1000 psig and Valve Operability
24.203.02	Division I CSS Pump and Valve Operability Test
24.204.01	Division 1 LPCI and Suppression Pool Cooling/Spray Pump and Valve Operability Test
24.206.01	RCIC System Pump Operability and Valve Test
24.405.03	Secondary Containment Integrity Test
24.608	Rod Worth Minimizer Functional Test
24.609	Rod Sequence Control System Functional Test
24.610.01	RPS-Manual Scram Functional Test
24.707.01	Reactor Water Cleanup (RWCU) Valve Operability Test

c. Emergency Procedures:

Alarm Response Procedures (ARPs)

ARP	1A1-RHR	through	1A24-RHR
ARP	2A1-RHR	through	2A24-RHR
ARP	3A1-RHR	through	3A24-RHR
ARP	4A1-RHR	through	4A24-RHR
ARP	9D1-RHR	through	9D72-RHR

ARP 10D2-RHR through 10D72-RHR
ARP 1D1 through 1D96
ARP 2D3 through 2D96

Operations Procedures - Emergency

29.000.01 Level/Pressure Control, Revision 1, September 26, 1984
29.000.02 Cooldown, Revision 1, September 26, 1984
29.000.03 Primary Containment Control, Revision 1, October 3, 1984
29.000.04 Contingency for RPV Flooding, Revision 1, August 9. 1984
29.000.05 Contingency for Level Restoration,
Revision 1, September 24, 1984
29.000.06 Contingency for RPV Pressure Reduction,
Revision 1, September 24, 1984
29.000.08 Reactivity Control, Revision 1, September 28, 1984

During the inspection period, the inspectors found numerous examples of procedures which were approved by ineligible persons. Procedure 12.000.07, Section 9.2.4 states, "A procedure is not approved until the Superintendent-Nuclear Production/delegate has signed (Reference 3.6)." Reference 3.6 of that procedure is Technical Specification (T.S.) 6.8 which states in part. Each procedure...shall be approved by the Superintendent-Nuclear Production prior to implementation: The discrepancy of the delegate specified in Procedure 12.000.07, and T.S. 6.8 has been discussed with the licensee. The licensee plans on making a T.S. change which specifies a delegate. Procedure 12.000.57, Nuclear Production Organization, Section 5.0 specifies the authority and responsibilities of the Operations Engineer (OE) and Nuclear Shift Supervisor (NSS) which do not include procedure approval. The procedures listed below were approved by the OE or in one case an NSS, both of whom are not considered elegible delegates.

21.000.01	Shift Operations and Control Room
21.000.07	Qualifications for Licensed Personnel
23.505	Fire Detection System
35.000.85	Steam Separator Removal and Installation
71.000.01	Chemistry Organization and Responsibilities
71.000.16	Laboratory Safety and Laboratory Good Practices
71.000.19	Chemical Inventory Control
76.000.64	Transfer Source Calibration of General Atomics RD-52 Unit, Control Unit Emergency Air, North and South Inlets, N436A, B, N437A, B
ARP 1D82	Post Accident Sampling System Test Mode/Valve Open

On December 19, 1984, during a sampling of control room procedures, the inspectors found two procedures, 24.137.01, "Main Steam Line Isolation Valve Channel Functional Test," and 24.137.03, "Main Steam Line Valve Operability Test," that were stamped "Information Only" instead of the required "CONTROLLED". Procedure 12.000.07, "Plant Operations Manual Procedures," Section 10.3.1, states in part that procedures are to be "...stamped 'Controlled' with red ink on the cover page and distributed to the following: 4. (Control Room.)" When the licensee was informed by

the inspectors of these procedures, they were promptly removed and replaced with controlled copies.

The above two items (procedure approval by ineligible persons and uncontrolled procedures in the control room) are perceived to be failures to adhere to the controlling administrative procedure which is in noncompliance to 10 CFR 50 Appendix B Criterion V. (50-341/84-40-01(DRP)).

The inspectors met with the Assistant to the Superintendent and the Nuclear Production Administrator to discuss the concerns raised by these items and portions of other procedures. The licensee agreed to look into these areas and make any necessary changes. This will be reviewed in future inspections.

During the inspectors' review, numerous procedures were judged to be inadequate as illustrated in the following examples:

(1) During revision of surveillance procedure 24.707.01, Revision 2, "Reactor Water Cleanup (RWCU) Valve Operability Test", the containment inboard isolation valve (G33.F001) was deleted from the procedure and was to be included in a proposed surveillance procedure which was to be performed during cold shutdown conditions. Following deletion of the valve from 24.707.01, G-33-F001 was not subsequently added to any procedure to meet the Inservice Inspection (ISI) and technical specification testing requirements. Following identification of this situation by the inspectors, DECo personnel agreed to include the valve into procedure 24.000.04.

(2) During review of surveillance procedure 24.138.06, Revision 3, "Jet Pump Operability Test," the inspectors identified typographical mistakes in the calculations of Attachment 1 to the procedure. Specifically, items 2.55 and 2.63, used to calculate jet pump differential pressure to pumps 1 and 9 respectively, referenced the wrong jet pump readings in the formula.

(3) Procedure 24.106.07, Revision 0, "Scram Discharge Volume Vent and Drain Valve Monthly Verification": referenced an Attachment 2, but no Attachment 2 was included with the procedure.

(4) The licensee has included in all operating surveillance procedures which also addresses ISI requirements, the statement: "If a valve fails to exhibit the required change of valve stem position or exceeds its required stroke time, then corrective action shall be initiated immediately. If the condition is not, or cannot be corrected within 24 hours, the valve shall be declared inoperable." No instructions were included that any valve that is associated with the technical specifications was to be immediately declared inoperable if it did not meet the associated requirements.

(5) Procedure 12.000.04, "On-site Review Organization (OSRO):, was found to not fully incorporate the applicable Technical Specification (T.S.) requirements. T.S. 6.5.1.3 states "All alternate members shall be appointed in writing by the OSRO Chairman to serve on a temporary basis." Procedure 12.000.04, Section 3.3 states "Alternate members, are designated in Section 3.1, and may serve on a temporary basis." Section 3.1 lists alternates for each member by title. Section 3.3 goes on to state, "Members shall also notify the OSRO clerk in writing when they change their alternates." Section 3.3 implies that members may change their alternates though 5.1.4 states the Superintendent has the responsibilty. Neither section fully meets the T.S. requirements that the OSRO chairman appoint the alternate members in writing.

(6) Procedure 20.000.2, Revision 3, "Scram Recovery," step 1.6 stated that reactor water level 3 is +171 inches and level 8 is 211 inches. However, these numbers should be 172 and 219 inches respectively.

The above procedures were found to be inadequate and this is considered to be in noncompliance to 10 CFR Appendix B Criterion V. (50-341/84-40-02(DRP)). It is perceived by the inspectors that the root cause of the inadequacies is the incomplete or inadequate review done by the Onsite Review Organization (OSRO) prior to the issuance of the procedures. It should be noted that station management is addressing this by way of developing a checklist to be followed by OSRO during its review. The checklist, when finalized, will outline specific types of items needed to be looked at as appropriate during the OSRO process.

During the review of the Alarm Response Procedures (ARPs), the inspectors identified some differences between ARPs for identical alarms, some meanings not fully evident, and some information missing from procedures. It was subsequently determined that the licensee had already implemented a program to correct most of these deficiencies. The list of specific ARPs reviewed and associated inspector questions were provided to the licensee for review and followup.

As identified in SER, Supplement No. 1, Item I.C.8., NRR walked down these Operations Procedures-Emergency (EOPs) in the Browns Ferry-TVA simulator along with performing simulated transients and accidents. The review team and operating crew critiqued the activities and discussed use and technical content of the procedures, the sequences followed in the procedures, and the methods used to follow two or more procedures concurrently. Several changes were made to the procedures based on these discussions, including sequencing of steps, clarifications for the operator, and modifications to reflect the priorities identified by the operators.

The NRR review team concluded that the effective manner in which the operators used the emergency operating procedures demonstrated that the

procedures were clear, properly sequenced, and compatable with the control room and its equipment.

The inspectors previously reviewed an earlier revision of these procedures which is documented in Inspection Report 50-341/84-19(DRP)). The licensee has since incorporated plant specific data in these procedures.

The licensee has also incorporated some inspectors' comments but has indicated that problems do exist with word processing of the EOPs in ensuring that the human factors commitments are met. The licensee has agreed to resolve these and other inspector concerns such as referencing figures not identified, improving clarity of figures, typographical errors, and clarification of steps. This is considered an open item (341/84-40-03(DRP)) pending resolution of these procedures.

Two items of noncompliance have been identified in the Procedure Review area.

7. Operational Staffing

The inspectors reviewed the qualifications of the following personnel:

Instrument and Control Supervisor
Radiation Protection Engineer
Radiochemists (sample)
Licensed Operators (sample)
Nuclear Instrument Repairmen (sample)
Mechanics (sample)
Electrician (sample)
Receiving Inspectors (sample)

All personnel reviewed met the applicable qualifications required by the FSAR and industry standards.

The inspectors reviewed the Quality Assurance/Quality Control Staffing and organization. The organization was in accordance with the FSAR and the Quality Assurance Plan. Quality Assurance staff qualifications were reviewed including:

Supervisor of Operational Assurance
Lead Auditor
Auditor
Inspector (Electrical)
Inspector (Operations)

All personnel reviewed met the applicable qualifications required by the FSAR and industry standards.

The inspectors reviewed the licensee's methods for assuring that the minimum education, experience, and qualification requirements are met for personnel in positions affecting nuclear plant safety. The inspectors determined that the requirements of Nuclear Operators Directive (NOD) 2 is sufficient to assure the above.

No items of noncompliance or deviations were identified.

8. Operating Staff Training (Nonlicensed)

The inspectors reviewed the lesson plan and attended a training session for maintenance personnel concerning use of torque wrenches. The lesson plan provided a detailed guide concerning the areas to be covered and the instructor appeared to be knowledgeable of the subject. The students asked questions concerning the procedure to checkout tools and pointed out problems concerning use of the procedure. The instructor appeared willing to followup on these problems in order to facilitate resolving them.

Three personnel were interviewed to verify that training records reflect the actual training received. In all cases the personnel acknowledged that the training units listed in their record reflected training which they received.

No items of noncompliance or deviations were identified.

9. Plant Tours

During the period of November 19 through December 31, 1984, the inspectors conducted tours of the RHR complex, the Reactor Building, the Auxiliary Building, the Turbine Building, and the Radwaste area, including the fifth floor of the Reactor Building, the Control Room, and cable spreading rooms. The areas were inspected for general housekeeping and fire prevention practices, work controls, and maintenance of safety-related system integrity. The inspectors observed control room operations, reviewed applicable logs, and conducted discussions with control room operators.

No items of noncompliance or deviations were identified.

10. Management Meeting

The Senior Resident Inspector attended a meeting which was held at Region III on December 5, 1984, between the licensee and Region III management to discuss the finding made by the Plant Systems Section staff during a recent inspection. The licensee presented supplemental information on their proposed corrective action to several findings. The principal portion of the meeting was spent addressing the discrepancies of as-built drawing issue. Resolution of this problem was not attained at the meeting. The licensee committed to perform additional reviews and walkdowns. Additional meetings were planned between the licensee and

Region III. This meeting will be reported in a subsequent inspection report.

10. Open Items

Open items are matters which have been discussed with the licensee, which will be reviewed further by the inspectors, and which involve some action on the part of the NRC or licensee or both. Open items disclosed during the inspection are discussed in Paragraph 6.

11. Exit Interview

The inspectors met with licensee representatives (denoted in Paragraph 1) throughout the month and at the conclusion of the inspection and summarized the scope and findings of the inspection activities. The licensee acknowledged the inspectors' comments.