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**Florida  
Power**  
CORPORATION

May 31, 1985  
3F0585-28

Dr. J. Nelson Grace  
Regional Administrator, Region II  
Office of Inspection and Enforcement  
U.S. Nuclear Regulatory Commission  
101 Marietta Street N.W., Suite 2900  
Atlanta, GA 30323

Subject: Crystal River Unit 3  
Docket No. 50-302  
Operating License No. DPR-72  
IE Inspection Report No. 85-20

Dear Sir:

Florida Power Corporation provides the attached as our response to the subject inspection report.

Sincerely,

Walter S. Wilgus  
Vice President  
Nuclear Operations

AEF/feb

Attachment

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PDR ADOCK 05000302  
Q PDR

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FLORIDA POWER CORPORATION  
RESPONSE

INSPECTION REPORT 85-20

VIOLATION 85-20-02

10 CFR 50, Appendix B, Criterion XVII, as implemented by Final Safety Analysis Report (FSAR) Section 1.7.17, requires that sufficient records be maintained to furnish evidence of activities affecting quality. The inspector or data recorder is required to be identified on test records.

Contrary to this requirement, quality records documenting visual inspection of 60 inaccessible snubbers completed in early 1984 were not sufficient in that:

- a. Dates of inspections were not recorded on the records.
- b. The identity of the inspectors or data recorders were not indicated on the records.

This is Severity Level V Violation.

RESPONSE

(1) Florida Power Corporation's Position:

Florida Power Corporation agrees with the stated violation in that quality records documenting visual inspection of snubbers are insufficient.

(2) Designation of Apparent Cause:

The individuals completing the procedure did not sign and date each data sheet. The completed procedure was not transmitted to the quality file with a "Procedure Approval and Transmittal Sheet" which would have required an independent review of the data sheets.

(3) Corrective Actions:

The data was reviewed with the inspector and the inspector was satisfied that the visual inspections were completed and that the Technical Specification requirement for the inspection was satisfied. The records cannot be back dated nor, can they be signed since the records are on microfilm.

(4) Corrective Action to Prevent Recurrence:

The individuals involved have been counseled about the requirements for completing quality records. The individuals have been advised that there is a requirement for an independent review of the completed procedure (i.e., the Procedure Approval and Transmittal Sheet) prior to the document being sent to quality records. The ISI Specialist will perform this review.

(5) Date of Full Compliance:

Full compliance has been achieved.