UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
611 RYAN PLAZA DRIVE, SUITE 400
ARLINGTON, TEXAS 76011-8064

JAN 19 1993

Docket No. STN 50-482
License No. NPF-42

Wolf Creek Nuclear Operating Corporation
ATTN: Bart D. Withers
President and Chief Executive Officer
P.O. Box 411
Burlington, Kansas 66839

Gentlemen:

This refers to the management meeting that was conducted, at your request, in the Region IV office on January 14, 1993. This meeting related to activities authorized by NRC License No. NPF-42 and was attended by those on the attached Attendance List.

This meeting was held to discuss Wolf Creek Nuclear Operating Corporation's Quality Assurance organization and initiatives taken to enhance quality assurance effectiveness. It is our opinion that this meeting was beneficial and has provided a better understanding of the Quality Assurance initiatives at Wolf Creek Generating Station. The subjects discussed at this meeting are described in the enclosed Meeting Summary.

In accordance with Section 2.790 of the NRC's "Rules of Practice," Title 10, Code of Federal Regulations, a copy of this letter will be placed in the NRC's Public Document Room.

Should you have any questions concerning this matter, we will be pleased to discuss them with you.

Sincerely,

A. Bill Beach, Director
Division of Reactor Projects

Enclosure:
Meeting Summary w/attachments

cc w/enclosure:
Wolf Creek Nuclear Operating Corp.
ATTN: Otto Maynard, Director
Plant Operations
P.O. Box 411
Burlington, Kansas 66839

IE45
1/1

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U.S. Nuclear Regulatory Commission
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Wolf Creek Nuclear Operating Corp.
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Manager Regulatory Services
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Burlington, Kansas 66839

Kansas Corporation Commission
ATTN: Robert Elliot, Chief Engineer
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Office of the Governor
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Topeka, Kansas 66612

Attorney General
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Kansas Department of Health
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Bureau of Air Quality & Radiation
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ATTN: Gerald Allen, Public
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ATTN: Robert Eye, General Counsel
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bcc to DMB (IE45)

bcc distrib. by RIV:
J. L. Milhoan
Section Chief (DRP/D)
DRSS-FIPS
RIV File
MIS System
Project Engineer (DRP/D)
DRS
Resident Inspector
DRP
Section Chief (RIII, DRP/3C)
SRI, Callaway, RIII
Lisa Shea, RM/ALF, MS: MNBB 4503
Section Chief (DRP/TSS)

250067

bcc to DMB (IE45)

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RIV:DRP/D	AC:DRP/D	D:DRP		
LEMyers;df	MASatorius	ABBeach		
1/19/93	1/19/93	1/19/93		

MEETING SUMMARY

Licensee: Wolf Creek Nuclear Operating Corporation (WCNOC)

Facility: Wolf Creek Generating Station (WCGS)

License No.: NPF-42

Docket No.: 50-482

Subject: MANAGEMENT MEETING CONCERNING WCNOC'S QUALITY ASSURANCE (QA) ORGANIZATION AND QA ENHANCEMENT INITIATIVES

On January 14, 1993, representatives of WCNOC met with NRC personnel in the Region IV office to discuss the licensee's QA organization and enhancement initiatives. The NRC staff found the meeting to be beneficial in providing information about these initiatives.

Attachments:
1. Attendance List
2. Licensee Presentation (partial NRC distribution only)

ATTACHMENT 1

ATTENDANCE LIST

Attendance at the management meeting between WCNOC and NRC on January 14, 1993, in the Region IV office:

WCNOC

R. C. Hagan, Vice President, Nuclear Assurance
K. J. Moles, Manager, Regulatory Services
W. M. Lindsay, Manager, Quality Assurance
T. S. Morrill, Manager, Radiation Protection
E. M. Peterson, Supervisor, Audits (QA)
T. M. Damashek, Supervisor, Surveillance (QA)

NRC

J. L. Milhoan, Regional Administrator
A. B. Beach, Director, Division of Reactor Projects (DRP)
A. T. Howell, Chief, Project Section D, DRP
G. L. Constable, Chief, Plant Support Section, Division of Reactor Safety (DRS)
I. Barnes, Technical Assistant, DRS
M. A. Satorius, Project Engineer, Project Section D, DRP
L. E. Myers, Resident Inspector, WCGS, Project Section D, DRP

Wolf Creek Nuclear Operating Corporation (WCNOC)

Meeting with NRC on Quality Assurance Improvements and Quality Enhancement Initiatives at Wolf Creek Generating Station

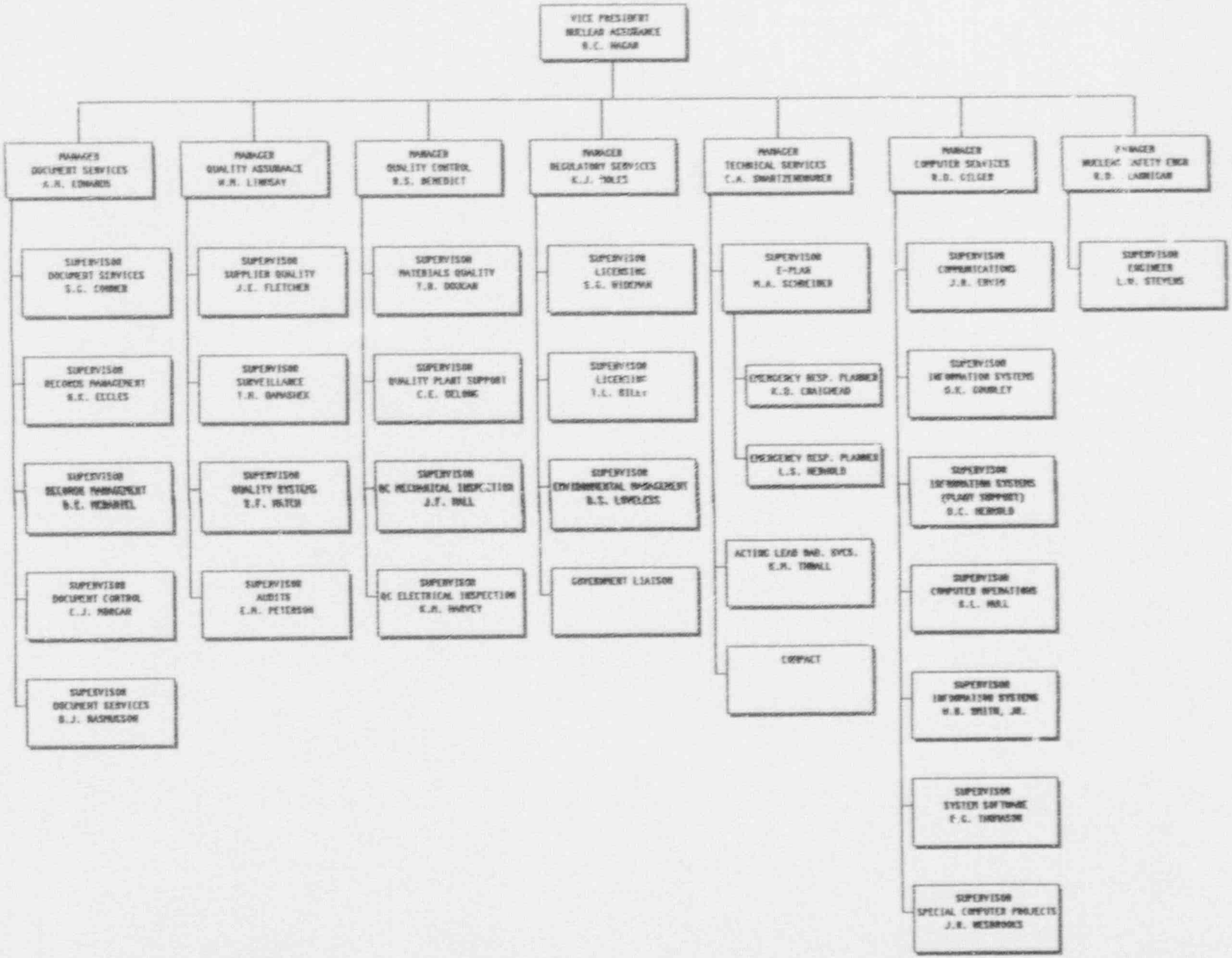
Date: January 14, 1993

Time: 11:00 am to 12:30 pm

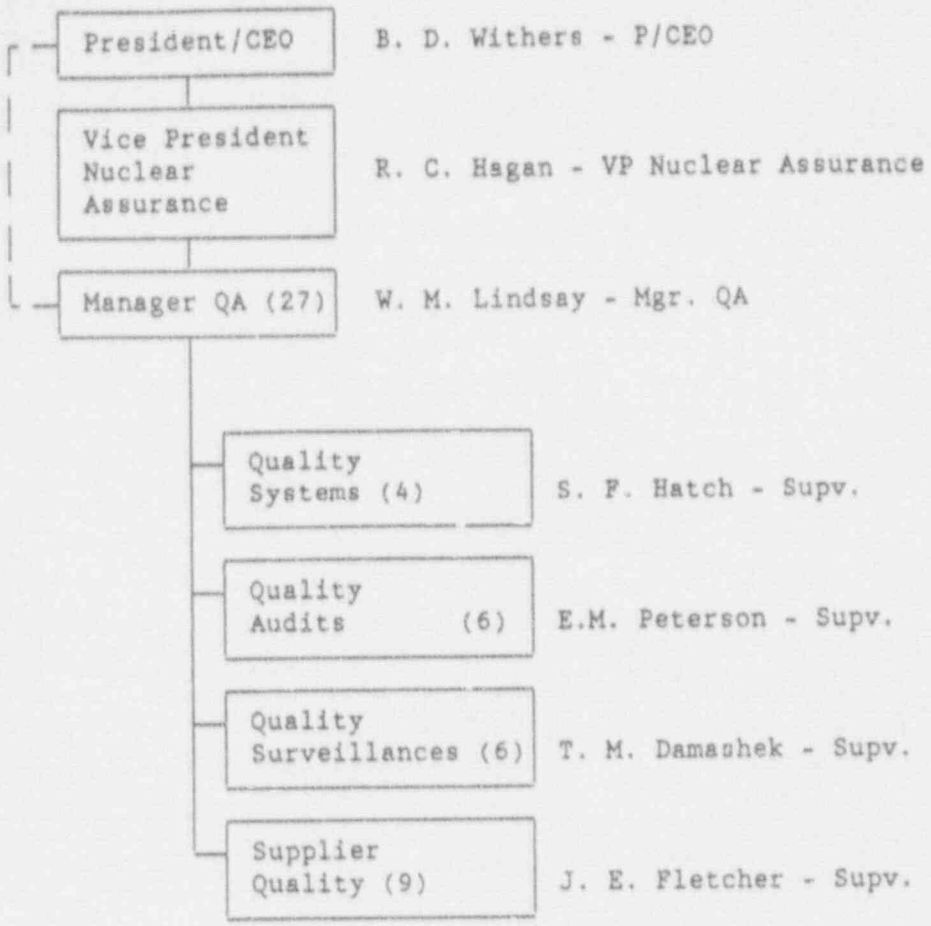
Location: NRC Region IV Offices
Arlington, Texas

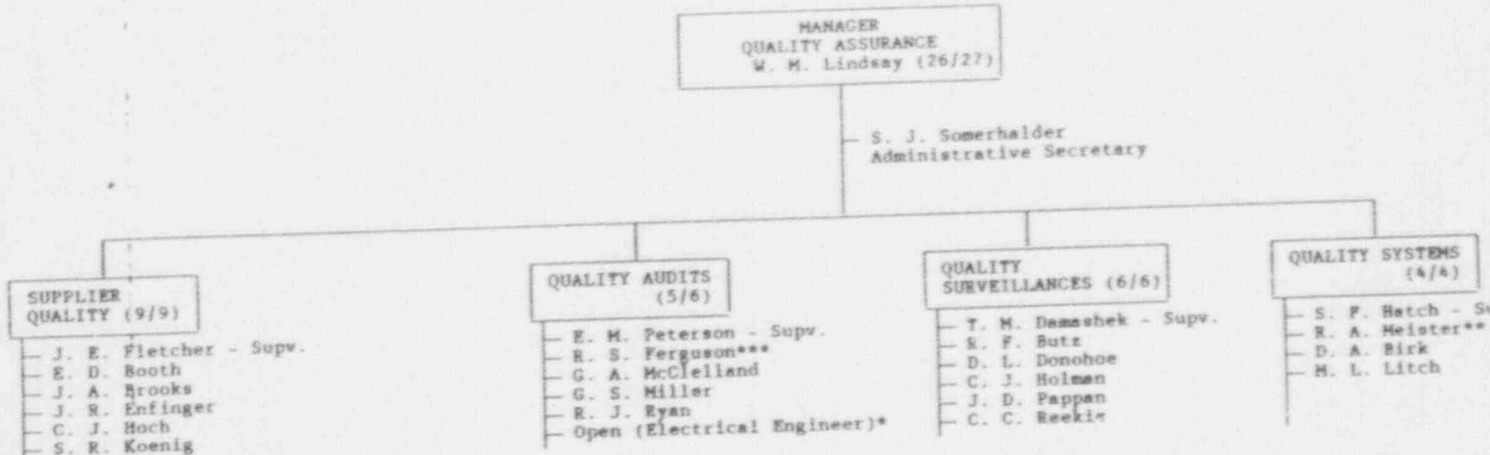
Presented by: R. C. Hagan, Vice President Nuclear Assurance
W. M. Lindsay, Manager Quality Assurance
E. M. Peterson, II, Supervisor QA Audits
T. M. Damashek, Supervisor QA Surveillances
T. S. Morrill, Manager Health Physics
K. J. Moles, Manager Regulatory Services

NUCLEAR ASSURANCE
ORGANIZATION CHART
Effective 1/16/93



WCNOC QA ORGANIZATION





Major Accountabilities:

- o Procurement Document Review of:
  - Purchase Requisitions (PR)
  - Quality Program Requirements (QPR)
  - Standard Program Requirements (SPR)
  - Material Procurement Requirements (MPR)
- o Audits of Suppliers
  - Plan and Notification
  - Performance of Report Generation
  - Follow-up Actions
- o Surveillances of Suppliers
  - Planning and Notification
  - Performance of Report Generation
  - Follow-up Actions
- o Supplier Evaluations
  - Initial Evaluation
  - Interim Evaluations
  - Annual Evaluations
  - Final Evaluations
  - Update SIL
- o Review Vendor QA Manuals
  - Initial and revisions
  - Update Evaluations Files

Major Accountabilities:

- o Internal Audits
  - Plan & notification of performance of report generation
  - Follow-up Verification of Findings
- o Auditor Certification Program
  - Initial Certification
  - Requal. Certification
- o Coordinate exchange of Audit Technical Expertise
- o Track and report on RFIs
- o Interface with NSRC Subcommittee - Rad Controls/ Security/E-Plan

Major Accountabilities:

- o Quality Surveillances Plan & coordinate performance of report generation
  - Follow-up Verification
- o Coordinate Quality Assessments & Assessment Assistance
- o Track & report on QA URIs
- o Interface with NSRC Subcommittee - Maint./ Surv.
- o Interface with the Outage Planning Group

Major Accountabilities:

- o Coordinate & Review select procedures
- o PSRC Representative Interface
- o Maintain Quality Program Manuals
- o Provide Training for Group
- o Maintain QA databases
- o Provide ASME NPT/NR Program Administration
- o Participate in Special Projects
- o Interface with NSRC Subcommittee - Operations

1/16/93

*Offer extended 1/6/93
**To be transferred to Regulatory Compliance - Open on 1/18/93
***On loan from Operations for 24 months - SRO

QA DIVISION BACKGROUND & INTERFACES

- Background

  - Quality Systems (4)

    - 2 previous Licensed Personnel (SRO & RO)
    - Three active and past Certified Lead Auditors
    - 2 college degrees (Physical Science & Business)
    - 48 years total nuclear industry experience of which 37 years is at WCGS

  - Quality Evaluations Personnel (Audits/Surveillances) (11)

    - 1 previous RO at WCGS
    - 1 current SRO at WCGS

    - 4 BS Degrees (Physical Sciences, Chemistry, Electrical Engineering Tech., Envir./Monitoring Tech.)
      2 Associates Degrees

    - 132 total years of nuclear industry experience of which 99 years of WCGS experience (92 years in Quality Assurance or QC, QE at either WCGS or other companies).

    NOTE: QA Rotation Program - SRO (Supervising Operator) to rotate into QA for 24 months effective - January 1993 til January 1995.

  - Supplier Quality

    - AA Engineering Technology

    - 89 total years of nuclear industry experience of which 76 years of QA/QC/QE experience (a total of approx. 51 years at WCGS)

- Interfaces

Manager QA:

- SNUPPS QA Subcommittee Member
- NRC Inspection Report Review Group Member
- Issues Review Group Member
- NSRC SAQV Subcommittee Member
- Alternate Member of the NSRC
- Region IV QA Managers Group
- PEP Action Plan Manager for QA Improvements, 3.2.3
- MAP Action Item Issues on Corrective Action

Supervisor Quality Systems:

- Chairman of the NPT/NR/R Steering Committee
- NSRC Operations Subcommittee Member
- PEP Action Plan Member for Management Selection, 2.3.1

Supervisor Audits:

- NSRC Radiological Controls/Security/Emergency Preparedness Subcommittee Member
- PEP Action Plan Member for QA Improvements, 3.2.3 and Vision/Mission, 1.2.1

Supervisor Surveillance:

- NSRC Maintenance/Surveillance Subcommittee Member
- PEP Action Plan Member for Procedures, 3.3.2
- Outage Planning Group Interface

Supervisor Supplier Quality:

- Interfaces with NUPIC & INDEX
- PEP Action Plan Member for Management Selection, 2.3.1 and Procurement, 3.3.4.
- Supplier Data Bank

QA - Vision

WCNOC QA will continue to improve its performance to support WCGS as one of the best run nuclear operations in the industry

QA - Mission

Support WCNOC organizations in meeting quality, technical and regulatory requirements

AUDIT PROCESS

I. BASIS FOR AUDITS AT WCGS

A. The WCNOC QA Audit Program consists of the performance of 58 audits over a two year period. These audits cover 40 topical areas which are grouped into four areas based on the following:

1. Technical Specifications

2. 10CFR50, Appendix B

3. ANSI N18.7

4. Other Regulation and Corporate Requirements

B. Audits which are based on Technical Specifications and 10CFR50, Appendix B are performed under the cognizance of the Nuclear Safety Review Committee (NSRC). The NSRC Chairman assigns a NSRC Member to interface with the audit team for each of these audits.

C. The 24 Month (Biennial) Audit Schedule establishes the windows for performing audits to ensure comprehensive coverage of all 40 topical areas at the required audit frequency (i.e., Corrective Action - every six months, Security - once every year. Document Control - once every two years).

1. The Biennial Audit Schedule includes:

a) The topical areas to be audited.

b) Basis for the audit.

c) The applicable Audit Planning Guide number.

d) Whether the audit is performed during an odd year, even year, or both.

e) The month the audit is required.

D. The 6 Month Audit/Surveillance Schedule is developed from the Biennial Audit Schedule and also factors in plant, regulatory, and industry issues. Additionally, line managers' input is solicited.

1. The 6 Month Audit Schedule includes:

a) The topical areas to be audited.

b) Audit Team assignments.

c) NSRC Interface assignments, as applicable.

d) The basis for the audit and the applicable Audit Planning Guide.

e) Any pertinent reference documents to be used during the audit plan development.

f) Previous audits of the topical area.

g) Scoping statements identifying specific topics to be evaluated during the audit.

II. PLANNING AND SCHEDULING

A. Audit Planning Guides (APG) are used by the auditor during the audit planning process. The APGs contain:

1. A statement describing the purpose of the audit.

2. A comprehensive reference document section.

3. A listing of objectives from which the auditor chooses in developing the audit plan.

a) When applicable, specific objectives are listed as mandatory.

b) The objectives are based on upper-tier regulatory and corporate requirements.

B. Our goal is to begin development of the audit plan a month before the scheduled audit. Audit notification is made to Management one week prior to the scheduled entrance date.

III. EXCHANGE OF TECHNICAL EXPERTISE DURING AUDITS

A. QA Management actively pursues the use of technical expertise both from within the company and external to the company to help with audits. The following technical experts were used to help with 1991/1992 audits:

1. Security (11/91 - HL&P [STP], 7/92 - Entergy [Riverbend Station])

2. Radiation Protection (5/91 - OPPD [Fort Calhoun], 5/92 - TUE [Comanche Peak])

3. REMP (6/91 and 6/92 - OPPD [Fort Calhoun])

4. E-Plan (7/91 - Iowa Electric [Duane Arnold], 7/92 - Entergy [ANO])

5. Fire Protection (11/91 and 11/92 - KCP&L) (11/91 and 11/93 - WCNOC NSE Eng.)

6. ASME NPT/NR Program (9/92 WCNOC Results Engineering)

B. WCNOC has been active in supplying technical expertise to other plant in 1992 as follows:

1. Security - Riverbend Station

2. Radiation Protection - South Texas Project and Comanche Peak

3. Radwaste Transportation - Fort St. Vrain

4. REMP - South Texas

IV. PERFORMANCE AND REPORTING

A. Entrance Meeting

1. The audit process formally starts with the entrance meeting.

2. The audit team and team leader are introduced.

3. Audit plan is handed out and discussed.

4. Organization's interface is assigned.

B. Audit Conduct

1. Auditors are directed to concentrate on performing the audit in a performance based approach as per NUREG/CR 5151.

a) Auditors have participated in three training sessions provided by John Johnson and company (JETS) to sharpen their skills in performance based assessments.

2. Audit teams typically consist of at least two members or more.

3. Audits generally are performed in a one month period.

4. For audits performed under the cognizance of the NSRC, the assigned NSRC Interface is updated during the audit process as requested.

C. Findings - Categories (Also applicable for Surveillance Process)

1. Stop Work Order

Manager QA has the authority to stop any WCNOC activity per the USAR which pertains to repair, maintenance, and refueling activity.

2. Corrective Action Request (CAR)

Used when other corrective action systems have not been effective in correcting a significant condition adverse to quality.

Since Commercial Operations, there have been six CARs initiated. The last CAR was concerning the chronic performance problems existing with the NPE Corrective Action System. All CARs have been closed.

3. Quality Program Violation (QPV)

a) Issued to document significant conditions adverse to quality.

- o QPVs are those conditions which significantly impede the implementation or reduce the effectiveness of the program. They require a root cause analysis by the PIR process.

4. Quality Program Deviation (QPD)

a) Issued to document conditions adverse to quality which are not considered significant.

- o QPDs are deficiencies of a programmatic or implementation nature which if left uncorrected could have an adverse effect on the program or the plant. They don't require a PIR and Root Cause.

5. Unresolved Item (URI)

a) Used to document areas for which further investigation is warranted at a later date.

- o An identified condition that warrants tracking by QA.

6. Recommendation For Improvement (RFI)

a) Issued to identify areas for improvement in programs or performance.

- o A mechanism to identify and transmit information concerning opportunities for improvement, in performance of activities to appropriate levels of management for evaluation. RFIs are not contrary to the Quality Program or may be applicable in areas for which explicit regulatory requirements may not currently exist.

D. Audit Exit Meeting

1. An informal pre-exit meeting is held with the audited organizations prior to the formal exit meeting.

2. The formal exit meeting includes presentation of results for all audits performed during the month.

3. The exit meeting typically includes line Management and Vice-Presidents and CEO.

E. Reports

1. Audit reports are generally issued within two weeks of the exit meeting and are provided to:

a) Management or the organizations audited,

b) Plant Safety Review Committee (PSRC)

c) Nuclear Safety Review Committee (NSRC)

d) Executive Management

e) NRC (QA has recently started providing the Resident NRC Inspectors with a copy of audit reports.)

V. ENHANCEMENTS

A. QPVs and QPDs will be discontinued by documenting all conditions adverse to quality on PIRs.

1. PIRs will be issued during the audit as opposed to being issued with the audit report as QPVs and QPDs currently are.

2. PIRs may not be closed in process without concurrence of the Manager QA.

3. The audited organization will be responsible for the significance determination.

4. The audited organization will be required to provide a corrective action plan and schedule for completion to QA within 30 days of receipt of the PIR.

5. Extension to corrective action due dates for PIRs will require approval from the Manager QA.

6. Upon receipt of a completed PIR, QA will schedule a follow-up effectiveness verification.

7. Benefits to this change include:

   a) Reducing the number of corrective action processes used by WCNOC.

   b) Placing of ownership of the deficiency with the responsible organization.

   c) Potentially, better root cause assessments by the responsible organizations for significant conditions.

B. Fostering better relations with audited organizations.

   1. Improving interpersonal skills of the evaluations personnel.

      a) This will be achieved through training and ongoing work with the evaluators.

   2. Proactively seeking input from the line organizations relative to upcoming audits of their activities.

   3. Development of an audit feedback survey for both the audited organizations and the evaluators.

   4. Interviews with line supervision and management to better determine their needs.

   5. Improvement of the audit report format.

   6. Establishment of an evaluator loan program where an evaluator is loaned for a period of time (e.g., 1 month) to help the organization perform internal self-assessments.

C. Reorganization of the Biennial Audit Schedule topics.

   1. Perform 10CFR50, Appendix B audits where all 18 Criteria, as applicable, are evaluated during one audit of a specific organization, thereby giving the Manager a better overall status of his organizations performance.

D. Assign evaluators specific key functional areas for which he/she is responsible.

   1. Provides organizations with a dedicated QA person for discussing program and process issues.

   2. Allows for better defined training needs for the particular functional area for which the evaluator is assigned.

SURVEILLANCE AND ASSESSMENT PROCESS

- Planning and Scheduling Surveillances

  - 6 month Audit/Surveillance Schedule

    Topics are scheduled based on several factors, including:

    - Regulatory Issues or Concerns
    - Industry Issues or Concerns
    - Follow-up of previously identified concerns
    - Changes or revisions to programs
    - To supplement coverage provided by audits
    - Requests from other organizations

  - Jump-up Surveillances

    These surveillances are planned and scoped based on ongoing plant activities or issues, or when requested. During the last half of 1992, and for future schedules, we have left open or unscheduled times to facilitate performing jump-up or requested evaluations.

- Requested Surveillances

  - Requested Audits/Surveillances Conducted

S-1878	Category III PMRs (3/91)	Director NPE
S-1883	Diesel Generator Supply Fans (4/91)	Director Quality
S-1896	Follow-up on LER 90-24 (9/91)	NSRC
S-1947	Review of Contract Services (12/91)	o Director Plant Operations o Director NPE
S-1961	Dose Assessment Capability (1/92)	Director Nuclear Services
S-1971	Unauthorized Temp. Mod. (3/92)	MAP Item IX.A.4
S-1972	Selection of Replacement Parts (3/92)	WCNOC Executive Board Member
S-1973	Access Authorization Rule (4/92)	HR
S-1984	Unauthorized Temp. Mods. (9/92)	MAP Item IX.A.4

  - Requested Audits/Surveillance to be Conducted

Audit - FAC Audit (during 1/93)	FAC Steering Committee
Surveillance - Unauthorized Temp. Mods.	MAP Item - Ongoing
Surveillance - E-Plan (ongoing through 5/93)	Manager Technical Services

- Performance and Reporting of Surveillances

  - Surveillances normally involve direct observation of an activity or activities, but may include reviews, or interviews as appropriate.

  - Surveillances can be performed by personnel who are not Certified Audit Team Leaders.

  - Formal entrances are seldom used; management and supervision responsible for the areas being evaluated are informed in advance.

  - Findings or concerns identified during surveillances are discussed with responsible personnel and documented in the same manner as those identified during audits.

  - Surveillance exits are scheduled upon completion of the surveillance. During exits the results of the surveillance are presented and discussed with management and supervision responsible for the activity or area evaluated.

  - Surveillance Reports use the same format as those for audits. Distribution of these reports includes Executive Management, and responsible management/ supervision.

  - Summaries of completed surveillances are presented at the monthly executive/ management audit exit meeting.

- Planning and Scheduling of Assessments

  - Assessments are evaluations performed outside of the regular Audit/Surveillance Process, in accordance with KGP-1205, "Self Assessment Process".

  - Assessments are performed upon request from management.

  - Assessments can be factored into the 6 month Audit/Surveillance Schedule or be performed as jump-ups.

  - Planning and scoping is coordinated with and approved by the requesting manager.

  - Assessment results are documented and reported to the requesting managers.

  - The requesting manager is responsible for any corrective action which may be appropriate, and for approval and distribution of the report.

  - QA has been requested to conduct several assessments during 1992.

    - INPO Follow-up Assessment: 2/92 (4 member team)

    - NUMARC Comprehensive Procurement Initiative Assessment: 4/92 (4 member team)

    - E-Plan Pre Exercise: 6/92 & 7/92 (10 member team)

    - E-Plan Drill: 9/92 (10 member team)

- Organizations have conducted their own assessment during 1992.
  - Doors - Maintenance
  - IST - Results Engineering
  - Radiological Controls for By-Product Material which is processed, packaged, and transported as LLRW - HP
  - RCA Tool Control - HP and Maintenance

- ENHANCEMENTS
  - In addition to those enhancements discussed in the audit process section, other enhancements include:
    - Development of a long-range surveillance schedule or plan.
    - Continued use of open schedule space to facilitate jump-up or requested evaluations.
    - Use of input from Nuclear Safety Analysis Group in the scheduling of Outage Surveillance coverage.

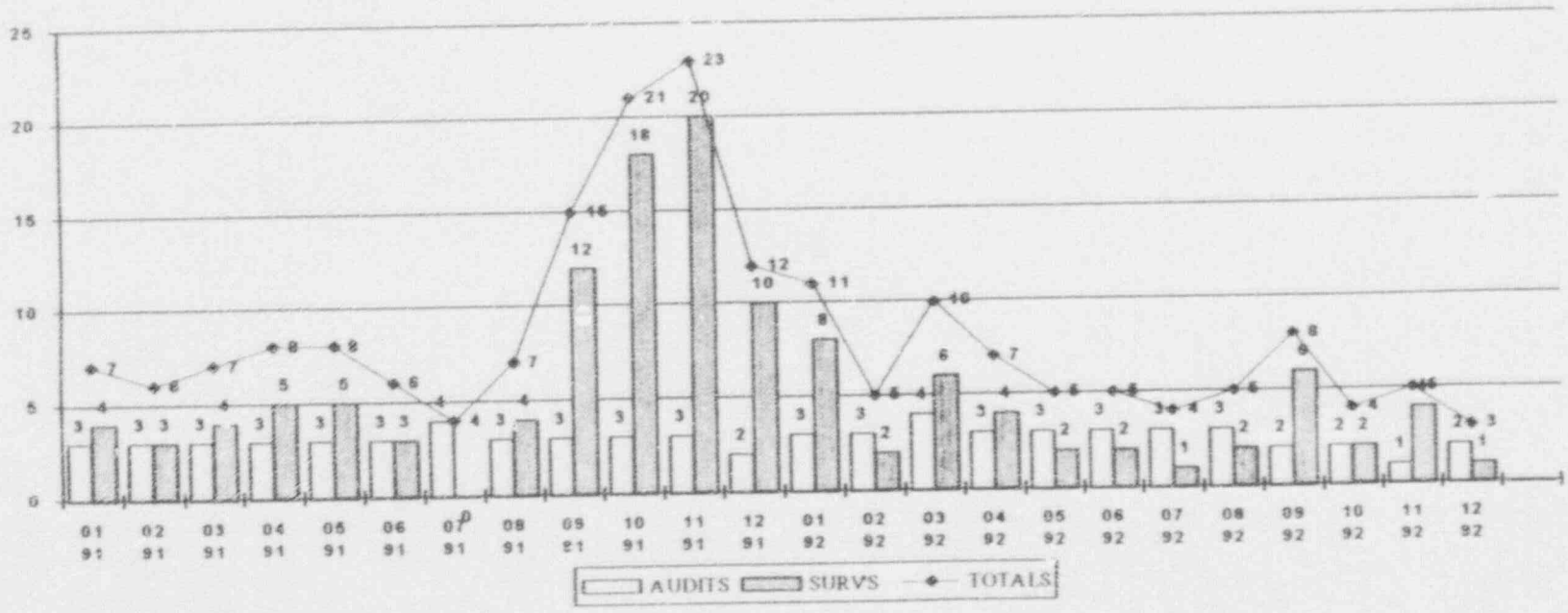
WCNOC QA SUMMARIES FOR 1991 & 1992

- Number of Audits/Surveillances Performed (1991 and 1992)

- Quarterly Quality Findings (1991 & 1992)

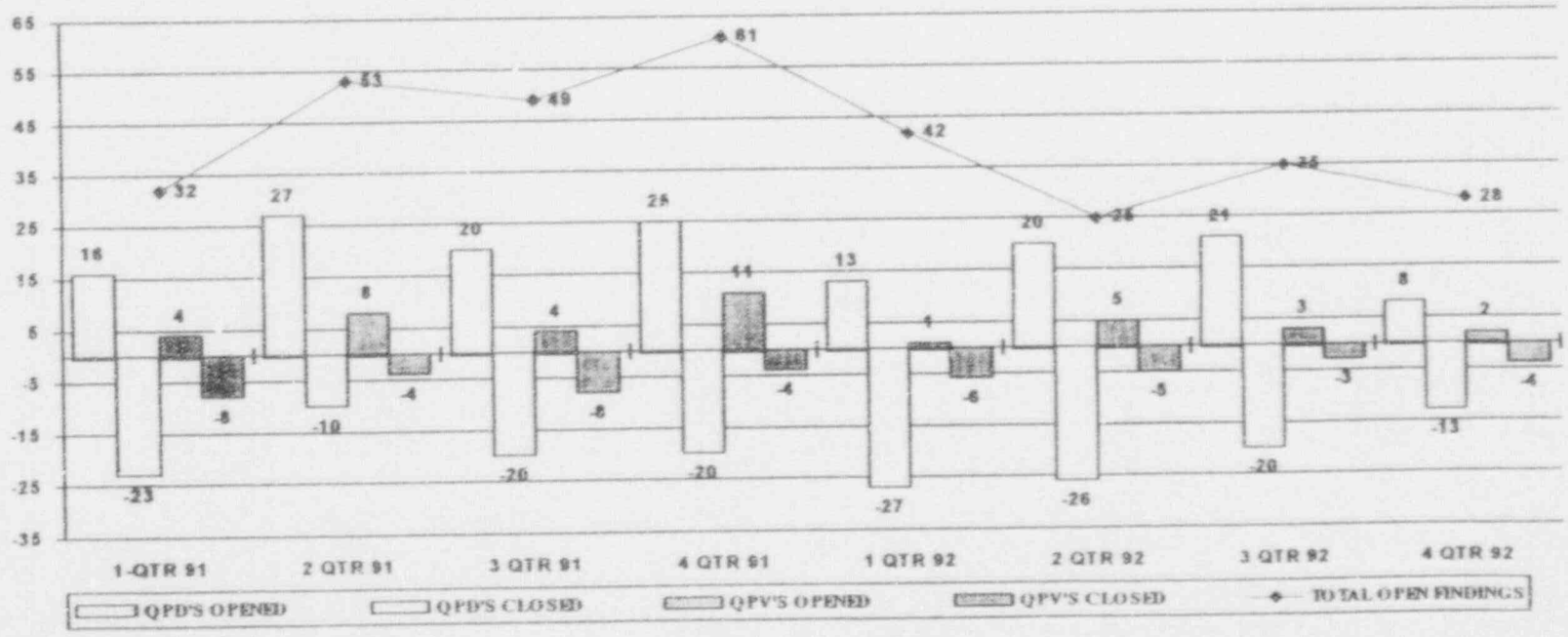
NUMBER OF AUDITS / SURVEILLANCES PERFORMED (1991 & 1992)

DATES	01 91	02 91	03 91	04 91	05 91	06 91	07 91	08 91	09 91	10 91	11 91	12 91	01 92	02 92	03 92	04 92	05 92	06 92	07 92	08 92	09 92	10 92	11 92	12 92
AUDITS	3	3	3	3	3	3	4	3	3	3	3	2	3	3	4	3	3	3	3	3	2	2	1	2
SURV'S	4	3	4	5	5	3	0	4	12	18	20	10	8	2	6	4	2	2	1	2	6	2	4	1
TOTAL	7	6	7	8	8	6	4	7	15	21	23	12	11	5	10	7	5	5	4	5	8	4	5	3



QUARTERLY QUALTIY FINDINGS (1991 & 1992)

QUARTERS	1-QTR 91	2 QTR 91	3 QTR 91	4 QTR 91	1 QTR 92	2 QTR 92	3 QTR 92	4 QTR 92
QPD'S OPENED	16	27	20	25	13	20	21	8
QPD'S CLOSED	23	10	20	20	27	26	20	13
QPV'S OPENED	4	8	4	11	1	5	3	2
QPV'S CLOSED	8	4	8	4	6	5	3	4
TOTAL OPEN QPD'S	18	35	35	40	26	20	21	16
TOTAL OPEN QPV'S	14	18	14	21	16	15	14	12
TOTAL OPEN FINDINGS	32	53	49	61	42	25	35	28



SELF-ASSESSMENT ACTION PLAN PROCESS CHART