CP&L

Carolina Power & Light Company
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U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

BRUNSWICK STEAM ELECTRIC PLANT, UNIT NOS. 1 AND 2
DOCKET NOS. 50-325 AND 50-324/LICENSE NOS. DPR-71 AND DPR-62
NRC INSPECTION REPORT 50-325 & 50-324 / 97-02
SUPPLEMENTAL INFORMATION

Gentlemen:

This letter provides additional information related to the root cause and corrective actions associated with the failure to establish independent inspection of safety-related miscellaneous structural steel as specified in Carolina Power & Light (CP&L) Company's response to Violation E issued in NRC Inspection Report 50-325 & 50-324 / 97-02, dated March 31, 1997. In addition, this letter corrects an editorial error identified in the response to Violation B. The changes made to these responses are indicated by revision bars, located in the right margin of the affected pages in Enclosures 1 and 2.

Please refer any questions regarding this submittal to Mr. Keith Jury, Manager - Regulatory Affairs, at (910) 457-2783.

Sincerely,

Richard P. Lopriore

R. P. Lopriore
Plant General Manager

IE01

SFT/sft

Enclosures:
1. Reply to Notice of Violation
2. List of Regulatory Commitments

pc (with enclosures):

U. S. Nuclear Regulatory Commission, Region II
ATTN.: Mr. Luis A. Reyes, Regional Administrator
Atlanta Federal Center
61 Forsyth Street, SW, Suite 23T85
Atlanta, GA 30303

U. S. Nuclear Regulatory Commission
ATTN: Mr. C. A. Patterson, NRC Senior Resident Inspector
8470 River Road
Southport, NC 28461

U. S. Nuclear Regulatory Commission
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11555 Rockville Pike
Rockville, MD 20852-2738

The Honorable J. A. Sanford
Chairman - North Carolina Utilities Commission
P.O. Box 29510
Raleigh, NC 27626-0510

ENCLOSURE 1

BRUNSWICK STEAM ELECTRIC PLANT, UNIT NOS. 1 AND 2
NRC DOCKET NOS. 50-325 AND 50-324
OPERATING LICENSE NOS. DPR-71 AND DPR-62
REPLY TO NOTICE OF VIOLATION

VIOLATIONS:

During an NRC inspection conducted from January 19 through March 1, 1997, six violations of NRC requirements were identified. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," NUREG-1600, the violations are listed below:

VIOLATION A:

Technical Specification 6.8.1.a requires that written procedures shall be established, implemented, and maintained covering the activities recommended in Appendix A of Regulatory Guide 1.33, November 1972. Regulatory Guide 1.33, Appendix A, Section G.1 requires procedures for the Collection, Sampling, Monitoring and Discharging of Liquid Radioactive Waste.

Operating Procedure OOP-6.4 Discharging Radioactive Liquid Effluents To The Discharge Canal. Revision 23, step 7.3.2.22 requires that valve 2-G16-V1116, the Radiation Monitor Inlet Header Crosstie Valve be Locked Closed and Attachment 8, of the procedure requires this valve position to be independently verified.

Contrary to the above, on January 26, 1997, the procedure requirements were not followed in that two qualified radwaste operators (the performer and independent verifier) had failed to follow the operating procedure which resulted in the valve 2-G16-V1116 being found in the Open and Unlocked position in the radwaste liquid release stream.

This is a Severity Level IV Violation. (Supplement I). This is applicable to both units.

RESPONSE TO VIOLATION A:

Admission or Denial of Violation:

Carolina Power & Light admits this violation.

Reason for Violation:

The two individuals involved with the improper operation and verification of the valve failed to conduct the work activity in accordance with procedural requirements and management expectations.

The performer failed to apply the appropriate level of attention to the task, in that, the procedure step for ensuring the valve was properly positioned was inappropriately signed without having been performed. The independent verifier did not meet requirements for procedural step sign-off, nor management expectations for using a "continuous use" procedure in contaminated areas. Site procedures require the signing of each step as the step is completed. Site procedures also state that a duplicate working copy of the procedure should be used when work is performed in a contaminated area. In addition, unless the procedure steps are being read by another individual who has the responsibility for maintaining procedure step sign-offs, it is a management expectation that the individual performing the work will have a copy of the procedure at the work location.

The independent verifier was initially not aware that the valves were located in a contaminated area and carried the master copy into the field. Once he became aware that the area was contaminated, the independent verifier could have implemented several procedurally directed options, including obtaining a working copy, using the master copy as a working copy and establishing a new master, or placing the master copy and pen in a bag to prevent contamination. Instead of exercising one of these options, the independent verifier placed the master copy on the contamination area step-off pad, transited from the work area to the step-off pad to reference the procedure, and when the task was complete, exited the contaminated area and signed the procedure steps. This method prevented immediate and sequential step sign-offs which resulted in the step that ensured the valve was left in the proper position, not being initiated.

Corrective Actions Which Have Been Taken and Results Achieved:

Disciplinary action has been taken for the involved individuals.

Operations shift management has reaffirmed with appropriate Operations personnel management expectations and the procedural requirements for "continuous use" procedures.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

No further action is required.

Date When Full Compliance Will Be Achieved:

Full compliance with the requirements of Technical Specification 6.8.1 has been achieved.

VIOLATION B:

10 CFR 50.65(a)(1) requires, in part, that holders of an operating license shall monitor the performance or condition of structures, systems, or components, against licensee-established goals, in a manner sufficient to provide reasonable assurance that such structures, systems, and components, within the scope of the Maintenance Rule, are capable of fulfilling their intended functions. When the performance or condition of a structure, system, or component does not meet established goals, appropriate corrective action shall be taken. 10 CFR 50.65(a)(2) requires, in part, that monitoring as specified in paragraph (a)(1) is not required where it has been demonstrated that the performance or condition of a structure, system, or

component is being effectively controlled through the performance of appropriate preventative maintenance, such that the structure, system, or component remains capable of performing its intended function.

Carolina Power and Light Administrative (CP&L) Procedure No. ADM-NGGC-0101, MAINTENANCE RULE PROGRAM, Revision 4, implements the requirements of 10 CFR 50.65, the Maintenance Rule at Brunswick . Section 9.11.1 of ADM-NGGC-0101 required, in part, historical data since July 10, 1993, be obtained to establish baseline SSC performance, validate scoping, and set initial condition (a)(1) and condition (a)(2).

Contrary to the above, as of February 10, 1997, the licensee was not monitoring the performance or condition of structures, systems, or components, against licensee-established goals, and/or demonstrating that the performance or condition of a structure, system, or component is being effectively controlled through the performance of appropriate preventative maintenance, in a manner sufficient to provide reasonable assurance that such structures, systems, and components, within the scope of the Maintenance Rule, are capable of fulfilling their intended functions, in that, an NRC inspection determined that all historical data since July 10, 1993, was not obtained to establish baseline SSC performance, validate scoping, and set initial condition (a)(1) and condition (a)(2) in the case of the Reactor Protection System in that only corrective Work Request/Job Orders were used for initial determination of functional failures. Failure to consider all sources of historical data (such as surveillance tests and condition reports) resulted in this system not being classified as (a)(1) as required by the Maintenance Rule.

This is a Severity Level IV Violation (Supplement I). This is applicable to both units.

RESPONSE TO VIOLATION B:

Admission or Denial of Violation:

CP&L admits the violation.

Reason for Violation:

Instrument out-of-calibration data was not reviewed for the period of July 10, 1993 through October 30, 1995. As an action related to Maintenance Rule implementation, procedure 0MMM-004, "Preventive Maintenance," was revised on October 30, 1995, to require that out-of-calibration data be evaluated for Maintenance Rule functional failure applicability. The decision was inappropriately made at that time to not conduct a review of historical instrument out-of-calibration data from July 1993 until the procedure was revised in October 1995. The primary basis for that decision was that the cause of instrument calibration non-conformance is typically related to instrument drift. The magnitude of the instrument drift in these cases is typically not significant enough to result in the inability of the associated system, structure, or component to perform it's Maintenance Rule function. The resolution of such an issue would typically involve instrument replacement with a different model versus corrective maintenance on the affected instrument.

The Maintenance Rule program uses two data sources to determine whether a Maintenance

Rule functional failure has occurred. The first source is newly initiated corrective maintenance requests; the second source is instrument out-of-calibration data. These two sources are sufficient to detect functional failures as required by the Maintenance Rule. Based on these sources, review of surveillance tests and condition reports do not provide additional benefit since equipment failures documented in condition reports or any system, structure, or component discovered outside surveillance test allowable values require resolution of the issue via either the corrective maintenance process and/or re-calibration in accordance with surveillance procedures.

Corrective Actions Which Have Been Taken and Results Achieved:

The Reactor Protection system failures referenced in this violation were reviewed for Maintenance Rule applicability. This review determined that no previous repetitive Maintenance Preventable Functional Failure had occurred.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

A review of available instrument out-of-calibration data for other components/systems which support Maintenance Rule functions will be performed for the period of July of 1993 through October 30, 1995. Functional failures identified during this review will be evaluated against performance criteria to determine whether any system should be assigned an (a)(1) status.

Date When Full Compliance Will Be Achieved:

The out-of-calibration review, which will involve extensive historical instrument calibration data research, is expected to be complete by October 30, 1997.

VIOLATION C:

10 CFR 50, Appendix B, Criterion III, Design Control, requires in part, that measures be established to assure that applicable regulatory requirements and the design basis, as defined in 10 CFR 50.2, Definitions, and as specified in the license application, are correctly translated into specifications, procedures, and instructions. In addition, 10 CFR 50, Appendix B, Criterion III, requires that design control measures provide for verifying or checking the adequacy of design, by individuals other than those who performed the original design. It also requires that design changes be subject to design control measures commensurate with those applied to the original design.

Contrary to the above, design control measures were not established to require the verifying or checking of the adequacy of design or design changes for configuration change engineering service requests which are defined in CP&L procedure EGR-NGGC-0005, Engineering Service Requests (ESRs), Revision 3, dated December 17, 1996. The CP&L design control measures (procedures), specifically EGR-NGGC-0005, EGR-NGGC-0003, Design Review Requirements, Revision 0, dated June 3, 1996, and EGR-NGGC-0001, Conduct of Engineering Operations, Revision 2, dated February 3, 1997, specifically exclude configuration change ESRs from the requirements for design verification to assure the design basis of the configuration change ESR is correctly translated into design output documents. Since August 1, 1996, safety related

configuration change ESRs were completed, approved and implemented without being design verified.

This is a Severity Level IV Violation (Supplement I). This is applicable to both units.

RESPONSE TO VIOLATION C:

Admission or Denial of Violation:

CP&L admits the violation.

Reason for Violation:

The identified violation is based on defining a configuration change ESR as a design change. An inappropriate interpretation of the term "design change" is the cause of the violation. CP&L understands and accepts the NRC interpretation that a configuration change ESR is a design change, and has taken corrective action to ensure design verification is performed on safety-related configuration change ESRs. The following information is provided to facilitate a thorough understanding of the actions taken during the ESR change process, and the bases for those actions.

On June 3, 1996, procedure EGR-NGGC-0005, "Engineering Service Requests," Rev. 0, was made effective to implement a new streamlined design and configuration change process. This new procedure was the result of extensive CP&L review of industry practices, industry guidance documents, and ANSI N45.2.11 and ANSI N18.7. As a result of these reviews, CP&L came to the following conclusion regarding exclusion of configuration change ESRs from the requirements for design verification:

> The requirements of 10 CFR 50 Appendix B, Criterion III; Regulatory Guide 1.64; and ANSI N45.2.11-1974 for in-depth review and independent review apply to "design changes." Since regulatory documents did not explicitly define a "design change," a definition was established by CP&L. Reviewing the regulatory discussions involving use of the term "design changes" and "changes to design," it was determined that a design change is a "change to those technical requirements which govern performance of the item's design basis." CP&L took a more conservative approach and defined a design change as a change to "administrative and technical requirements that affect the design inputs of a structure, system, or component." Using design inputs rather than design basis in CP&L's definition of a design change, was more conservative since design inputs include design bases and other design requirements. Design change related ESRs receive design verification in accordance with ANSI N45.2.11-1974, as defined in procedure EGR-NGGC-0003, "Design Review Requirements."
>
> For those changes that were not "design changes," CP&L developed a new type of ESR called a configuration change ESR. The term configuration change is defined as an "administrative and technical change to the plant that does not change design inputs." In essence, a configuration change is equivalent to the

original design (i.e., does not change design inputs). ANSI N18.7 provides standards for equivalent changes to assure that interfaces, inter-changeability, safety, fit and function are not adversely affected or contrary to applicable regulatory or code requirements. Based on ANSI N18.7, CP&L established the "Engineering Review" process to ensure that configuration change type ESRs are adequately evaluated and the evaluation results documented.

In summary, the "Engineering Review" process was not allowed to be used for design changes that were discussed in regulatory documents (i.e., 10 CFR 50 Appendix B, Criteria III; ANSI N45.2.11; and Regulatory Guide 1.64). "Engineering Review" could only be used for configuration changes that were equivalent to the original design inputs.

Corrective Actions Which Have Been Taken and Results Achieved:

Procedure EGR-NGGC-0005 has been revised to require design verification of safety-related configuration change ESRs.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

Previous safety-related configuration change ESRs that did not receive design verification are being design verified by a qualified design verifier.

Date When Full Compliance Will Be Achieved:

Full compliance will be achieved by June 30, 1997, upon completion of the above corrective action.

VIOLATION D:

10 CFR 50 Appendix B Criterion XVI, Corrective Action, requires that measures shall be established to assure that conditions adverse to quality such as deficiencies, deviations, and nonconformances are promptly identified and corrected.

Plant procedure 0PLP-04, Corrective Action Management, implements these requirements. This procedure requires that condition reports (CR) be written and corrective action assigned within specific time intervals.

Contrary to the above, a CR was not written in April 1996 when an Updated Final Safety Analysis Report discrepancy concerning Emergency Core Cooling System valve stroke time requirements was [illegible] A CR was not written until February 13, 1997, after Unit 1 High Pressure Coolant [illegible] tem was declared inoperable based on a minimum flow valve response time of [illegible] as compared to the acceptance time of 10 seconds. However, the correct acceptance time permitted an acceptable response time of 20 seconds and the [illegible] uld allow 19.4 seconds.

This is a Severity Level IV [illegible] ment I). This is applicable to both units.

RESPONSE TO VIOLATION D:

Admission or Denial of Violation:

CP&L admits the violation.

Reason for Violation:

Emergency Core Cooling System (ECCS) Engineering supervision and the Inservice Testing (IST) program manager incorrectly concluded that a CR was not warranted in accordance with procedure 0PLP-04, "Corrective Action Management," to address the ECCS valve stroke time discrepancy when the issue was initially identified. This decision was based on the fact that the stroke time values for the High Pressure Coolant Injection system minimum flow valves in the UFSAR and IST stroke time values were bounded by the current design requirements of the NEDC-31624P, Revision 2, "Brunswick Steam Electric Plant Units 1 and 2 SAFER/GESTR-LOCA Loss-of-Coolant-Accident Analysis," as reviewed in NRC Safety Evaluation Report dated January 10, 1991. However, to comply with the licensing bases, the IST acceptance criteria should have been bounded by the UFSAR system response time criteria. The IST acceptance criteria were not bounded by the UFSAR as a result of incomplete change management when the SAFER/GESTR LOCA analysis was incorporated.

Procedure 0PLP-04 provides a detailed definition of what constitutes an adverse condition. In this case, an inappropriate decision was made with respect to initiation of a CR. Initiation of a CR would have resulted in either immediate corrective actions and/or tracked resolution through the corrective action process.

Corrective Actions Which Have Been Taken and Results Achieved:

Individuals responsible for this event have been counseled on the importance of initiating CRs upon identifying UFSAR discrepancies.

The importance of effective utilization of the Corrective Action Program, including CR initiation threshold, timeliness of CR initiation, and corrective action effectiveness/timeliness, has been re-emphasized to site personnel.

Training was performed for Brunswick Engineering Support Section (BESS) personnel and Maintenance/Operations procedure writers stressing the importance of compliance with the UFSAR relative to plant conditions and design basis.

A review of the UFSAR for accuracy is in progress. This review is being performed in accordance with the requirements of 0SP-96-003, "UFSAR Phase 1 Review." This procedure requires the initiation of CRs upon identifying a UFSAR discrepancy and provides additional means for ensuring that discrepancies are resolved.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

No further action is required.

Date When Full Compliance Will Be Achieved:

Full compliance with the requirements of 10 CFR 50, Appendix B, Criterion XVI has been achieved.

VIOLATION E:

10 CFR 50, Appendix B, Criteria X requires that a program for inspection of activities affecting quality shall be established and executed to verify conformance with the documented instructions, procedures and drawings for accomplishing the activity. Such inspections shall be performed by individuals other than those who performed the activity being inspected.

Contrary to the above, a program was not established for independent inspection of safety-related miscellaneous structural steel. Miscellaneous structural steel is controlled by CP&L specification 248-107, Installation of Seismic Pipe and HVAC Supports and Miscellaneous Structural Steel, Revision 18, dated August 12, 1996. There are no inspection requirements specified in this procedure for safety-related miscellaneous structural steel.

This is a Severity Level IV Violation (Supplement I). This is applicable to both units.

RESPONSE TO VIOLATION E:

Admission or Denial of Violation:

CP&L admits the violation.

Reason for Violation:

The Brunswick Steam Electric Plant (BSEP) Updated Final Safety Analysis Report (UFSAR), Section 1.8, specifies that structural work which is performed under the BSEP Quality Assurance program will meet either the original specification requirements, applicable guidance contained in ANSI N45.2.5-1974, or acceptable alternatives based upon an engineering evaluation. A review of installation specifications for safety related structural steel and structural concrete was performed. This review verified that the requirements for independent inspection are consistent with original specification requirements with one exception. The inspection of high strength bolting was not performed in accordance with the commitment identified in the UFSAR. Revision 6 of specification 248-107 eliminated inspection requirements for high strength bolting without providing an engineering evaluation. Although the personnel involved in the revision to the specification are no longer employed at the BSEP and consequently the basis for their actions related to the specification could not be conclusively determined, it is apparent that these individuals did not adequately evaluate the

pertinent commitments related to inspection requirements.

Corrective Actions Which Have Been Taken and Results Achieved:

A review to ensure compliance with the commitments for independent inspection of structural work as delineated in the UFSAR was performed for the following safety-related structural specifications: 248-107, 005-001, "Design, Testing & Inspection Of Concrete Mixes, Concrete Materials And High-Strength Bolts," 005-005, " Design Testing & Inspection Of Concrete Mixes And Concrete Materials," 013-001, "Concrete Work,". No additional deficiencies related to independent inspection requirements were identified.

A review of CP&L Specification, 248-117, "Installation of Piping Systems," was performed to ensure compliance with independent inspection requirements as specified in applicable codes and standards. This review determined that independent inspection requirements are consistent with applicable codes and standards.

Specification 248-107 and the associated implementing procedure were revised to provide appropriate requirements for inspection of safety-related miscellaneous structural steel high strength bolting. The revision was initiated by issuing an engineering evaluation as directed by procedure 0ENP-305, "Preparation and Control of Specifications." The revision to the specification satisfies the commitment identified in UFSAR Section 1.8 by requiring an engineering evaluation defining acceptable alternatives.

An inspection of safety-related miscellaneous structural steel high strength bolted connections has been completed. This inspection validated the following characteristics: correct bolt length; bolt type; orientation; location; thread engagement; proper configuration of attached members; and bolt hole elongation. No operability issues were identified.

Engineering, Quality Control, Mechanical Maintenance planning, and Mechanical Maintenance supervision personnel were trained on the revision to the specification.

Procedure 0ENP-305, Revision 2, dated August 19, 1996, was implemented to require that EGR-NGGC-0005, "Engineering Service Requests (ESR)" criteria be used to prepare specification revisions. The ESR process provides the methodology which ensures the appropriate reviews of the change are obtained, and provides a vehicle to document the evaluation and acceptance of the change.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

Based on the results obtained through the extensive reviews of safety-related structural and piping system specifications and the isolated nature of the root cause of this issue, CP&L believes that no other deficiencies associated with independent inspection requirements as contained in the specifications exist. However, to provide additional assurance that existing independent inspection requirements as contained in CP&L specifications are consistent with applicable codes and standards, a review of CP&L specification, 048-012, Specification For Installation Of Electrical Cables, will be performed.

Date When Full Compliance Will Be Achieved:

Full compliance with the requirements of 10 CFR 50, Appendix B, Criterion X has been achieved.

VIOLATION F:

10 CFR 50 Appendix B, Criterion VIII, Identification and Control of Materials, Parts, and Components, requires that measures shall be established for the identification and control of materials, parts, and components. These identification and control measures shall be designed to prevent the use of incorrect or defective material, parts, and components.

The CP&L Nuclear Generation Group Standard Procedure MCP-NGGC-0402 defines the measures for compliance with 10 CFR Appendix B, Criterion VIII. The requirements are further implemented, in part, through Administrative Instructions 0AI-132, Oil, Liquid Waste from Planned Maintenance Activities and Mop Water Management Program and 0AI-121, Chemical/Consumable Use Program. These procedures required that material transferred to secondary or temporary containers have an identification label describing the contents, status, and all appropriate chemical control and hazard information.

Environmental & Radiological Control Procedure 0E&RC-1130, Chemical Addition and Determination of Sodium Pentaborate Solution in the Standby Liquid Control Tank, required that the material used have a QA Accept label attached.

Contrary to the above, on January 29-30, 1997, these requirements were not met for the identification and control of material as evidenced by the following examples:

1. Ten 55 gallon drums containing sodium pentaborate on the 50 foot elevation in Unit 2 and other large containers on the 20 foot elevation in Unit 1 were found without any means to establish the identification or quality status of the contents in order to prevent the use of incorrect or defective material.

2. During addition of boric acid to the Standby Liquid Control tank, two containers of boric acid were found without adequate labeling to identify the contents, chemical control and hazard information, nor was a QA Accept label attached to indicate status.

This is a Severity Level IV Violation (Supplement I). This is applicable to both units.

RESPONSE TO VIOLATION F:

Admission or Denial of Violation:

CP&L admits the violation.

Reason for Violation:

Based on review of the requirements established in 10 CFR 50, Appendix B, Criterion VIII; ANSI N45.2.2; the CP&L Quality Assurance (QA) Manual; and applicable site procedures, the

55 gallon drums referenced in example 1 of this violation were not required to be labeled with a QA accept-label. These drums contained liquid waste collected via a system drain-down. Liquid waste material is not subject to the requirements of the QA acceptance process and, therefore, a QA accept label for the containers was not required.

Although QA accept-labeling was not required for the containers addressed in example 1 to this violation, the containers should have been labeled in accordance with the requirements of Administrative Instruction 0AI-132, "Oil, Liquid Waste from Planned Maintenance Activities and Mop Water Management Program." 0AI-132 requires the user to label all containers indicating container contents, the system that was drained, and the responsible person. The implementer of the Standby Liquid Control (SLC) system draining was not aware of the accountability for the labeling of system liquid drain-down containers as specified in 0AI-132. SLC storage tank draining was implemented in accordance with the requirements of operating procedure 0OP-05, "Standby Liquid Control System." 0OP-05 requires the implementer to contact Radwaste and Environmental and Radiation Control (E&RC) personnel for proper collection and disposal methods prior to draining any SLC system solutions. Although the required communications were conducted, no discussion on container labeling transpired. The implementer's lack of awareness to the requirements for the labeling of liquid waste containers was exacerbated by inadequate communication, insufficient procedural detail, and inadequate training on liquid waste labeling requirements.

Investigation into the cause of the issue identified in example 2 of the violation, determined that 0E&RC-01130 was inadequate, in that, the procedure required verifying the quality status of the chemicals being added to the SLC system storage tank by ensuring a QA accept-label was attached to the chemical container. However, contrary to 0E&RC-01130, procedure MCP-NGGC-0402, which is the controlling procedure for QA acceptance, does not require that an individual QA accept- label be applied to each boric acid container. It requires that applicable traceability information be provided either by the item's marking and/or by identification on the issue documentation. When the containers were issued, the appropriate traceability information was provided with the documentation. In addition, a Purchase Order number had been stenciled by the supplier on each of the containers. The use of a Purchase Order number in lieu of a QA accept label is consistent with the requirements of material control procedures.

The boric acid containers identified in example 2 of the violation were not labeled in accordance with the current chemical labeling requirements specified in 0AI-121, "Chemical/Consumable Use Program." Procedure 0AI-121 requires the user to verify that the proper chemical control labeling is applied. Contrary to this requirement, the user failed to ensure chemical control labels were attached to the containers. The failure of the user to comply with chemical control labeling requirements also demonstrated a need for enhancements to the chemical control program and training on chemical control program requirements.

In 1995, the need to implement chemical control program enhancements was recognized. As part of these enhancements, 0AI-121 was revised to require the chemical control labeling of new material at the time of receipt and verification of labeling by the user at the time of material issuance. At that time, the decision was inappropriately made to not label the existing in-stock material consistent with the new requirements. The verification of proper labeling by the user at issuance was considered adequate for ensuring chemicals in-use were properly labeled.

The aforementioned chemical control program changes were not adequate, in that, requiring the user to verify proper labeling provided a single barrier for ensuring proper chemical control labeling of the existing in-stock material. In addition, although training was provided when the program was enhanced, the training provided to site personnel has not been adequate for ensuring worker knowledge of the chemical control program requirements. The user, in this situation, was not aware of the specific requirement regarding user verification of proper labeling as specified in 0AI-121. In addition, a recent self-assessment identified that site employees do not possess an adequate knowledge level of chemical control program requirements.

Corrective Actions Which Have Been Taken and Results Achieved:

Re-labeling of existing in-stock material has been completed in accordance with current requirements.

A recent self-assessment was conducted to assess site compliance with the chemical control program. This assessment identified that ,overall, the chemical control program needs improvement, as evidenced by a less than adequate site wide understanding of chemical control program requirements, chemical control program procedural weaknesses, and numerous housekeeping and material labeling deficiencies identified at various plant locations. Issues identified as a result of this assessment are being addressed in accordance with the Corrective Action Program.

Line management conducted site communication sessions with each of their respective work groups on April 1, 1997, which addressed issues pertaining to improper handling of chemicals and other materials. Employees were informed that 0AI-121 governs our chemical labeling program, that the labels are required to display appropriate warnings and handling instructions which protect plant systems and employees, and that employees have specific responsibilities within the chemical control program. Employee awareness has been strengthened by this effort and management expectations were reinforced.

On April 17,1997, the Plant General Manager issued a letter to the site emphasizing the basic chemical control program requirements, including the requirement that except for certain exempt chemicals, each chemical in-use shall be labeled using CP&L approved chemical labels.

As an additional interim corrective measure, site management directed that weekly walk-downs of selected areas within the plant be conducted. The focus of the walk-downs is to assess compliance with chemical control and material storage requirements. Walk-down findings will be trended, and this trend data will be used to determine the effectiveness of the corrective actions initiated to resolve this issue.

Corrective Steps Which Will Be Taken to Avoid Further Violations:

A revision to 0OP-05 will be implemented to clearly specify the requirements and accountabilities related to the labeling of liquid waste accrued during the SLC system drain down evolution.

A revision to 0E&RC-01130 will be implemented to ensure consistency with QA accept-labeling requirements as specified in material control procedures.

To provide an additional barrier, a revision to MCP-NGGC-402 will be implemented to require material issue personnel to verify that proper chemical labeling is attached to materials at issuance.

To facilitate accountability for the chemical control program, an individual will be assigned in each work group to ensure their work group's compliance with the chemical control program.

A new training program will be developed by July 31, 1997, to ensure adequate site knowledge of proper chemical control labeling processes, QA acceptance and general material issue requirements, and proper material and chemical storage processes. Training of site employees on the new training program will be completed by September 12, 1997.

The Outage Orientation Training program will be revised to ensure shared resource and outage contract personnel are knowledgeable of proper chemical control labeling processes. Training will be provided to these individuals prior to the 1997 Unit 2 refuel outage.

Date When Full Compliance Will Be Achieved:

Full compliance with the requirements of 10 CFR 50, Appendix B, Criterion XII, has been achieved.

ENCLOSURE 2

BRUNSWICK STEAM ELECTRIC PLANT, UNIT NOS. 1 AND 2
NRC DOCKET NOS. 50-325 AND 50-324
OPERATING LICENSE NOS. DPR-71 AND DPR-62
REPLY TO NOTICE OF VIOLATION

LIST OF REGULATORY COMMITMENTS

The following table identifies those actions committed to by Carolina Power & Light (CP&L) Company in this document. Any other actions discussed in the submittal represent intended or planned actions by CP&L. They are described to NRC for the NRC's information and are not regulatory commitments. Please notify the Manager - Regulatory of any questions regarding this document or any associated regulatory commitments.

| Commitment | Committed date or outage |
|---|---|
| A review of available instrument out-of-calibration data for other components/systems which support Maintenance Rule functions will be performed for the period of July of 1993 through October 30, 1995. Functional failures identified during this review will be evaluated against performance criteria to determine whether any system should be assigned an (a)(1) status. | 10/30/97 |
| Previous safety-related configuration change Engineering Service Requests that did not receive design verification will be design verified by a qualified design verifier. | 6/30/97 |
| A review of CP&L specification, 048-012, Specification For Installation Of Electrical Cables, will be performed to provide additional assurance that existing independent inspection requirements as contained in CP&L specifications are consistent with applicable codes and standards | 11/21/97 |
| A revision to procedure 0OP-05 will be implemented to clearly specify the requirements and accountabilities related to the labeling of liquid waste accrued during the Standby Liquid Control system drain-down evolution. | 6/30/97 |
| A revision to procedure 0E&RC-01130 will be implemented to ensure consistency with Quality Assurance accept labeling requirements as specified in material control procedures. | 6/1/97 |
| A revision to procedure MCP-NGGC-402 will be implemented to require material issue personnel to verify that proper chemical labeling is attached to | 7/31/97 |

| Commitment | Committed date or outage |
|---|---|
| materials at issuance. | |
| To facilitate accountability for the chemical control program, an individual will be assigned in each work group to ensure their work group's compliance with the chemical control program. | 5/30/97 |
| A new training program will be developed to ensure adequate site knowledge of proper chemical control labeling processes, QA acceptance and general material issue requirements, and proper material and chemical storage processes. | 7/31/97 |
| Training of site employees to ensure adequate knowledge of proper chemical control labeling processes, QA acceptance and general material issue requirements, and proper material and chemical storage processes will be provided. | 9/12/97 |
| The Outage Orientation Training program will be revised to ensure shared resource and outage contract personnel are knowledgeable of proper chemical control labeling processes and the training provided to these individuals prior to the 1997 Unit 2 refuel outage. | 9/12/97 |