5-2-85
for MAGITA

GPU Nuclear

Procedure Number 7-18-01	Page 1 of 15
Date Issued 11-81	
Revision No. 7	
Important To Safety Yes [X] No [ ]	Authorized By: M. J Stromberg

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QUALITY ASSURANCE AUDITS

Approval:

N C Kazanas
Director, Quality Assurance

Concurrence:

GPU Nuclear

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Quality Assurance Audits

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1.0 PURPOSE

1.1 The purpose of this procedure is to establish a Quality Assurance auditing program. Quality Assurance auditing will be conducted to verfiy compliance with the General Public Utilities Nuclear Corporation (GPUNC) Quality Assurance Programs/Plans, applicable codes, standards, Technical Specifications, and contract commitments.

2.0 SCOPE

2.1 This procedure assigns responsibilities of individuals associated with the auditing program and describes tasks to be accomplished during the auditing process.

3.0 APPLICABILITY

3.1 This procedure is applicable to personnel performing QA auditing functions. Site auditors will follow the requirements of this procedure and supplemental site procedures, where applicable.

3.2 The audit program described herein applies to:

1) GPUNC internal QA audits of project functions,

2) Design organizations and the quality assurance programs of design organizations,

3) GPUNC QA participation in technical audits of specified design activities,

4) Vendors and subvendors of equipment and services,

5) Shop and site construction activities of contractors and subcontractors,

6) GPUNC Start-up, testing and operating activity,

7) Technical Specification, Operating QA Plans and operating license provisions,

8) Nuclear Fuels Program.

Audits can be categorized as QA Systems Audits or Technical Audits.

QA Systems Audits are conducted to verify that the QA Program elements of the applicable organization are being implemented in accordance with their approved Quality Assurance Plan or Program and that the program is effective. Internal audits are performed to verify the effectiveness of the QA Program, including implementation at sites and corporate offices. External audits of Contractor/Vendor QA Programs are conducted at their facilities.

Technical Audits are comprised into three types: Design Audits, Product Audits, and Process or Activity Audits.

1) Design audits will be conducted to verify that the designer has established an adequate design basis for the particular activity being audited and these design bases are being correctly translated into specifications, drawings, procedures and instructions. Design audits will normally be conducted by personnel technically qualified to identify inadequate or incorrect assumptions, calculations, material selection or other design deficiencies. GPUNC Technical Functions will provide personnel of pertinent disciplines to participate in design audits.

2) Product Audits will be conducted to verify that the QA/QC requirements of the applicable product specifications have been met. These audits may be applied to a specific operation or to all documentation leading to final acceptance of the product.

3) Process or Activity Audits are conducted to verify that a selected process or activity is performed in accordance with the applicable QA Program, Regulatory and Company requirements.

4.0 REFERENCES

4.1 10 CFR 2, 10/80, Proposed General Statement of Policy and Procedure for Enforcement action.

4.2 10 CFR 50, Appendix B, "Quality Assurance Requirements for Nuclear Power Plants and Fuel Reprocessing Plants."

4.3 10 CFR 71, Appendix E, "Quality Assurance Criteria and Shipping Packages for Radioactive Material."

4.4 USNRC Regulatory Guide 1.144, Rev. 1, Requirements for Auditing of Quality Assurance Programs for Nuclear Power Plants.

4.5 ANSI N45.2.10 - 1973 "Quality Assurance Terms and Definitions."

4.6 GPUNC Procedure, 7-18-02, "Quality Assurance Auditor Qualifications."

4.7 GPUNC Technical Functions Procedure LP-007, "Review of Potentially Reportable Incidents."

5.0 DEFINITIONS

5.1 The Quality Assurance terms and definitions listed in ANSI N45.2.10 - 1973 are applicable to this procedure.

6.0 RESPONSIBILITIES

6.1 The Vice President - Nuclear Assurance, through the Director, Quality Assurance, is responsible for ensuring that an audit program is implemented for all significant activities affecting safety related design, procurement, construction, installation, testing and operations. The Director, Quality Assurance is responsible for:

1) Establishing and approving an auditing program which will verify GPUNC compliance with the GPUNC Quality Assurance Program requirements.

2) Ensuring that a formal auditing schedule is maintained and updated at least every six months.

3) Approving QA audit reports when the Manager, QA Program Development & Audit is audit team leader.

4) Initiating unscheduled audits at his discretion when significant changes are made in functional areas of the Quality Assurance program, when it is suspected that safety, performance or reliability of an item is questionable or when an assessment of certain areas of the Quality Assurance Program is considered necessary.

5) Assessing the effectiveness of the Quality Assurance Audit Program.

6) Resolving and closing those findings submitted to him by the Manager, QA Program Development & Audit.

6.2 The Manager, QA Program Development & Audit is responsible for:

1) Establishing a program of home office, site and nuclear fuels audits to verify compliance with the GPUNC QA Program and technical specification requirements,

2) Reviewing and approving, at least every six months, a formal schedule for performance of audits,

3) Ensuring that audit team leaders are qualified as Lead Auditors in accordance with applicable GPUNC QA procedures,

4) Ensuring that required qualification records are maintained for Lead Auditors, and, providing a list of certified lead auditors to the individuals responsible for QA Audit subsection supervision.

5) Reviewing and approving the audit reports. This responsibility may be delegated in writing to others at the discretion of the Manager, QA Program Development & Audit.

6) Ensuring issuance of a periodic Audit Status Summary Report (See example, Attachment 4 for typical report form),

7) Taking action to evaluate the situation to ensure that quality has not been compromised when advised that the target date for submittal of corrective action or implementation of corrective action has been exceeded by the audited organization,

8) Submitting to the Director, Quality Assurance those findings to which he has been unable to obtain an acceptable response and attempts have been made to resolve the findings with the responsible levels of management.

6.3 The Nuclear Fuels QA Engineer is responsible for:

1) Coordinating QA Fuels Audits with the affected organizations and GPUNC Nuclear Analysis Section,

2) Ensuring that audit plans and checklists are prepared prior to fuels audits and are approved by the Corporate QA Audit Supervisor,

3) Ensuring fuels audit notifications and audit reports are issued and that proper distribution is carried out,

4) Ensuring that follow-up action is taken and proper close-out is made of open findings,

5) Ensuring that a fuels audit status summary report is generated as required and that proper distribution is carried out.

6.4 The individual responsible for QA Audit subsection supervision is responsible for:

1) Establishing and updating a subsection audit schedule as required; the schedule is to be submitted to the Manager, QA Program Development & Audit for review and approval.

2) Denoting the audit scope of Q.A.audits,

3) Approving audit plans and audit checklists.

4) Assigning qualified audit team leader and audit team members,

5) Coordinating QA audit activities with any affected organizations.

6) Reviewing and concurring with audit reports and submitting them to the Manager, QA Program Development & Audit for approval,

7) Ensuring the distribution of audit notifications and audit reports.

8) Submitting to the Manager, QA Program Development & Audit those findings to which he himself has been unable to obtain acceptable response from appropriate levels of management,

9) Issuing monthly audit status summary reports to cognizant management with copies to the Manager, QA Program Development & Audit,

10) Site audit subsection supervisor personnel are responsible to insure that audit schedules address the auditing requirements of the stations technical specifications, applicable ANSI standards and other auditing requirements as may apply to the station. This responsibility includes coordination of audit schedules with the Corporate Office audit subsection to assure complete coverage.

6.5 Audit Team Leaders are responsible for:

1) Orientation of the audit team, including review of applicable documents and preparation of audit checklists as required,

2) Arranging audit functions with the appropriate organization or contractor being audited,

3) Coordinating the audit team,

4) Establishing the place of audit,

5) Ensure that any technical or management persons used to support an audit activity have been properly indoctrinated and are performing in accordance with requirements established by the team leader,

6) Assuring communication within the team and with the organization being audited,

7) Assure that each audit finding is based on objective evidence and is a clear statement of the facts,

8) Review, analyze and concur with each audit finding,

9) Participating in the audit process,

10) Condense all similar findings for presentation,

11) Coordinating the preparation and issuance of the audit report in approximately twenty working days from the time of the post-audit conference,

12) Conducting timely follow-up actions to ensure that effective corrective actions have been implemented as directed by the individual responsible for audit subsection supervision.

7.0 PREREQUISITES - Not Applicable

8.0 REQUIREMENTS

8.1 Audit Schedules

1) Audit schedules will be established for each site location and the corporate office.

2) Audit schedules will be for a period of two years and will be formally updated at least every six months.

3) Audit schedules will include an audit matrix that identifies applicability of each required activity to the organization(s) that implement the activity. The matrix will be sufficiently detailed to insure that audit requirements of technical specifications, ANSI standards and other corporate plans/procedures are identified.

4) Audit scoping documents will be developed to show exactly what activities/organizations are to be audited for each scheduled audit. These documents will be updated as appropriate.

8.2 Audit Notification

1) Audit notifications will be made using Form A0000411, Attachment 1. Notification of GPUNC internal QA audit shall be addressed to the Vice President of the audited department; action copies shall be sent to the appropriate management personnel of the audited organization.

2) Audit notification of equipment and/or material subcontractors shall be sent to the contractor actually procuring the items.

3) Notification of QA audits shall be as follows:

a) Notification of internal audits shall be by the individual responsible for QA audit subsection supervision.

b) Notification of project related Contractor audits shall be by the appropriate Project Manager.

c) Notification of other Contractor/Vendor audits shall be by the appropriate Contract Administrator (or buyer).

d) Notification of nuclear fuel audits shall be by the Nuclear Analysis Manager.

4) At the time the Audit Notification is issued, the audit shall be assigned a unique report number. GPUNC QA Audits and Audit Reports shall be numbered as indicated below:

Example: S-OC-81-02

- S — Type (2)
- OC — Project (1)
- 81 — Year
- 02 — No. of Audit (Chronological Order)

(1) Project
OC = Oyster Creek
TMI = Three Mile Island
SAX = Saxton Station
COM = Common to more than one Project

(2) Type
S = Site Audit
O = Home Office Audit
F = Fuel Audit

8.3 Audit Preparation

1) The Audit Team Leader shall develop an audit plan describing the audit scope, audit requirements, activities to be audited, applicable documents and the procedures and checklists to be used. Audits will include an evaluation of the results of past audits.

2) Technical specialists assigned will assist in development of checklists on technical audits.

3) Generic checklists for specific QA Program elements or technical product audits can be used when applicable. If checklists are not available, one must be prepared by the audit team and approved by the individual responsible for QA audit subsection supervision prior to conducting the audit. Examples of generic checklists and the format to be used are attached as Attachment "A" (Generic Audit Checklist) and Attachment "B" (Technical Audit Checklist). Generic checklists must be checked against specific applicable requirements.

4) The GPUNC Quality Assurance Department shall use qualified auditors and/or technical specialists or others on loan as the audit subject requires. Audit team members may be obtained from other departments as the need for technical specialists is identified. Audit team members shall be qualified in accordance with 7-18-02.

8.4 Pre-Audit Conference

A brief pre-audit conference shall be conducted by the audit team leader at the audit/contractor site with cognizant management. The purpose of the conference shall be to confirm the audit scope, present the audit plan, introduce auditors, meet counterparts, discuss audit sequence and establish channels of communication.

8.5 Audit Process

The Audit Team shall systematically audit the implementation of the specifically assigned audit areas. All audit findings shall be documented on Form A0000410 (Attachment 2). The following guidelines shall be used in the performance of an audit.

1) Team members shall audit in accordance with written checklists and/or procedures to ensure the required depth and continuity of audits. This shall not, however, constrain the audit scope or depth as the audit develops.

2) The selected elements shall be audited to the extent necessary to determine whether or not a particular function is being implemented effectively.

3) All activities and documents reviewed during the audit shall be identified in sufficient detail to furnish the basis for the verification of the degree of effectiveness of the audited activity.

4) Nonconformances, such as inadequate procedures, failure to follow approved procedures, violations of one or more QA Program elements, incomplete, inadequate or incorrect supportive documentation shall be reported as an audit finding using Form A0000410 (Attachment 2) and processed in accordance with this procedure. If appropriate corrective action is taken and verified before completion of the audit, the corrective action and verification will be documented on the finding form by the lead auditor and issued as a closed finding.

5) When a condition cannot be shown conclusively that a nonconformance exists due to lack of information or unavailability of

6) If conditions are found on internal audits which are evaluated as not significant indicators of inadequate procedures, failure to follow procedures, violation of one or more QA program elements or incomplete records which do not place the quality of an item or activity in question, then an audit finding need not be written. Instead, a deficiency report or other nonconformance reporting mechanism may be utilized to document and correct the nonconformance. Such cases will be documented in the audit report.

7) During the course of conducting the audit, conditions may be identified that could be improved, clarified, deleted or added that are not nonconformances. These conditions may be reported in the audit report indicating the method or action that may be taken to improve or modify the conditions reported. These conditions shall be reported as recommendations and are not required to be tracked or closed by the audit subsection.

8) If nonconformances are found during the audit, the audited organization shall conduct further investigation to identify their basic cause, magnitude and extent.

9) If, during the audit, a condition is observed which:
   a) represents a significant breakdown of the quality assurance program, or
   b) may warrant stop work, or
   c) may be reportable under applicable laws and regulations.

   A finding shall be written and the potential reportability checked off on the finding form. A copy of the finding shall be sent to Licensing for evaluation of reportability. Appropriate action defined by applicable procedures such as a stop work, corrective action, etc. shall be taken. Attachment 5 (Forms A0000560A-E) may be used to judge potential reportability. Attachment 5 is not required to be completed or retained as a QA record, but the results of the evaluation is to be documented on the finding form. Findings will also be reviewed and assigned a severity level to be determined in accordance with the guidelines prescribed by 10CFR 2.

8.6 Post-Audit Conference

1) For internal audits, preliminary findings shall be presented to the management of the audited organization at the conclusion of the active audit process. The post-audit conference should be scheduled five days later. The five day period will be used to clarify information and/or presentation of additional evidence. At this time severity levels (similar to those of 10CFR2) shall be indicated on the preliminary findings. The audited organization will be encouraged to review the preliminary findings and provide written response at the post-audit conference.

2) A post-audit conference shall be conducted by the audit team with representatives from the audited organization. The findings of the audit shall be presented along with any recommendations to correct deficient areas of the quality assurance program described in the findings. After the audit team has explained the findings, a responsible management representative of the audited organization shall sign the audit finding forms to acknowledge understanding of the findings. At that time the management representative shall provide a date (subject to the concurrence of the audit team leader) by which the corrective action responses to the findings will be submitted (normally not to exceed thirty calendar days from the date of the post-audit conference). If written responses are provided, the audit team leader will be prepared to perform a preliminary review of the responses for acceptability. The audited organization will be informed of the result.

8.7 Audit Reports

1) Audit Reports (Form A0000412, Attachment 3) shall be completed and signed by the audit team leader.

2) Audit reports, finding forms and audit checklists shall be submitted to individual responsible for QA audit subsection supervision for concurrence. Audit reports shall be issued after approval by the Manager, QA Program Development & Audit, except as noted in para 6.2 (5) or 8.7 (3).

3) Audit reports shall be submitted to the Director, Quality Assurance for approval when the Manager, QA Program Development & Audit is audit team leader.

4) Audit reports shall be issued as follows:

a) Report of internal audit shall be by the individual responsible for QA Audit subsection supervision.

b) Report of project related Contractor audit shall be by the appropriate Project Manager.

c) Report of other Contractor/Vendor audits shall be by the appropriate Contract Administrator (or buyer).

d) Report of Nuclear fuel audit shall be by the Nuclear Analysis Manager.

5) Each audit report and any significant findings shall be evaluated by the individual responsible for QA audit subsection supervision to determine if changes are required in the auditing schedule. Changes to the auditing schedule shall be approved by the Manager, QA Program Development & Audit.

6) The audit reports issued shall not include the audit checklists.

7) Reports of GPUNC internal QA audits shall be directed to the Vice President of the audited GPUNC division. Copies of internal audit reports shall be sent, as a minimum, to the appropriate management personnel of the audited organization.

8) Audit reports shall be issued within approximately twenty working days from the date of the post-audit conference.

8.8 Audit Responses

1) Written responses from the audited organization shall be directed to the individual responsible for QA audit subsection supervision.

2) Corrective action responses shall be evaluated by a Lead Auditor. If the response is acceptable, follow-up action shall be scheduled and conducted by the Lead Auditor.

3) If the response is unacceptable, the individual responsible for QA audit subsection supervision will notify the audited organization delineating the reason for unacceptability and request the submittal of an acceptable response.

4) If no response is received by the individual responsible for QA audit subsection supervision, he will notify the audited organization and request the submittal of an acceptable response.

5) If after notification by the individual responsible for QA audit subsection supervision, an acceptable response is not received, he shall submit the finding(s) to the Manager, QA Program Development & Audit for action.

6) If after notification by the Manager, QA Program Development & Audit an acceptable response is not received, he shall submit the finding(s) to the Director, Quality Assurance for resolution.

7) All findings submitted to the Director, Quality Assurance for resolution shall be closed by him. He will inform the Manager, QA Program Development & Audit of any follow-up action that may be required.

8) Audit responses should provide the corrective action including the cause, action taken to prevent recurrance and the effective date of implementation. If the effective date of implementation exceeds thirty calendar days, the interim corrective action taken to assure that the QA program is not compromised should also be identified.

8.9 Audit Follow-up Activity and Documentation

1) Upon issue of the audit report, the individual responsible for QA audit subsection supervision shall assure that an Audit Closeout

Status Sheet (Attachment 6, Form A0001137) shall be established. For each finding, the response required date will be identified and the first entry under remarks will be a paraphrased summary of the finding. If a response has been received, the response date and implementation date will also be identified.

2) When responses are received, the response date and implementation due date will be identified and a dated remark entered as to the acceptablility of the response. If the response is not acceptable, reference the memo number that documents the rejection.

3) If responses are not received by the response due date, a memo will be prepared within five working days to the responders' supervisor with a copy to the appropriate vice president stating that response has not been received and asking for response within ten working days. A dated remark will be entered in the remarks section stating that an overdue response memo was sent and the new response required date will be entered under the original date.

NOTE: Initial telephone contact shall be made when responses are due. If a response can be and is provided within five working days, the memo is not needed.

4) Unacceptable responses will be identified to the responder within five working days of receipt by memo with a copy to his supervisor and the Manager, Program Development and Audit. The memo will ask for a re-submittal date within ten working days. Enter the new response due date in the response required column under the last entry.

5) Implementations will normally be verified within 20 working days after due date. If implementation cannot be verified due to insufficient data accumulation, magnitude of problem, etc. at least the interim or immediate corrective action will be verified. A dated remark will be used to identify what was verified and what remains to be verified and by when. (i.e. - we assign a new date based on audit schedule, sufficient time to generate documentation, etc.)

NOTE: For responses which have implementation due dates exceeding 30 calendar days, the interim corrective action should be verified immediately and so noted in the remarks column.

6) If implementation has not been accomplished as stated, a memo will be generated within five working days addressed to the responder's supervisor, copy to the responder, applicable vice president and the Manager, QA Program Development and Audit, stating the action that was delinquent and requesting a new response within ten working days. A dated remark in the remark column is to identify the inadequate implementation memo and a new response required date is to be added to the response required column.

7) Lack of response to any memo's identifying inadequate response or inadequate implementation will be elevated to the vice president level by special note in the monthly report addressed to the Director, Quality Assurance. The input should be made via the monthly report to the Manager, QA Program Development and Audit as a problem area.

8) Requests for extensions will be reviewed by the assigned lead auditor and will be accepted/rejected by the individual responsible for QA audit subsection supervision with the advice of the assigned Lead auditor. A memo may be sent to the requestor confirming or rejecting the extension. A dated entry in the remarks section will identify the memo and the response or implementation dates will be updated accordingly.

9) Responses which indicate that the cognizant party needs to be changed should be followed up in writing to the new cognizant party indicating the reason for the changes and documenting the acknowledgement of the new cognizant individual. At that time the Audit Closeout.Status Sheet will be updated to the new party.

10) The individual responsible for QA audit subsection supervision shall assure that the information from the Audit Closeout Status Sheet will be inputed into the audit tracking system. The system will be utilized to provide audit status reporting and overdue response and implementation information. A monthly status report will be issued to cognizant personnel reporting the status of their findings.

11) The time periods identified in this section are approximate and should be complied with to the extent practicable.

8.10 Audit Records

Audit files shall be maintained for all audits in the GPUNC QA department home office files or at the site in accordance with the applicable record storage procedures. The files will be indexed first to the project, then to the audit number. Each audit number folder shall be established as follows:

1) Attached to the right-hand cover in the following order:

Audit Plan
Audit Notification
Blank, approved audit Checklist
Audit Reports

2) Attached to the left-hand cover in chronological order will be all correspondence concerning follow-up activity.

3) Audit files become QA records when the audit is closed. These are non-permanent records and will be maintained for seven years. The individual responsible for audit subsection supervision

shall assure that these are forwarded to the appropriate station document center or the Corporte information Center for micrographic retention, annually.

8.11 Audit Correspondence

Audit report transmittal letters and other correspondence such as accept or reject letters shall be transmitted to cognizant management in the area audited and the Manager, QA Program Development & Audit.

9.0 ATTACHMENTS

9.1 Attachment 1, Audit Notification Form A0000411

9.2 Attachment 2, Audit Finding Nonconforming Form A0000410

9.3 Attachment 3, Audit Report Form A0000412

9.4 Attachment 4, Example of Audit Status Summary Report

9.5 Attachment 5, Guidance for Determination of Potential Reportability Forms A0000560A-E

9.6 Attachment 6, Audit Closeout Status Sheet Form A0001137

ATTACHMENT 1

GPU Nuclear

AUDIT REPORT

Audit dates(s) _____ Audit No. _____

Facility _____

P.O. _____ Rev. _____ Reference Documents: _____ Rev. _____

Activity Item(s) _____

Attendees	Name	Title	Representing

PURPOSE

SUMMATION

☐ Close out required for ☐ Non Conformances - Target Date COMPLETION _____

Signed: _____ Audit Team Leader _____ Concurred by:

Audit Approved by: _____ Director, QA or _____ Manager, QA Program Development & Audit _____ Date

☐ Reviewed response. Will check implementation by:

☐ Re-Audit
☐ Follow-up

_____ QA _____ Date

☐ Audit Satisfactorily completed, closed _____ QA _____ Date

A0000412

ATTACHMENT 2

GPU Nuclear — Audit Finding Nonconformance	Audit No.:	Date:
	Criteria No.:	Finding . of

Facility/Functions: _____

REQUIREMENT:

FINDING:

Potentially Reportable ☐ Yes ☐ No Severity Level _____

Cognizant Group/Activity: _____ _____ Auditor

You are requested to furnish **CORRECTIVE ACTION** for the finding by the target date below stating the **CAUSE** for the deficiency, including the extent of the problem, **ACTION TAKEN** by you to prevent recurrence, and effective date of implementation of **CORRECTIVE ACTION**. If time required to implement corrective action exceeds 30 days you are requested to identify what interim **CORRECTIVE ACTION** is to be taken to assure that the quality assurance program is not compromised.

Acknowledging finding: _____ Signature _____ Date _____ Target Date

CORRECTIVE ACTION:

1. Response to be sent to: _____
2. For GPUN Internal Audits - copy of response to VP of audited organization

Provided By: _____ Signature Date

Accepted/Rejected: _____ Auditor Team Leader Date

CLOSE-OUT: _____ Audit Team Leader _____ Date Computer Tracking Code

ATTACHMENT 3

GPU Nuclear

AUDIT NOTIFICATION

Date:

To:

Subject: Notification of GPUNC-QA Audit

Project:

Contract No.:

Gentlemen:

The following information pertains to the audit we plan to conduct on

_____
(Date)

Audit Team Leader:
Audit Team Members:

Date of Pre-Audit Conference:

Scope of Audit:

Anticipated Completion Date: _____

Any questions concerning this audit shall be transmitted to the Audit Team Leader.

Very truly yours,

cc

SERIAL NO. YR SEQ.	PROJ LOC.	DATE PERFORMED	ORIGINATOR ID	REPORT REMARKS
S 79 0609	TMI1	12/26/79	JJ LAUSBERG	

FIND NO.	CLS	CRIT	ORG	TYPE PROBM	ACT	COGNIZANT INDIVIDUAL	STAT CODE	RESPONSE REQUIRED	RESPONSE RECEIVED	IMPLEMENT DUE	FINDING REMARKS	P.O. NO.
006	N	05	005	005	001	D M SHOVLIN	U	01/26/80	01/28/80	04/16/80		
007	N	06	005	005	006	D M SHOVLIN	U	01/26/80	01/15/80	04/16/80		
008	N	09	005	005	006	D M SHOVLIN	U	01/26/80	12/20/79	04/16/80		
009	N	09	005	013	006	D M SHOVLIN	U	01/26/80	12/20/79	04/16/80		
010	N	12	005	036	006	D M SHOVLIN	U	01/26/80	01/18/80	04/16/80	RESPONSES FROM LEONARD AND WILSON UNACCEPTABLE AS DESCRIBED IN TMI-II-R-5038. PC	
011	N	12	005	036	006	D M SHOVLIN	U	01/26/80	01/18/80	04/16/80	PCR INITIATED FOR AP1022 BY WILSON	
012	N	12	005	036	006	D M SHOVLIN	R	01/26/80	01/28/80	04/16/80	CALIBRATION AND USAGE RECORDS TO BE CHECKED AS MAINTAINED BY CATALYTIC	

S 80 0002	TMI1	03/03/80	WG HEYSEK	
002	N	14	005	016	003	D A SHOVLIN	N	04/07/80	02/26/80	02/29/80		
005	N	05	005	013	006	D A SHOVLIN	A	04/07/80	04/11/80	02/29/80	ORIGINAL WELD HISTORIES TO BE PURGED FROM FILES. THOSE IN RECORDS STORAGE WILL B	
006	N	05	005	013	006	D A SHOVLIN	A	04/07/80	04/11/80	02/29/80		

S 80 0002	TMI2	03/03/80	WG HEYSEK	
001	N	06	005	002	006	S LEVIN	A	04/07/80	04/08/80	02/29/80		
003	N	14	005	016	003	S LEVIN	A	04/07/80	04/08/80	02/29/80		
004	N	05	005	016	003	S LEVIN	A	04/07/80	04/08/80	02/29/80		

S 80 0003	TMI1	03/13/80	RF FENTI	
001	N	05	005	038	003	R J TOOLE	N	01/31/80	04/01/80	06/30/80		
002	N	05	005	038	006	R J TOOLE	N	01/31/80	04/01/80	06/30/80		
003	N	11	005	001	006	R J TOOLE	N	01/31/80	04/01/80	06/30/80		
004	N	11	005	001	006	R J TOOLE	N	01/31/80	04/01/80	06/30/80		
005	N	05	005	001	006	R J TOOLE	N	01/31/80	04/01/80	06/30/80		
006	N	05	005	001	001	R J TOOLE	N	01/31/80	04/01/80	06/30/80		
007	N	05	005	038	003	R J TOOLE	N	01/31/80	01/25/80	06/30/80		

Attachment 4

FINDING TRANSMITTAL FORM

From: Manager, QA Program Development & Audit

Date: _____

To: Supervisor - Licensing

Subject: Finding, No.: _____ Audit No.: _____

☐ The attached audit finding has been evaluated by QA and found potentially reportable. Please review the finding and take action you consider necessary to inform Regulatory Agencies, Upper Management and appropriate Safety Review Committee Chairman. You are requested to furnish written acknowledgement of the receipt of this notification. Please provide copy of completed evaluation report to Manager, QA Program Development & Audit for placement in the audit file.

☐ For your information.

☐ The attached audit finding is forwarded for resolution of the identified nonconformances _____

_____

☐ Other/Additional: _____

_____

CC:

( ) Director, QA
( ) Manager, QA Design and Procurement
( ) QA Manufacturing Assurance Manager
( ) Manager, QA Modifications/Operations
( ) Operations QA Manager
( ) Site Audit Manager
( ) Others _____

_____

Receipt Acknowledgment Required Yes ☐ No ☐

If receipt acknowledgment is required, sign the following statement and return this form to the Methods/Program Audit Manager.

From: _____

The receipt of
is hereby acknowledged.

Audit Finding No. _____

Signed: _____ Date: _____

Guidance for the Determination of Potential Reportability .

I. Introduction

The QA Program Development & Audit Section has the responsibility to perform the preliminary evaluation to determine the potential reportability, under the terms of Parts 20, 21, 50 and 71 and Regulatory Guide 1.16, of nonconformances and deficiencies identified in audit findings. This preliminary evaluation is not a technical engineering evaluation, the intent is to assure that potentially reportable occurrences are brought to the attention of responsible organizations and management in a timely manner.

The information given below is intended to provide guidance in the performance of this preliminary QA evaluation. References are provided to assist the evaluator in making determinations in difficult cases.

2. Part 20. Notification of Incidents

Reference: Part 20.403

			Yes	No	Not Appl.
a.	Did the incident involve by-product, source or special nuclear material and		☐	☐	☐
b.	Did the incident cause or threaten to cause either:		☐	☐	☐
	(i) exposure to an individual in excess of:				
	-whole body	5 Rem.	☐	☐	☐
	-skin of the whole body	30 Rem.	☐	☐	☐
	-feet, ankles, hands or forearms	75 Rem	☐	☐	☐
	(ii) release of radioactive material greater than 500 x the limits given in 10CFR20, Appendix B, Table II.		☐	☐	☐
	(iii) loss of operation of a facility for more than 1 day		☐	☐	☐
	(iv) damage in excess of $2,000.		☐	☐	☐

If the answer to a and any part of b is YES, the finding is to be evaluated POTENTIALLY REPORTABLE.

NOTE: These incidents are reportable to the NRC within 1 hour in accordance with 10CFR50.72.

3. Part 21. Reporting of Defects and Noncompliances

References: Part 21

Defect as defined in 10CFR21.3

Guidance for the Determination of Potential Reportability

Quality Classification List (QCL)

Regulatory Guide 1.29, Seismic Design Classification

A material nonconformance or quality deficiency, to be potentially reportable under the terms of Part 21, must be either:

- a defect in a "Basic Component" which could create a substantial safety hazard (radiological safety).

- a noncompliance in design, inspection, testing or consulting services associated with a Basic Component and relating to substantial safety hazards.

A Basic Component may be a component, structure, system or a part thereof. See 10CFR21.3 (a) for definitio

The following checklist is provided to assist in the QA evaluation of Potential Reportability.

		Yes	No	Not App
a.	Determination of "Basic Component"			
(i)	Does the Purchase Order specify 10CFR21 applicability?	☐	☐	☐
(ii)	Is the item a part of a system in the QCL?	☐	☐	☐
(iii)	Is the item part of a structure, system or component classified Seismic Category I (Reguatory Guide 1.29)?	☐	☐	☐
b.	Determination of Responsibility to Report.	☐	☐	☐
(i)	Has the Basic Component been delivered and accepted?	☐	☐	☐
(ii)	Is the Basic Component installed or in use?	☐	☐	☐
(iii)	Is the Basic Component part of a facility offered for acceptance?	☐	☐	☐
(iv)	If commercial grade, has a dedicated safety-related end use been specified?	☐	☐	☐
(v)	If a security defect or noncompliance, is it contributary to a significant safety hazard? (e.g. could a saboteur have gained access to any Basic Component?)	☐	☐	☐
(vi)	If a noncompliance in design, inspection, testing or consulting services, could the noncompliance affect the function or reliability of the associated basic component?	☐	☐	☐

If the answer to any one question listed under a, and any one question under b, is **YES**, the finding is to be evalu[illegible] **POTENTIALLY REPORTABLE.**

Guidance for the Determination of Potential Reportability

4. Part 50. Domestic Licensing of Production and Utilization Facilities.

Note: These events are reportable to the NRC within 1 hour

Reference: Part 50.72 (Attachment to IE Information Notice No. 80-06).

a. Is the significant event listed below?	Yes	No
(i) Any event requiring initiation of the licensee's emergency plan or any section of that plan.	☐	☐
(ii) The exceeding of any Technical Specification Safety Limit.	☐	☐
(iii) Any event that results in the nuclear power plant not being in a controlled or expected condition while operating or shut down.	☐	☐
(iv) Any act that threatens the safety of the nuclear power plant or site personnel, or the security of special nuclear material, including instances of sabotage or attempted sabotage.	☐	☐
(v) Any event requiring initiation of shutdown of the nuclear power plant in accordance with Technical Specification Limiting Conditions for Operation.	☐	☐
(vi) Personnel error or procedural inadequacy which, during normal operations, anticipated operational occurrences, or accident conditions, prevents or could prevent, by itself, the fulfillment of the safety function of those structures, systems, and components important to safety that are needed to (i) shut down the reactor safely and maintain it in a safe shutdown condition, or (ii) remove residual heat following reactor shutdown, or (iii) limit the release of radioactive material to acceptable levels or reduce the potential for such release.	☐	☐
(vii) Any event resulting in manual or automatic actuation of Engineered Safety Features, including the Reactor Protection System.	☐	☐
(viii) Any accidental, unplanned, or uncontrolled radioactive release. (Normal or expected releases from maintenance or other operational activities are not included.)	☐	☐
(ix) Any fatality or serious injury occurring on site and requiring transport to an offsite medical facility for treatment.	☐	☐
(x) Any serious personnel radioactive contamination requiring extensive onsite decontamination or outside assistance.	☐	☐
(xi) Any event meeting the criteria of 10CFR 20.403 for notification.	☐	☐
(xii) Strikes of operating employees or security guards, or honoring of picket lines by these employees.	☐	☐

If the answer to any one question listed under a. above is YES, the finding is to be evaluated **POTENTIALLY REPORTABLE.**

Guidance for the Determination of Potential Reportability

5. Part 71, Packaging of Radioactive Material for Transport.

Reference: Part 71.61.

	Yes	No
a. Does the nonconformance or deficiency involve a substantial reduction in the effectiveness of an in use authorized package?	☐	☐

If the answer to question a. above is **YES**, the occurrence is **POTENTIALLY REPORTABLE.**

6. Licensing Event Report.

a. Does the finding identify a condition in violation of section 6.9 of the Technical Specification?

Twenty four hour reporting:	Yes	No	Not Appl
(i) Failure of the reactor protection system or other systems subject to limiting safety system settings to initiate the required protective function by the time a monitored parameter reaches the setpoint specified as the limiting safety system setting in the technical specifications or failure to complete the required protective function.	—	—	—
(ii) Operation of the unit or affected systems when any parameter or operation subject to a limiting condition is less conservative than the least conservative aspect of the limiting condition for operation established in the technical specifications.	—	—	—
(iii) Abnormal degradation discovered in fuel cladding, reactor coolant, pressure boundary, or primary containment.	—	—	—
(iv) Reactivity anomalies involving disagreement with the predicted value of reactivity balance under steady state conditions during power operation greater than or equal to 1% k/k; a calculated reactivity balance indicating a shutdown margin less conservative than specified in the technical specifications; short-term reactivity increases that correspond to a reactor period of less than 5 seconds or, if subcritical, an unplanned reactivity insertion of more than 0.5% k/k; or occurrence of any unplanned criticality.	—	—	—
(v) Failure or malfunction of one or more components which prevents or could prevent, by itself, the fulfillment of the functional requirements of system(s) used to cope with accidents analyzed in the FSAR.	—	—	—
(vi) Personnel error or procedural inadequacy which prevents or could prevent, by itself, the fulfillment of the functional requirements of systems required to cope with accidents analyzed in the FSAR.	—	—	—
(vii) Conditions arising from natural or man-made events that, as a direct result of the event require plant shutdown, operation of safety systems, or other protective measures required by technical specifications.	—	—	—

Guidance for the Determination of Potential Reportability

		Yes	No	Not Appl.
(viii)	Errors discovered in the transient or accident analyses or in the methods used for such analyses as described in the FSAR or in the bases for the Technical Specifications that have or could have permitted reactor operation in a manner less conservative than assumed in the safety analyses.	☐	☐	☐
(ix)	Performance of structures, systems, or components that requires remedial action or corrective measures to prevent operation in a manner less conservative than assumed in the accident analyses in the FSAR or Technical Specifications bases; or discovery during plant life of conditions not specifically considered in the FSAR or Technical Specifications that require remedial action or corrective measures to prevent the existence or development of an unsafe condition.	☐	☐	☐
b.	Thirty Day Written Reports:			
(i)	Reactor protection system or engineered safety feature instrument settings which are found to be less conservative than those established by the technical specifications but which do not prevent the fulfillment of the functional requirements of affected systems.	☐	☐	☐
(ii)	Conditions leading to operation in a degraded mode permitted by a limiting condition for operation or plant shutdown required by a limiting condition for operation.	☐	☐	☐
(iii)	Observed inadequacies in the implementation of administrative or procedural controls which threaten to cause reduction of degree of redundancy provided in reactor protection systems or engineered safety feature systems.	☐	☐	☐
(iv)	Abnormal degradation of systems other than those specified in item 6.9.2.A(3) above designed to contain radioactive material resulting from the fission process.	☐	☐	☐

If the answer to any one question listed under a. and any one question under b. is **YES**, the finding is to be evaluated **POTENTIALLY REPORTABLE**.

GPU Nuclear

TECHNICAL FUNCTIONS DIVISION

PROCEDURE NO: LP-002

(4)

ORIG. ISSUE DATE: 3/1/81

PAGE 1 OF 12

TITLE

REGULATORY CORRESPONDENCE MANAGEMENT AND COMMITMENT CONTROL

PREPARED BY

REVISION	DATE	DESCRIPTION	PREPARATION AUTHORIZATION APPROVAL
1	3/1/82	Revised to replace "Interim" procedure.	3/1/82

FOIA-87-696
B/4

PREPARATION		AUTHORIZATION		APPROVAL	
PROCEDURE & STANDARDS MGR	DATE	RESPONSIBLE DEPARTMENT DIR.	DATE	VICE-PRESIDENT TECH. FUNCTIONS	DATE

ACCOUNTABLE

Release

EXH 2A

1.0 PURPOSE & SCOPE

This procedure defines and establishes the GPUN system for the management of incoming and outgoing regulatory correspondence and the assignment of tasks associated with that correspondence. Control and documentation of commitments made to regulatory agencies in outgoing correspondence is provided via a task management reporting system. The procedure pertains to intradivisional contributions to responses made to regulatory agencies. This procedure shall become effective April 1, 1982.

NOTE: Generic correspondence, including those items that GPUN intends to comment on, will be handled by LP-008.

2.0 REFERENCES

EMP-012 "Task Requests"
LP-008 "Generic Regulatory Correspondence Management"

3.0 DEFINITIONS

3.1 GENERIC REGULATORY CORRESPONDENCE Includes NUREG's (or other documents which provide guidance on rules and/or regulations), new regulatory guides, new rules, and any documents from a regulatory agency which require comments.

3.2 Refer to "Glossary of Terms" used in Technical Functions Procedures.

4.0 REQUIREMENTS

4.1 Licensing is the corporate recipient of GPUN regulatory correspondence, and the respective Licensing Supervisor for each unit shall be the designated recipient of such correspondence for that unit. The date that correspondence is received by Licensing is the official start time for any time constraints imposed on a response to that correspondence.

4.1.1 Outgoing regulatory correspondence, both routine reports (annual reports, monthly reports, etc.) and nonroutine reports (reportable occurrences, responses to bulletins, noncompliance reports, circulars, etc.)

will be directed to the appropriate Unit Licensing Supervisor for final approval and formal submittal.

4.1.2 Anyone who receives an original copy of regulatory correspondence directly from a regulatory agency which does not indicate that the Licensing Department was included on distribution must immediately send a copy directly to the appropriate Unit Licensing Supervisor.

Generic regulatory correspondence should be sent directly to the Manager, Generic and Regulatory Affairs for processing.

This correspondence is not to be sent via the Engineering Data & Configuration Control (ED&CC) section or the Document Distribution Control Center (DDCC).

4.1.3 For each piece of correspondence, Licensing is responsible to determine the consequences of noncompliance or late compliance. When it becomes apparent that the required action will not be completed by the due date, the Unit Vice President must be notified. Licensing is responsible to see that the work is completed by the requested due date. If timely submittal is not possible, Licensing will inform the requesting agency of the date when the requested information will be available.

4.1.4 For each piece of incoming regulatory correspondence, the Unit Licensing Supervisor will assign action as appropriate, reproduce documents as required, attach distribution slip and directly distribute one copy to the appropriate Section Manager(s) using the Action Item (AI) form described in Appendix C. The Section Manager* is responsible for distributing the document within his section and obtaining the necessary technical inputs from interfacing sections prior to responding to Licensing. Responsibility for budget allocations, contracts, etc., rests with the Section Manager assigned. The informational distribution shall be made as indicated by the Unit Licensing Section on the Distribution Slip (see Appendix B).

4.1.5 Action Item responses that impose follow-up commitment on other sections shall be concurred with the affected section prior to the action item being returned to Licensing.

* or his designee

4.1.6 If the Section Manager assigned to the Action Item is unable to complete the task by the assigned date, he shall notify Licensing immediately.

4.1.7 If the recipient Section Manager of an Action Item (AI) believes that an inappropriate assignment has been made, he shall contact the Unit Licensing Supervisor immediately.

4.1.8 A completed AI includes all of the following:

- The assigned section has developed a full response or taken all of the action required to fulfill the commitment or requirement.
- The AI response has received all necessary technical comments from interfacing sections in accordance with 4.1.4 above.
- Any comments resulting from reviews have been incorporated into the response to Licensing or have been resolved.

4.1.9 Licensing is responsible for obtaining final approvals on outgoing regulatory correspondence. This will be accomplished by obtaining required signatures on the Correspondence Checksheet shown in Appendix E. Interdivisional disagreements arising during final approvals will be resolved by Licensing.

4.1.10 For environmental licensing correspondence which pertains to both units, Licensing is responsible to submit copies of reports and correspondence to both units' Operations Department with the appropriate Licensing Correspondence Checksheet for final letter approval signature. Upon review and approval by Unit-2 Operations, the package will be forwarded to the Unit-2 Vice President or Acting Director for review and concurrence. The Unit-2 Vice President or Acting Director will sign and date the checksheet indicating his concurrence. This package will then be returned to Licensing. Licensing will then transmit the checksheet bearing the approval and concurrence signatures of Unit-2 to the Vice President of Unit-1 for inclusion with the review package previously submitted to Unit-1 Operations. The two Licensing Correspondence Checksheets will then bear the

signatures for final letter approvals of Licensing, Technical Functions (if appropriate), both Units Operations Departments, other Departments as appropriate and the Unit-2 Vice President or Acting Director. Upon receipt of the correspondence package with both Checksheets the Unit-1 Vice President may sign the correspondence and return the package to Licensing for submittal. For environmental licensing correspondence clearly relevant to a single unit the review and approval need only be obtained from that Unit's Operations department prior to obtaining that Unit's Vice President's or Acting Director's signature.

4.1.11 If commitments are made in response to a regulatory agency, follow-up AIs will be initiated for each of these commitments by Licensing. Applicable sections of the basic documentation which initiated the commitment and/or original document which articulates the regulatory agency's request shall be attached or referenced in the AI. Implementation and review of these follow-up AIs will follow the same procedures as normal AIs. If the activity covered by the follow-up AI is controlled by the Projects Department, the follow-up AI will only cover the licensing items involved. Control of the item, including scheduling and expediting will be the responsibility of the Projects Department.

4.1.12 A tracking system status report will be sent monthly to all applicable Department Managers (DM) as information. The status report (Appendix D) will list AIs assigned in chronological order of due date by departments. Each recipient should review the status report to ensure adequate actions are being taken within their departments to complete overdue or near-term items. A summary status report will also be distributed to upper management monthly.

4.1.13 An Action Item is closed out by the Unit Licensing Supervisor when in his judgement the available documentation indicates that the action is complete.

4.2 Implementation (Refer to Procedure Flow Chart, Appendix A)

4.2.1
LICENSING SUPERVISOR (LS) — Logs incoming regulatory correspondence
Reviews correspondence for applicability to the nuclear facility

Determines if an AI is necessary; if so, assigns AI
Annotates letters giving reasons for not assigning AIs
Forwards document and annotated Distribution List to DDCC for filing and distribution
Enters AI information (i.e., task assignment, commitment date, response date) into the tracking system
Issues tracking system status report of outstanding AIs
Follows up on outstanding AIs

4.2.2 SECTION MANAGER (SM)

Conducts work required by AI
Obtains the necessary internal technical reviews, interfacing section reviews of assigned AIs
Resolves comments from reviews and incorporates into the response to Licensing
Forwards the completed AIs and supporting documents to Licensing
Assures that the cover letter for the response to the regulatory agency is drafted, if specified

4.2.3 LICENSING SUPERVISOR (LS)

Reviews completed AIs to see that response is acceptable
Assure proper filing of completed AIs, supporting document, draft correspondence, and annotated distribution slips
Updates tracking system
Finalizes draft submittals as appropriate
Obtains final approvals as required by Appendices F&G, using the Correspondence Checksheet shown in Appendix E
Resolves Management's comments
Prepares a formal response for the Unit Vice-President's signature

Prepares a distribution slip (refer to Appendix B) for the signed document
Issues as new AIs for commitments generated from approved responses
Assures proper distribution and filing of copies

5.0 APPENDICES

A. Procedure Flow Chart

B. Distribution Slips

C. Licensing Action Item Form and Instructions

D. Tracking System Status Report and Instructions

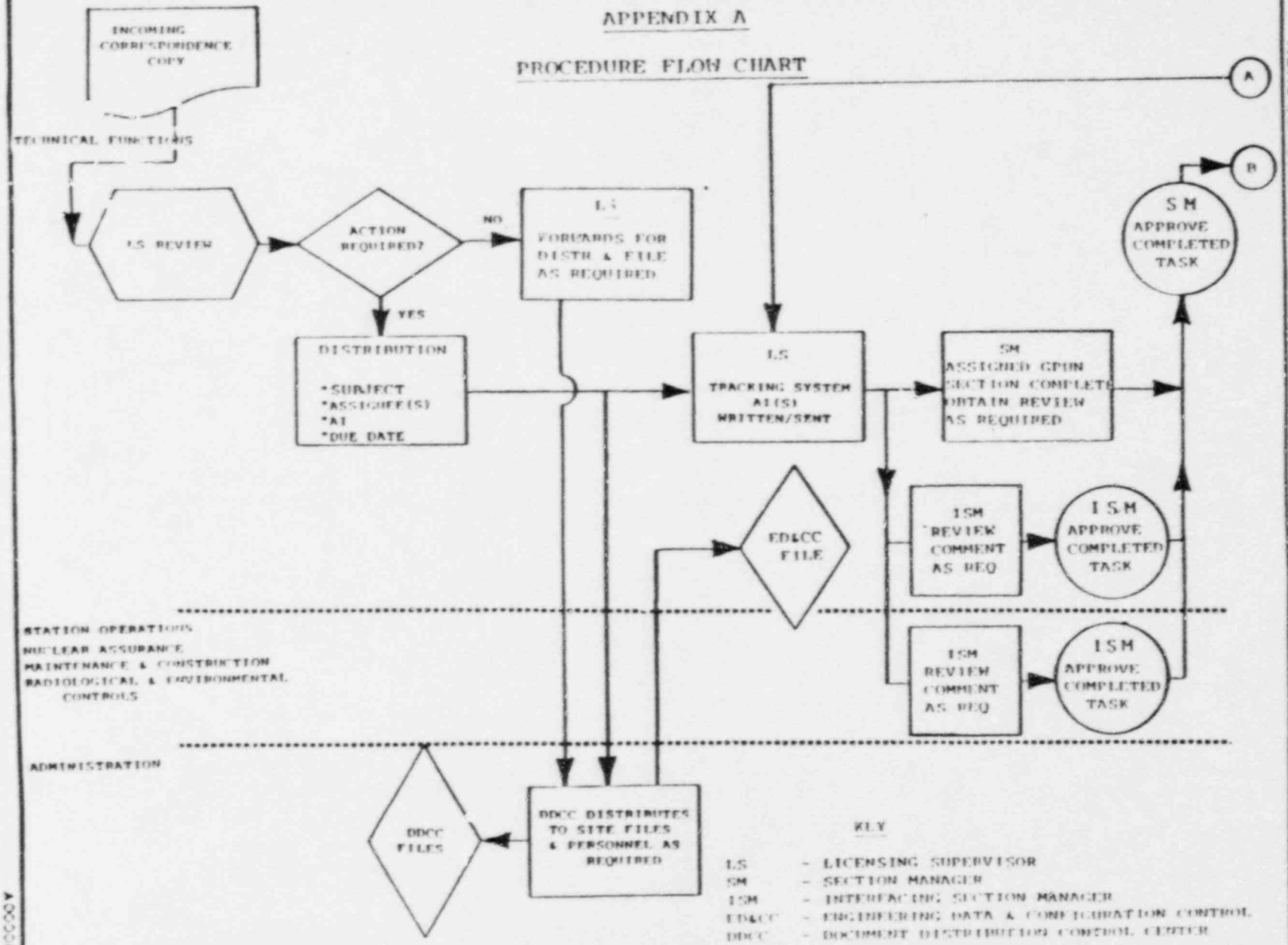
E. Licensing Correspondence Checksheet and Instructions

F. Letters not Requiring Technical Functions' Review

G. Technical Functions Level of Approval Authority

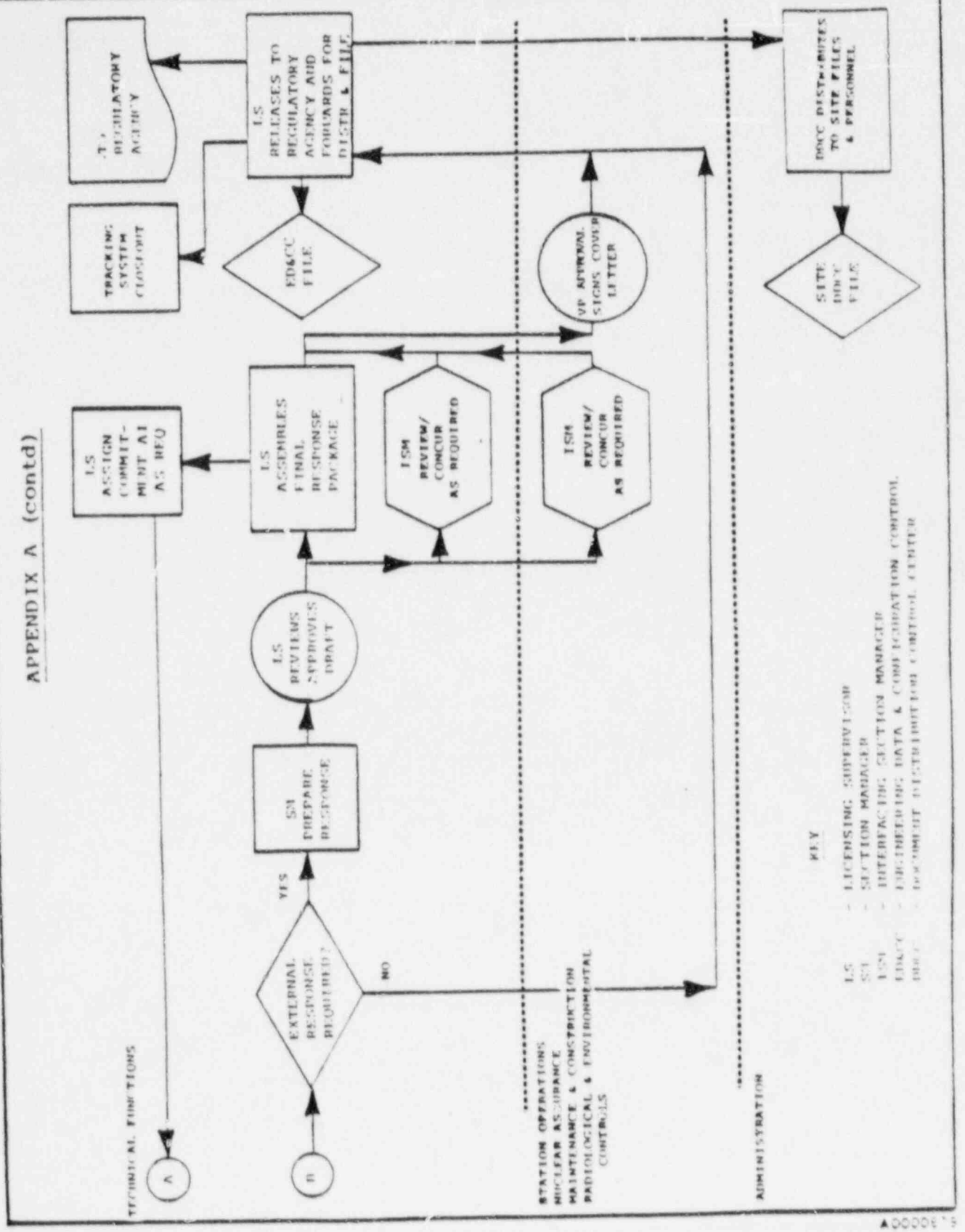
APPENDIX A

PROCEDURE FLOW CHART



A0030678

APPENDIX A (contd)



APPENDIX B

Distribution Slips are subject to continual change; Site Licensing Supervisor should be contacted for the most current Distribution Slip.

ACTION ITEM
DISTRIBUTION LIST

OYSTER CREEK ☐ TMI-1 ☐

AI # _____

Subject: _____

_____

_____

Assigned to: _____

Due Date: _____

DISTRIBUTION	C	A
-PARSIPPANY-		
P. R. Clark - HQ		
D. K. Croneberger - HQ		
R. W. Heward - HQ		
A. C. Katanas - HQ		
R. W. Keaten - CH		
J. Knubel - CH		
R. K. Lacey - CH		
F. F. Manganaro - HQ		
W. F. Schmauss - CH		
D. G. Slear - CH		
J. R. Thorpe - CH		
E. C. Wallace - CH		
F. Weinzimmer - CH		
R. F. Wilson - CH		
EDSCC - CH		
-OYSTER CREEK-		
J. T. Carroll		
R.O.E. Fickelsen		
P. Fiedler		
E. Growney		
J. P. Maloney		
J. L. Sullivan		
C. Tracey		
DCC - Oyster Creek		

DISTRIBUTION	C	A
-THREE MILE ISLAND-		
R. C. Arnold - Admin.		
R. Ballard - Trl. 259		
J. J. Collins - Trl. 144		
J. G. Herbein - Trl. 118		
R. D. Hukill - Trl. 184		
R. A. Knief - Training		
M. Nelson - Trl. 145		
M. Ross - Serv. Bldg.		
R. Toole - Serv. Bldg.		
J. Wilson - Admin.		
DDCC - TMI-1		
-OTHERS-		
_____		
_____		
_____		
_____		
_____		
_____		

A0000679

APPENDIX C

LICENSING ACTION ITEM (1)

PLANT NAME (6)

Return to Licensing immediately if unable to complete assignments.

A.I. NUMBER (2)	ASSIGNED DEPT. (3)	DATE OF REF. (4)	DUE DATE (5)

REFERENCE (7)

DESCRIPTION OF ASSIGNMENT (8)

(10) LICENSING CONTACT	ORIGINAL IS RETURNED TO UNIT LICENSING SUPERVISOR	APPROVAL (9) LICENSING SUPERVISOR

ACTION ITEM RESPONSIBILITY (11)

PRIMARY | SECONDARY

1. ACTION COMPLETE (12) RESP INDIVIDUAL
2. REVIEW & APPROVAL (13) RESP MGR/SECT HEAD (KEEP YELLOW COPY OF A.I.)
3. REVIEWED & APPROVED (R&A) (14)

R&A (15)
R&A (16)
R&A (17)

DESCRIPTION OF COMPLETED ACTION OR LIST OF ATTACHMENTS (18)

A0000879

APPENDIX C - contd.

LICENSING ACTION ITEM COMPLETION INSTRUCTIONS

1. If assignment is not accepted or if due date cannot be met return AI immediately to Licensing
2. Each AI is assigned a unique number by Licensing
3. Enter department/section assigned the AI
4. Enter date AI is written. Example 012181
5. Enter due date when AI is to be completed by responsible manager and returned to Licensing. Example: 022481
6. Enter plant name
7. Use this space to reference pertinent documents
8. Enter complete yet concise description of work to be done
9. Licensing Supervisor signs here, approving action required as assignments
10. Licensing Engineer assigned to manage AI completion
11. "PRIMARY" means the name of manager/supervisor assigned to task, "SECONDARY" means the name of the subordinate individual completing the assignment, if Known
12. Signature of individual assigned work responsibility when action is complete
13. Signature of section manager signifying review and approval
14. to 17. Signature of other applicable department managers signifying peer review and approval.
18. Enter a description of completed action, or a list of attachments which describe completed actions.

Note: This appendix shows a representative form; use of a technically equivalent form is acceptable.

APPENDIX D

RECOMMENDED TRACKING SYSTEM STATUS REPORT FORMAT

AI NO	DEPT	DESCRIPTION	DUE DATE	PREV DUE DATES	AI RESP PRIM/SEC	LTR/ENG REF	AI CLOSEOUT
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

TRACKING SYSTEM STATUS REPORT EXPLANATION

1. The AI number assigned to each piece of regulatory correspondence

2. Responsible manager's department

3. This description of action is taken directly from the AI form

4. Date work is to be completed to be returned to Licensing

5. For each AI, a compilation of past due dates indicating the extent to which the AI is overdue

6. PRIM (Primary) indicates the name of manager/supervisor assigned to task. SEC (Secondary) indicates the name of the subordinate individual completing the assignment.

7. References to licensing and/or engineering documents which will facilitate completion of the AI

8. Date response is sent to agency, or internally closed and letter/memo reference

NOTE: The format of the Status Report may be varied by the Unit Licensing Supervisor, however, the information listed in columns 1 through 8 must be provided.

APPENDIX E

LICENSING CORRESPONDENCE CHECKLIST

LICENSING CORRESPONDENCE CHECKSHEET

FILE NUMBER (1)	UNIT NAME (2)	AGENCY DUE DATE (3)

DESCRIPTION OF SUBMITTAL (4)

DATE SIGNED (5)

(6) CHECK IF:

- ☐ COMMITMENTS MADE TO REGULATORY AGENCY
- ☐ FOLLOW-UP ACTION ITEM NEEDED

INPUT REVIEWS OBTAINED FROM: (7)	DATE

COMMENTS (8)

FINAL LETTER APPROVALS (9)	DATE
LICENSING:	
MANAGER, ENGINEERING PROJECTS:	
OPERATIONS:	
OTHER (SPECIFY):	
OTHER (SPECIFY):	

APPENDIX E - cont'd

LICENSING CORRESPONDENCE CHECKSHEET COMPLETION INSTRUCTIONS

ONLY LICENSING COMPLETES ITEMS 1 - 7

1. Enter Licensing correspondence log number

2. Enter appropriate plant name

3. Enter the date when this response is due to the applicable agency

4. Provide a complete description of the attached submittal

5. Enter the date on which the outgoing correspondence is signed

6. Check this box if:

   - The response contains commitments to the regulatory agency

   - A follow-up AI needs to be generated as a result of the response

7. Enter the names of the individuals who offered significant input/review in the development of this response, and the date on which that input was received

8. Enter any supplemental comments relating to the response here

9. Approving authorities sign or intial where indicated and date

Note: This appendix shows a representative form; use of a technically equivalent form is acceptable.

APPENDIX F

LETTERS NOT REQUIRING TECHNICAL FUNCTIONS' REVIEW

1. Material Status Report (Form 742).
2. Operator license medical exams
3. Fire brigade burning permit request
4. Annual balance sheet
5. Routine exposure data report
6. Personnel exposure at termination of employment
7. Personnel exposure and monitoring report
8. Reposes to financial question
9. Operator license applications
10. Annual environmental operating report
11. Biological Monitoring Reports
12. Annual mercury report
13. Semiannual effluent release report
14. NPDES discharge monitoring report (DMR)
15. Well water diversion report
16. Drinking water report
17. Sludge disposal report
18. Annual statement of source materials inventory
19. Effluent monitoring report
20. Effluent release report

APPENDIX F - cont'd

21. Changes made to the emergency plan implementing procedures without prior approval

22. Copy of annual financial report

23. Notifications of disability of operator

24. Changes to security plan (pursuant to 10CFR50.54(p))

25. Shipworm Monitoring Reports