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TOLEDO EDISON

A Centerior Energy Company

DONALD C. SHELTON
Vice President—Nuclear
(419) 249-2300

Docket No. 50-346

License No. NPF-3

Serial No. 1-829

August 26, 1988

Mr. A. B. Davis, Regional Administrator
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Subject: Toledo Edison's Action Plan on Procedures

Dear Mr. Davis:

On August 18, 1988, a meeting was held at the NRC Region III office between Toledo Edison (TE) and members of your staff. The purpose of the meeting was to discuss the ongoing NRC Region III inspection in the Davis-Besse Quality Assurance/Quality Control areas. Subsequent to the meeting, Mr. Robert W. DeFayette of your staff discussed the following NRC concerns by telephone with Toledo Edison representatives on August 23, 1988:

1) Quality Control Instructions (QCIs) are not being adequately controlled;

2) QC inspectors are not promptly initiating the process to resolve identified procedural deficiencies;

3) Procedural compliance has not been thoroughly assessed for the entire Nuclear Group;

4) Adherence to the procedure change process has not been evaluated for the entire Nuclear Group;

5) The root cause of the procedural compliance concern has not been evaluated.

As discussed with your staff, TE will take the following actions.

1. The remaining Quality Control Instructions (QCIs) will be superseded by Quality Assurance Division Procedures (QADPs). Concurrently with superseding the QCIs, all QADPs will be reviewed and identified

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deficiencies will be corrected. QADPs that are revised or which supersede QCIs will be approved by September 1, 1988 and become effective by September 8, 1988, following required training.

2. In conjunction with the change from QCIs to QADPs and the revision of identified QADP deficiencies, the QA Division will conduct retraining on the PCR process. This retraining will re-emphasize the need to promptly initiate actions to correct identified procedural deficiencies. Retraining will be completed by September 16, 1988. Additionally, if the results of the audit indicate other divisions are having similar problems, retraining will be conducted for those divisions as well.

3. Toledo Edison will conduct an interdisciplinary audit to assess procedural compliance and the overall administration of the procedure program. The audit will analyze a representative sample of procedures to determine if the procedures are functionally adequate (capable of being followed), and whether identified procedural deficiencies have had corrective actions initiated (i.e., via Procedure Change Requests or Potential Condition Adverse to Quality Reports). If it is determined that a corrective action has not been initiated, the necessary corrective action will be taken and the cause of the failure to take this action will be determined.

   A minimum sample of 125 procedures (4% of the population) will be selected for the audit. Procedures will be selected from each Nuclear Group Division. The sample will include recently revised procedures, older working level procedures and administrative procedures. The audit will be conducted by a team of individuals knowledgeable in the procedure program and audit practices.

   This audit is scheduled to begin on September 6, 1988 and will be completed by October 14, 1988. An audit report will be issued by October 28, 1988.

4. The current procedure change process at Davis-Besse requires individuals from all departments, including QA, to stop work and notify their supervisor whenever a technical deficiency is discovered in a procedure that they are following. Procedures found to contain such deficiencies are required to be corrected prior to continuing work.

   The individual discovering a deficiency is required to submit a Procedure Change Request (PCR) form. Processing time for accepted PCRs is a function of the number of change requests currently in the system. However, each department and division has the ability to expedite the change process for any procedure deemed to require immediate attention. Procedure changes and revisions can, and have been processed in as little as one day.

   If the audit results indicate that the time required to change or revise a procedure, using the current procedure change process, is a contributor to procedural noncompliance, TE will revise the change process such that the processing time is reduced.

5. A root cause evaluation will be conducted to determine the reason for the increase in procedural noncompliance, which has been identified by TE's Trend Report. Much of the information necessary to perform this evaluation will be obtained during the audit process described above. Evaluation of this information will begin upon completion of the audit (October 14, 1988) and will be completed by November 10, 1988. Your staff will then be notified of the results.

Please contact Mr. R. W. Schrauder, Nuclear Licensing Manager, at (419) 249-2366 if there are any questions.

Sincerely yours,

GH/CFM/tlt

cc: DB-1 Resident Inspector
A. W. DeAgazio, Project Manager
Document Control Desk