

U. S. NUCLEAR REGULATORY COMMISSION

OFFICE OF SPECIAL PROJECTS

NRC Inspection Report: 50-445/88-55
50-446/88-51

Permits: CPPR-126
CPPR-127

Dockets: 50-445
50-446

Category: A2

Construction Permit
Expiration Dates:
Unit 1: Extension request
submitted.
Unit 2: Extension request
submitted.

Applicant: TU Electric
Skyway Tower
400 North Olive Street
Lock Box 81
Dallas, Texas 75201

Facility Name: Comanche Peak Steam Electric Station (CPSES),
Units 1 & 2

Inspection At: Comanche Peak Site, Glen Rose, Texas

Inspection Conducted: August 3 through September 8, 1988

Inspector:

C. J. Hale
C. J. Hale, Reactor Inspector

9/21/88
Date

Consultants: J. Birmingham, Parameter (paragraphs 4 and 5.)
V. Wenczel, EG&G (paragraphs 2.b - c and 3.)

Reviewed by:

H. H. Livermore
H. H. Livermore, Lead Senior Inspector

9/21/88
Date

Inspection Summary:

Inspection Conducted: August 3 through September 8, 1988 (Report 50-445/88-55; 50-446/88-51)

Areas Inspected: Unannounced, resident safety inspection of applicant's actions on previous inspection findings, timeliness of nonconformance report processing, technical audit program, and Comanche Peak Response Team (CPRT) overviews of corrective actions for CPRT findings.

Results: Within the areas inspected no violations, deviations, or unresolved items were identified. No significant strengths or weaknesses were noted.

DETAILS

1. Persons Contacted

- *R. W. Ackley, Jr., Project Manager, Stone & Webster
Engineering Corporation (SWEC)
- A. D. Arnold, Document Review Group Supervisor, Brown & Root
(B&R)
- *M. Axelrad, Attorney, Newman and Holtzinger, P. C.
- *R. P. Baker, Licensing Compliance Manager, TU Electric
- *J. L. Barker, Manager, Engineering Assurance, TU Electric
- O. Bhatti, Corrective Action Group Supervisor, TU Electric
- J. T. Blixt, Site QA Staff Assistance, B&R
- *H. D. Bruner, Senior Vice President, TU Electric
- *W. J. Cahill, Consultant, TU Electric
- *J. T. Conly, APE-Licensing, SWEC
- *W. G. Counsil, Executive Vice President, TU Electric
- *J. C. Crnich, Project General Manager, Ebasco
- *G. G. Davis, Nuclear Operations Inspection Report Item
Coordinator, TU Electric
- *S. H. Freid, Chief Mechanical/Nuclear Engineer, Bechtel
- *P. E. Halstead, Manager, Quality Control (QC), TU Electric
- *T. L. Heatherly, Licensing Compliance Engineer,
TU Electric
- H. L. Hill, NCR/Corrective Action QC Supervisor, B&R
- *C. B. Hog, Engineering Manager, Bechtel
- *R. T. Jenkins, Manager, Mechanical Engineering, TU Electric
- *J. J. Kelley, Manager, Plant Operations, TU Electric
- *J. E. Krechting, Director of Technical Interface, TU Electric
- *O. W. Lowe, Director of Engineering, TU Electric
- *F. W. Madden, Mechanical Engineering Manager, TU Electric
- *D. M. McAfee, Manager, QA, TU Electric
- *J. C. Miller, CPRT, Tenera
- P. A. Leyendecker, Quality Surveillance Manager, TU Electric
- J. Morris, Systems Completion Superintendent, B&R
- *J. W. Muffett, Manager of Civil Engineering, TU Electric
- *L. D. Nace, Vice President, Engineering & Construction,
TU Electric
- *E. Ottney, Representative, CASE
- *S. S. Palmer, Project Manager, TU Electric
- G. B. Purdy, Site QA Manager, B&R
- *J. D. Redding, Executive Assistant, TU Electric
- *D. M. Reynerson, Director of Construction, TU Electric
- *M. J. Riggs, Plant Evaluation Manager, Operations, TU Electric
- *E. J. Schmidt, Radiation Protection Manager, TU Electric
- *A. B. Scott, Vice President, Nuclear Operations, TU Electric
- *C. E. Scott, Manager, Startup, TU Electric
- *S. L. Stamm, Project Engineering Manager, SWEC
- *P. B. Stevens, Manager, Electrical Engineering, TU Electric
- *J. F. Streeter, Director, QA, TU Electric
- *C. L. Terry, Unit 1 Project Manager, TU Electric
- *T. G. Tyler, Director of Projects, TU Electric

- *R. D. Walker, Manager of Nuclear Licensing, TU Electric
- *K. C. Warapius, Project Director, Impell
- *J. R. Waters, Licensing Compliance Engineer, TU Electric
- W. G. Westhoff, Supervisor, Technical Audits, TU Electric

The NRC inspectors also interviewed other applicant employees during this inspection period.

*Denotes personnel present at the September 8, 1988, exit meeting.

2. Applicant's Action on Previous Inspection Findings (92701)

- a. (Closed) Open Item (445/8718-O-05; 446/8714-O-04): A "Problem Identification Sheet" (PIS) found in a craft work package appeared to be used to document nonconforming conditions and no procedures were found that controlled their use.

When the NRC inspector identified this item, construction personnel stated that the PIS was only used to document communications between the construction and engineering groups, but no procedures described the PIS use. By November 1987, the applicable construction procedures were revised to describe the control and use of the PIS. Basically, the procedures specified that the PIS was to be used by the field engineer, construction engineer, or craft to document and obtain resolution to field problems encountered when work could not be performed in accordance with the existing design documents. The PIS was a mechanism that caused engineering to initiate a design change or clarify existing design requirements to craft so the problem could be resolved. The PIS could also be used to communicate information such as schedule and work load problems between different groups, but was not to be used to document problems concerning hardware already accepted by QC inspection.

By February 1988 the construction department began a phasing out of the PIS by issuing Policy Statement No. 2, "Construction Department Correspondence," which was primarily to establish controls for the use of three-part memos. (This process was inspected by the NRC and the results were documented in NRC Inspection Report 50-445/88-35; 50-446/88-34). As construction procedures are revised, the PIS is being deleted and at present only three procedures remain that permit the use of the PIS and these are scheduled for revision by September 1988. With the elimination of the PIS, communications will continue to be accomplished through: (1) use of the three-part memo, and (2) construction engineers that are

now assigned to work directly with the various craft groups.

To assure the PISs were being used properly, the NRC inspector reviewed seven such forms contained in work packages selected from the electrical process control group and an equal number in the field being used by craft personnel. The NRC inspector found no instance where the PIS was being used improperly.

Based on the foregoing inspection, and since the PIS is being phased out, this item is closed.

- b. (Closed) Open Item (445/8718-O-06; 446/8714-O-05): Two ASME NCRs documented procedural violations: (1) NCR 87-A0317 identified that the ASME authorized nuclear inspector's (ANI's) disposition review for a Unit 2 NCR (87-5522-S) was bypassed, and (2) Unit 1 NCR 87-A0922 reported that craft removed and reinstalled items without QC verification before removal. Each NCR was dispositioned and processed to correct the identified nonconforming conditions. The NRC inspector noted that deficiency reports (DRs) were not initiated although DRs appear to have been warranted since programmatic weaknesses were indicated. At the time the NCRs were processed, DRs required actions to be taken to prevent such programmatic weaknesses from recurring. Corrective action requests (CARs) are currently the vehicle used to initiate action to preclude recurrence rather than DRs.

NCR 87-A0317 - Subsequent to this open item, B&R conducted a surveillance of Unit 1 and Unit 2 ASME NCR processing for conformance to Procedure AAP 16.1, "Controlling Nonconformance Items." The surveillance addressed, among other things, ANI and QA reviews and approvals of disposition prior to the start of rework by craft. Two other instances were found during the surveillance in which craft reworked hardware prior to ANI or QA review of dispositioning (NCRs CM-87-8194 and 87-03015). To resolve these issues, B&R initiated CAR 71.

The cause of the condition was found to be based on two factors:

- (1) ASME Section XI (Unit 1) and Section III (Unit 2) documentation work packages were issued and controlled through a common package flow group (PFG) using the same personnel. Processing of NCRs was different on Unit 1 and Unit 2 in that Unit 1 NCR dispositioning did not require ANI review or concurrence as was required on Unit 2 NCRs. As a

result, the potential existed for confusion in the processing of Unit 1 and Unit 2 NCRs.

- (2) Due to frequent changes to procedures related to document processing in the PFG, the problem was compounded by what appears to have been ineffective PFG personnel training.

The three identified NCRs were reopened and both QA and ANI reviews were performed as required. Four corrective/preventive actions were to be taken: (1) restructure PFG organization to clearly define ASME Section III and Section XI responsibility boundaries; (2) provide PFG personnel involved in ASME Section III packages additional training; (3) physically segregate ASME Section III and Section XI documentation packages which would then be processed by dedicated ASME Section III and ASME Section XI PFG personnel; and (4) recall ASME Section III work packages and review NCRs to verify that disposition approvals/concurrences were obtained as required by AAP 16.1.

The NRC inspector reviewed actions taken by B&R to resolve CAR 71. This review was to verify that committed actions were taken and those actions were adequate to resolve CAR 71. Review of the three cited NCRs disclosed that they were revised as stated. Training records inspected substantiated that PFG personnel received additional training in AAP 16.1. By inspection the NRC inspector verified the physical segregation of ASME Section III and Section XI documentation packages and the use of dedicated ASME Section III and Section XI PFG personnel. Documentation (BRL 398, BQA 87-0019 and BQA 87-0059) examined by the NRC inspector verified B&R's review of recalled ASME work packages for conformance to the requirements of AAP 16.1.

NCR 87-A0922 - This NCR addressed an item removal and reinstallation without QC verification of material traceability prior to removal. The failure of craft to observe a QC hold point constituted a procedure violation which rendered the hardware indeterminate. Based on conversation with the ASME NCR/corrective action QC supervisor and review of AAP 16.1, the NRC inspector learned the following. The ASME program considers procedure violations which result in documentation deficiencies also cause the quality of the hardware to be indeterminate. To address both conditions (such as documented on NCR 87-A0922), one document is used; the NCR. Resolution to both the programmatic (procedure violation) and the hardware nonconformance is provided on the NCR. In this instance, QC reestablished traceability

of the hardware by completing the required inspection activities. To preclude recurrence, the appropriate craft person was retrained in the procedure for maintaining hardware traceability. The NRC inspector reviewed documentation for reestablishing traceability and the training record for the appropriate craft person. These documents substantiated that the required actions were taken.

Based on the foregoing, this item is closed.

- c. (Closed) Unresolved Item (445/8835-U-01): This item pertained to the processing of CARs. During a previous review of CAR 110, the NRC inspector determined that verification of the SWEC response had occurred, but was not documented and QA had closed the CAR without documentation that completely described the actions taken. Based on this processing of CAR 110 by TU Electric, the NRC performed a further review of the CAR process to assure compliance with commitments and requirements.

The review approach used by the NRC inspector was to compare the processing of 5 of the 39 CARs closed since January 1987 against the requirements of NEO 3.01, Revision 2, "Corrective Action." In addition to the 5 CARs reviewed, the document file for CAR 110 was reviewed again and found to have been amended to record the actions which were previously undocumented.

NEO 3.01 requires that the action addressee's response to the identified condition shall contain: (1) cause of the condition; (2) corrective action (including evaluation for generic implications); (3) actions to preclude recurrence; (4) completion date for proposed committed actions; and (5) review for reportability under 10 CFR Part 21 and 10 CFR Part 50.55(e). The QA organization is responsible for reviewing the response for adequacy and verifying implementation of committed actions to correct the immediate problem and to preclude recurrence. CAR closure is based on completion of verification activities and reportability review. It was noted that NEO 3.01 does not require a lower-tier implementing procedure; however, a draft of such a procedure was in place at the beginning of this inspection.

The five CARs reviewed were: CAR 071, CAR 092, CAR 87-006, CAR 87-020, and CAR 87-053. These CARs were issued and processed on behalf of the Director of QA by the QA Corrective Action Group (CAG). Each CAR

response was found to identify root cause, corrective action and generic implication evaluation, action to preclude recurrence, completion dates, and the performance of reportability review. Responses were reviewed for adequacy, and one initial response (CAR 87-053) was rejected. The action addressee was notified in writing that the response did not adequately address the described condition in terms of overall root cause and preventative action. The action addressee revised the response which was then found acceptable by the CAG.

The CAG's verification of the implementation of corrective action and preventative action statements encompassed several phases. First, each corrective action and preventative action commitment statement was divided into auditable elements; the number of CAR auditable elements ranged from 5 to 14. Second, each auditable element was entered into a computer tracking system to monitor completion dates. Finally, upon completion of the required actions by the action addressee, the CAG performed verifications of the completed actions. The verifications and results were documented on CAG verification sheets. When the verification efforts were beyond the CAG's resources, other QA groups were notified and required to verify committed actions. For example, QA surveillance verified implementation of 3 of the 14 commitment actions contained in CAR 092. Surveillance results were provided to the CAG in memo QQS-072.

During the NRC inspector's review of verification sheets and surveillance verification documentation, all commitment statement verifications were found to be documented except one. For CAR 87-053, the immediate corrective action to remove the deficient calibration standards from service was verified by the CAG; however, that verification was not documented. (The NRC inspector confirmed by personnel interviews that the deficient calibration standards were removed from service). This is another example of this unresolved item where CAG activities were performed, but not documented.

For each CAR, closure was documented in a memorandum which formed the basis for CAR closure. Contained in the memorandum was a detailed description of the actions taken to correct and preclude recurrence of the CAR condition. Since April 1988, each verification action taken by the CAG, or other QA group, was identified in the closure memorandum. This change was to allow the closure memorandum to be the primary "stand alone" CAR

closure document. The completed CARs and closure memorandums were found to have been reviewed and approved by the required levels of management. In addition, the CAR log was found to have been updated to reflect closure status.

In reviewing the CAR process, the NRC inspector determined that NEO 3.01 provided the basic requirements for CAR processing, but not implementation details of activities performed by the CAG. Uniform CAR processing occurred because of training provided by the CAG supervisor; however, the potential for inconsistency in CAR processing existed and in fact occurred as evidenced by the documentation omissions identified by the NRC inspector.

The applicant recognized the need to codify CAG activities into a formal implementing procedure as noted earlier by the existence of a draft procedure. Prior to completing this inspection, Procedure NQA 3.01, Revision 0, "Initiation and Processing of Corrective Action Requests" was developed. The procedure was reviewed by the NRC inspector and found to address the following CAG activities:

- . Validation of CARs.
- . Review of action addressee responses for adequacy.
- . Identification and verification of corrective actions and actions to preclude recurrence by establishing auditable elements.
- . Interface between CAG and other organizations performing verification activities on CAG's behalf was defined (i.e. QA surveillance or QA audit).
- . Type of documentation to be retained in official files and backup files was identified.
- . The use of forms to document CAG activities were defined.

In summary, the NRC's inspection of five CARs disclosed that the CARs were processed in accordance with NEO 3.01 requirements; however, another example of CAG activities going undocumented was found. Recognizing the need, TU Electric established an implementing procedure (NQA 3.01) for CAR processing. The NRC inspector reviewed the procedure and determined it provided the necessary control and action for resolving this unresolved item; accordingly, this item is closed.

3. Review of Timeliness of NCR Processing (35061)

Even though 10 CFR Part 50, Appendix B, Criterion XV, "Nonconforming Materials, Parts or Components" does not specifically address "timeliness" of NCR dispositioning and closure, the NRC decided to review this process due to the large number of open ASME and non-ASME NCRs (14,386 as of August 13, 1988). The average number of NCRs opened per day in January 1988 was 70. As of August 1988, this average was 60. During the working week of August 7-13, 1988, 353 NCRs were opened and 171 were closed.

To address the increasing backlog of NCRs, their timely closure, and the timely closure of similar documents (e.g. Deficiency Report, Design Change Authorizations, and Significant Deficiency Analysis Reports), TU Electric has developed a computerized scheduling and tracking system. This system, the Management Information Tracking System (MITS), became effective April 1988 and monitors inprocess and completed work activities by events and milestones for construction and operations. For construction, milestones are turnover of completed components and systems for preoperational testing. For operations, milestones are the completion of preoperational testing.

As NCRs are generated, the NCR is reviewed and prioritized with respect to dispositioning and closure based on the NCR's impact on the events and milestones. Status of NCR processing is tracked by MITS. The Projects Completion Group monitors the status of NCR processing using MITS to assure that NCRs and other prerequisite completion activities occur prior to milestone dates.

On a daily basis, a plan of the day (POD) meeting is held to coordinate the completion of prerequisites to milestones. Among items addressed in the POD is MITS status of NCRs with respect to impact on activities. From the POD, assignments are made to expedite any NCRs whose processing may impact the schedule adversely.

The final prerequisite to turning a component or system over for preoperational testing is the post-work review of work process control document packages, and the package turnover to records management. During this review, among other things, NCRs are examined to verify that they have been closed. If a NCR is still open, the document package is held until the NCR has been properly dispositioned and closed.

In summary, the applicant has recognized the need to disposition and close NCRs in a timely manner. To accomplish this objective, NCR processing is prioritized upon issuance based on their impact on established milestone events. The

post-work document package review is the final mechanism to assure NCRs have been properly processed prior to component and system turnover for preoperational testing.

No violations or deviations were identified in this area of the inspection.

4. Technical Audit Program (35060)

As expressed in NEO Procedure 3.07-1.01, "Technical Audit Program," the objectives of the technical audit program (TAP) are to provide timely and effective audit coverage of:

- (1) the implementation of the recommendations and commitments which have resulted from the performance of the Comanche Peak Response Team (CPRT), Issue Specific Action Plans (ISAPs), and
- (2) to provide technical audit coverage of the design related corrective action programs (CAPs).

In two previous inspections of the TAP, the NRC inspector:

- (1) evaluated the procedural controls of the TAP, (2) reviewed the qualifications and number of TAP audit personnel, and
- (3) inspected, in detail, the implementation of eight TAP audits (see NRC Inspection Reports 50-445/87-24, 50-446/87-18 and 50-445/88-01, 50-446/88-01).

During this report period the NRC inspector assessed further the overall effectiveness of the TAP. Included in this assessment was an evaluation of the TAP in: (1) providing technical audit coverage for each of the CAPs, and

- (2) providing verification of the implementation of the recommendations and commitments resulting from the CPRT ISAPs.

To assess these objectives, the NRC inspectors reviewed the TAP audit schedules for 1987 and 1988. Additionally, the NRC inspector utilized a matrix maintained by the TAP which detailed the status of all TAP audits. This matrix provided details, such as, audit start and finish dates, audit report issue dates, and dates that responses to audit deficiencies were received. The NRC inspector reviewed the list of scheduled and completed audits to verify that audit coverage of each of the CAP activities was provided. In order to further assess the timeliness and adequacy of those audits, the NRC inspector reviewed, in detail, available TAP audits for three specific CAP activities. The CAP activities and audits reviewed were:

<u>CAP Activity</u>		<u>TAP Audits Reviewed</u>
Fire Protection	(Impell)	ATP-87-20
	(Impell)	ATP-87-46
	(Impell)	ATP-87-50
	(Impell)	ATP-87-68
	(Impell)	ATP-88-82
	(EPM)	ATP-87-40
	(EPM)	ATP-87-71
Electrical	(SWEC)	ATP-87-16
	(SWEC)	ATP-87-29
	(SWEC)	ATP-87-43
	(SWEC)	ATP-88-65
Equipment Qualification	(Impell)	ATP-87-11
	(Impell)	ATP-87-22
	(Impell)	ATP-87-33
	(Impell)	ATP-87-41
	(Impell)	ATP-87-55
	(Impell)	ATP-87-61
	(Impell)	ATP-87-75
	(Impell)	ATP-88-79
	(Impell)	ATP-88-94

The NRC inspector determined from review of the above TAP audits that the audits had been structured to cover the technical aspects of the CAP activities as well as verification of compliance with regulatory requirements and applicable standards. The TAP audits verified the technical adequacy of the design validations and calculations by performing a check of the design inputs, assumptions, and by performing sample calculations. The audits also verified that certain generic technical issues were addressed by the CAP activities, as required. Based on these reviews, the NRC inspector concluded the TAP audits were sufficient in depth of detail to assess the technical adequacy of the CAP activities.

To assess that the TAP audits were being performed in a timely manner and that they provided audit coverage of all CAP activities, the NRC inspector reviewed the 1987 and 1988 audit schedules. These schedules showed that TAP audits had been scheduled or performed for each of the CAPs. The schedules also showed that the audits were performed as scheduled, or in a few cases rescheduled with appropriate justification.

The NRC inspector reviewed the TAP audit files and correspondence contained therein for 80 audits to verify that: (1) audits had been performed in accordance with the audit schedules; (2) audit performance was timely; and (3) the issuance of audit reports, audit deficiencies, and the receipt of responses from the audited organizations were being handled

in accordance with procedures. The files and correspondence showed that the audits had been performed as planned and that audit reports and audit deficiencies had been issued in accordance with procedural requirements. The responses from the audited organizations were also found to be timely with few exceptions. For those exceptions, notifications to the delinquent organizations were sent in accordance with procedural requirements. Since no pattern of delinquency was apparent, the NRC inspector determined the performance of the T/P audits and the follow-up of audit deficiencies were acceptable.

The NRC inspector reviewed the scheduling for the other CAP activities not assessed in the above audits. The scheduling of audits for the other CAP activities was similar in frequency to those inspected. The number and scope of audits scheduled for the remaining CAP activities appeared to be commensurate with the amount of effort required to complete each activity. For example, in 1987 nine audits were performed related to large bore piping, a CAP with a great deal of ongoing activity, whereas two audits were performed of the fire protection safe shutdown analysis, an activity of smaller scope completed in 1987. Based on these reviews, the NRC inspector determined that the number and frequency of the remaining audits of the CAP activities were scheduled, and in sufficient detail, to provide adequate audit coverage.

To assess how effectively the TAP was performing verification of the recommendations and commitments resulting from CPRT ISAP implementation, the NRC inspector performed the following tasks: (1) determined whether the commitments and recommendations that resulted from the CPRT effort had been identified and captured in a controlled tracking system; (2) assessed whether NEO Procedure 3.07-1.01, "Technical Audit Program," provided appropriate guidance for performance of verifications and for documentation of the verification results; and (3) performed a detailed review of a selected sample of completed verifications to assess the effectiveness of the implementation of TAP Procedure NEO 3.07-1.01.

The first of these tasks had previously been inspected and reported in NRC Inspection Report 50-445/88-10; 50-446/88-08. In that report the NRC inspector verified that the CPRT had developed and was implementing a system to identify and status the CPRT findings and recommendations. The system was identified as the CPRT commitment tracking report (CTR). NRC review of the current status of the CTR found that the CTR continued to provide the identification and status of CPRT findings.

NRC review of the current NEO Procedure 3.07-1.01, Revision 2, determined that Section 6.5, "ISAP Commitment Verification,"

had been significantly revised. The NRC inspector determined that the revised format continued to provide for:

- (1) verification of CPRT findings by qualified TAP personnel;
- (2) a listing of the personnel contacted and the evidence observed relative to the CPRT finding; and (3) results of each attribute observed, either satisfactory or unsatisfactory, being documented in ISAP commitment verification checklists.

Further, the procedure provided that deficiencies found during the verification be documented and processed in accordance with site procedures. The current revision to NEO 3.07-1.01 was determined to provide adequate guidelines for the TAP verification of the implementation of CPRT findings. The completed ISAP commitment verification checklists are transmitted to records management for retention.

To assess the TAP implementation of the above procedural requirements, the NRC inspector reviewed in detail seven ISAP commitment verification checklists. The checklists were identified by the CPRT finding being verified. Checklists reviewed by the NRC inspector were:

<u>CPRT Report Identification</u>	<u>Commitment Number</u>
CER	001
I.d.1	038
I.d.2	005
II.c	002
VII.a.2	030
VII.b.4	001
VII.c.EEIN	018

The NRC inspector determined that each of the above commitment verification checklists had been completed in accordance with NEO 3.07-1.01. Further, the NRC inspector verified that for each commitment verification, the evidence observed and recorded on the verification checklist was accurate and supported the checklist conclusion that the commitment had or had not been implemented.

From this satisfactory review, the NRC inspector concluded that the procedural requirements of NEO 3.07-1.01 and the implementation of the requirements by the TAP appear to be effective and provide an acceptable method for verification of the commitments and recommendations resulting from the CPRT actions.

In summary, the NRC inspectors determined that the TAP objectives of (1) providing timely and effective technical audit coverage of the CAP activities and (2) providing verification of the implementation of those commitments and recommendations resulting from CPRT findings were being satisfactorily accomplished. Specifically, the NRC inspector determined that the procedural controls, the qualifications of

personnel, audit scheduling and performance, depth of audit, and audit follow-up and closure were satisfactory.

No violations or deviations were identified.

5. CPRT Overviews of Corrective Actions for CPRT Findings (35060)

This activity was previously inspected and reported in NRC IR 50-445/88-10; 50-446/88-08. In that report the NRC inspected the actions of the CPRT in performing overviews of the corrective actions taken by the applicant for the findings and recommendations resulting from the CPRT effort. The commitment to perform that overview is defined in Appendix H of CPRT program plan. Appendix H defines the objectives of the overview to be: (1) identification and processing of discrepancies, (2) concurrence with proposed corrective actions for CPRT findings, and (3) overview of the implementation of those corrective actions.

The NRC inspector verified that the processes by which CPRT performed objectives (1) and (2) remained unchanged from the previous inspection. These two objectives continue to be considered acceptable. The third objective, CPRT overview of corrective action implementation was inspected during this report period. Responsibility for the performance of the overviews is the responsibility of the CPRT program director as stated in Appendix H of the CPRT program plan.

To assess the performance of the CPRT overviews, the NRC inspector performed the following tasks: (1) reviewed the procedural guidance developed for the implementation of the overviews, (2) reviewed the CPRT documentation providing the scheduling and status of CPRT overview, and (3) reviewed selected CPRT overviews to verify proper implementation. During performance of these tasks, the NRC inspector utilized the criteria for the overviews provided in Sections III, IV, and V of the CPRT Collective Significance Report (CSR). The overview commitments in the CSR clearly define the CPRT overview requirements.

Procedural guidance for the CPRT overviews was documented formerly in PAG-13 and PAG-14, but is currently provided by Program Directors Instruction PDI-07, "Instruction for CPRT Overviews of Corrective Action." The NRC inspector reviewed PDI-07, Revision 1, and determined that the CPRT overviews were separated into three areas: (1) QA/QC and quality of construction, (2) design, and (3) integration of design and construction. Further, PDI-07 provided for the development of a corrective action overview plan for each area. The NRC inspector determine that PDI-07 provided sufficient guidance for the implementation of the CPRT overviews and for the development of the corrective action overview plans. For

example, the PDI provided sufficient guidance on: (1) the applicable quality assurance elements, (2) the designation of responsibilities for implementation of each phase of CPRT overviews, (3) provisions for documenting concerns and communicating the concerns to the applicant, (4) reporting of overview results to the CPRT Senior Review Team, and (5) the retention of overview records.

Each of the CPRT overview plans was reviewed by the NRC inspector. The plans were found to provide directions for CPRT overviews of those project activities as committed in Appendix H of the CPRT Program Plan and in Sections III, IV, and V of the CSR.

To assess CPRT implementation the NRC inspector reviewed documentation detailing those items selected by CPRT to be overviewed. The documentation reviewed included lists of completed or scheduled overviews of: (1) TAP and Engineering Functional Evaluation audits, (2) CPRT generated Discrepancy/Issue Resolution Reports, (3) technical overviews, and (4) issue closure reviews. These lists indicated that the selected CPRT overviews contained issues that were: (1) specified by ISAP results reports, (2) committed to in other CPRT reports (such as the Collective Evaluation Report), (3) determined by CPRT to be significant, or (4) selected arbitrarily. Additionally, for the Post Construction Hardware Validation Program the CPRT selected a sampling that included initial acceptability reviews, field verification methods, and technical dispositions of inaccessible attributes.

To assess implementation of the CPRT overviews, the NRC inspector selected and reviewed the CPRT overviews of the following CPRT findings:

VII.c-STEL-036
CER-002
VII.c-STEL-005
VII.c-LBCO-006
VII.c-CABL-057/VII.c-CABL-058
VII.c-LBSR-014
II.c-002
VII.c-CABL-053
VII.c-INSP-009
VII.c-ININ-010/VII.c-ININ-011.

Results of the NRC inspector's review determined that the CPRT overviews: (1) were conducted in accordance with PDI-07, (2) were sufficient to properly assess the corrective action, (3) identified areas of concerns and provided documented overview concerns to the Director of QA, and (4) the overview results were documented and retained in the CPRT central files.

No violations or deviations were identified in this area of the inspection.

6. Exit Meeting (30703)

An exit meeting was conducted September 8, 1988, with the applicant's representatives identified in paragraph 1 of this report. No written material was provided to the applicant by the inspectors during this reporting period. The applicant did not identify as proprietary any of the materials provided to or reviewed by the inspectors during this inspection. During this meeting, the NRC inspectors summarized the scope and findings of the inspection.