

**OPPD**

**Omaha Public Power District**  
1623 Harney Omaha, Nebraska 68102  
402/536-4000

January 11, 1988  
LIC-88-003

U. S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, DC 20555

References: 1. Docket No. 50-285  
2. Letter from NRC (L. J. Callan) to OPPD (R. L. Andrews) dated  
December 4, 1987.

Gentlemen:

SUBJECT: Reply to a Notice of Violation - Inspection Report 50-285/87-25

The subject inspection report identified one violation involving the failure to properly correct deficiencies involving the ability of fire doors to function as designed. Pursuant to the provisions of 10 CFR Part 2.201, please find attached the Omaha Public Power District's response to this violation. A one week extension to the submittal date was discussed with Mr. T. Westerman of Region IV and Mr. J. Fisicaro of my staff. If you have any questions, please contact us.

Sincerely,

*R. L. Andrews*

R. L. Andrews  
Division Manager  
Nuclear Production

RLA/me

cc: LeBoeuf, Lamb, Leiby & MacRae  
1333 New Hampshire Ave., N.W.  
Washington, DC 20036

R. D. Martin, NRC Regional Administrator  
A. Bournia, NRC Project Manager  
P. H. Harrell, NRC Senior Resident Inspector

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## ATTACHMENT

### Response to Notice of Violation 285/8725-01

During an NRC inspection conducted on October 1 through October 31, 1987, a violation of NRC requirements was identified. The violation involved the failure of licensee management to implement a corrective action program for correction of deficiencies related to nonfunctional fire doors. In accordance with the "General Statement of Policy and Procedure for NRC Enforcement Actions," 10 CFR Part 2, Appendix C (1987), the violation is listed below.

Criterion XVI of Appendix B to 10 CFR Part 50 states, in part, that measures shall be established to assure that conditions adverse to quality, such as deficiencies, are promptly corrected.

Paragraph 4.1.1 of Section 10.4 of the licensee's Quality Assurance Plan states, in part, that conditions adverse to quality, such as deficiencies, shall be corrected as soon as practicable.

Contrary to the above, the NRC inspector identified 12 deficiencies involving seven fire doors that did not properly latch, thus making the Technical Specification fire barrier non-functional, during inspections performed from March 1 through October 31, 1987. Licensee management failed to properly correct deficiencies identified with fire doors in that the deficiencies continued to occur over an 8-month period of time and resulted in the identification of an additional deficiency with Fire Door 989-9 on October 20, 1987.

This is a Severity Level IV violation. (Supplement I) (285/8725-01)

#### OPPD'S RESPONSE

#### THE REASON FOR THE VIOLATION IF ADMITTED

The violation is admitted as stated.

#### DISCUSSION

A review of the existing maintenance and surveillance records for the period in question was conducted, and it was noted that the deficiencies discovered during the monthly surveillance test ST-FP-1 were repaired as required. The deficiencies identified by the NRC inspector were investigated, and maintenance orders were written if appropriate. In some instances, the deficiency reported by the NRC Inspector was not "repeatable", (i.e., maintenance craftspeople investigating the concern often could not make the door repeat the condition cited by the NRC inspector.) If incorrect operation of the door was found, the door was repaired.

It was found that certain door designs are more prone to failure from misalignment than others. It was believed that the best way to prevent these recurrences and to provide a long term solution was to initiate a door replacement program, standardize door hardware to minimize delays associated with spare parts inventory and the lead time associated with parts procurement, and dedicate personnel to perform a preventative inspection and maintenance program. It was, however, decided to postpone the door changeout program until the necessary manpower resources could be made available. In the interim, the existing corrective maintenance program on the doors was continued, but did not adequately ensure fire barrier integrity.

OPPD'S RESPONSE (Continued)

CORRECTIVE STEPS WHICH HAVE BEEN TAKEN AND THE RESULTS ACHIEVED

A program for the replacement of doors and standardization of hardware has been initiated. Vendors have been contacted for quotations on the cost and the scope of this work has been finalized. Interim corrective actions to provide increased compliance during the procurement, delivery, and installation have been taken as follows:

1. Maintenance Order 874860 was written to repair the latch for fire door 989-9 and was completed on 10-26-87. However, since the door is of a misalignment-prone design, and has warped, it must be replaced to ensure that it will consistently latch when it is closed.
2. Changes to the security foot patrol procedure, SCP-14, were made on 10-1-87 to heighten guard awareness of fire door problems and to require that any deficiencies found be promptly reported to the Shift Supervisor so that corrective actions can be taken.
3. Changes to Standing Order 0-38, Firewatches, were completed on December 14, 1987 to require that fire barrier deficiencies be reported to the Shift Supervisor so that prompt corrective action can be taken.
4. Changes to the Fire Door Status Log, Form FC-37, were made on November 30, 1987 to require that the Shift Supervisor be informed of any inoperable fire door within 30 minutes of discovery so that prompt corrective action can be taken.
5. An interoffice memo FC-1878-87 was issued to plant operations personnel to inform them of their responsibilities in finding and reporting inoperable fire doors so that prompt corrective action can be taken.
6. Operations personnel have been informed that the appropriate corrective action for fire protection deficiencies is to initiate a maintenance order. Standing Order G-17, Maintenance Orders, states that "maintenance orders on fire protection equipment should be completed within 7 days."

These corrective actions have increased personnel awareness concerning the importance of fire door operability and the need to perform prompt corrective action.

Additionally, interaction with the NRC resident inspectors was undertaken in a full time manner in November 1986 when a licensing representative was assigned full time to the site. This move has helped facilitate communication with the NRC Inspectors and has assisted in coordination of other inspection efforts at Fort Calhoun Station.

CORRECTIVE STEPS WHICH WILL BE TAKEN TO AVOID FURTHER VIOLATIONS

Specific long term corrective actions will consist of a fire door replacement program aimed at eliminating the high maintenance door designs (MO 875822), a door hardware standardization program to minimize delays associated with

OPPD'S RESPONSE (Continued)

CORRECTIVE STEPS WHICH WILL BE TAKEN TO AVOID FURTHER VIOLATIONS (Continued)

procurement and/or inventory problems associated with spare parts (MO 875823), and a preventative testing and maintenance program to keep fire doors operable. The schedule for replacement is as follows:

1. Procurement of doors and hardware is expected by February 1988.
2. Issuance of a purchase order for outside labor support for door installation is expected by May 1988.
3. Doors and hardware are expected to be delivered 120 days after the purchase order is issued, or approximately June 1988.
4. Both of the maintenance orders should be completed for necessary doors and hardware by September 1988 based upon meeting the milestones established above.
5. In addition to those doors listed in Maintenance Order 875822, several doors will be replaced under modification MR-FC-86-116C which remodels existing plant areas for the Chemical and Radiation Protection building addition. Currently, six of these doors are fire doors. This modification is scheduled for completion in October 1989.

Additionally, in order to improve communications, each Nuclear Production Division employee will participate in small group meetings with OPPD management. The purpose of the meetings is to detail the standards of performance expected of OPPD employees, and to elicit the employee's support of these standards. The need for each employee's support in identifying, reporting, and helping find solutions to recurring problems will be emphasized during these interviews. This first series of meetings is scheduled to be completed by February 15, 1988. This does not include shift personnel who will attend as their schedule allows. After the first series of meetings, followup meetings will be held to allow for feedback from the employees.

Furthermore, OPPD will continue to maintain a licensing person on site. A list of requests made by the NRC Resident Inspectors will be compiled and maintained. This list will include Open Items, Unresolved Items, etc. in addition to routine requests made by the Resident Inspectors. The list will formalize the Resident requests, keep OPPD's management apprised of current concerns, and will serve as a measure of OPPD's responsiveness to NRC concerns.

Additionally, the Supervisor - Nuclear Regulatory and Industry Affairs is establishing a periodic meeting (anticipated at this time to be monthly) with the Senior Resident Inspector to improve communications in the realm of Licensing activities. This independent meeting will provide an additional forum for the exchange of ideas between the NRC and OPPD. Additionally, feedback to assess the effectiveness of OPPD's corrective actions, especially as perceived by the NRC, can be gained.

OPPD'S RESPONSE (Continued)

CORRECTIVE STEPS WHICH WILL BE TAKEN TO AVOID FURTHER VIOLATIONS (Continued)

OPPD is developing a plan and schedule for establishing a trending/root cause program that will ensure that we approach future problems from a proactive rather than a reactive frame of reference.

OPPD is also developing a means to systematically prioritize day-to-day concerns. The Integrated Living Schedule is a useful concept, and will serve to perform the necessary function for long term tasks. A similar mechanism more adaptable to small tasks will be established so that OPPD does not need to rely primarily upon the judgment of individuals when establishing schedules. Further contact with the NRC during the process will help keep the regulator apprised of OPPD's criteria for prioritization.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

OPPD is currently in compliance with the Technical Specification requirements in the area of fire protection.

OPPD recognizes the need for an improved corrective action program. We believe that the proposed initiatives in the areas of communication and interaction with the NRC Resident Inspectors, will result in a significant improvement in OPPD's corrective action program.