



Commonwealth Edison

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June 20, 1985

Mr. James G. Keppler
Regional Administrator
U.S. Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

Subject: LaSalle County Station Units 1 and 2
Response to Inspection Report
Nos. 50-373/85-013 and 50-374/85-013
NRC Docket Nos. 50-373 and 50-374

Reference (a): J. J. Harrison letter to Cordell Reed
dated May 23, 1985.

Dear Mr. Keppler:

This letter is in response to the inspection conducted by Messrs. Z. Falevits and K. Tani on April 23-25, 1985, of activities at LaSalle County Station. Reference (a) indicated that certain activities appeared to be in noncompliance with NRC requirements. The Commonwealth Edison Company's response to the Notice of Violation is provided in the attachment.

If you have any further questions regarding this matter, please direct them to this office.

Very truly yours,

H. L. Massin
Nuclear Licensing Administrator

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Attachment

cc: NRC Resident Inspector - LSCS

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ATTACHMENT

RESPONSE TO NOTICE OF VIOLATION

ITEM OF NONCOMPLIANCE

1. Technical Specification 6.2.A requires; in part, that detailed procedures shall be written and adhered to covering safety-related activities such as recommended in Appendix A of Regulatory Guide (R.G.) 1.33, Appendix A.3.0, Revision 2, dated February 1978, including Auxiliary or Reactor Building HVAC systems.

Contrary to the above, on April 24 and 25, 1985, the inspector identified seven safety-related Temperature Indication Controllers (TIC) relating to Diesel Generator rooms HVAC systems, and RHR Service water pumps temperature control system, set at set points either above or below points specified by engineering data sheet and test calibration sheets. Also, operators did not identify this condition during their daily rounds, nor were there written procedures available to address this activity.

CORRECTIVE ACTION TAKEN AND RESULTS ACHIEVED

All temperature controllers were reset to the proper setpoints in accordance with the existing procedures. These setpoints are identical to those on the engineering data sheets.

CORRECTIVE ACTION TAKEN TO AVOID FURTHER NONCOMPLIANCE

The temperature limits described in the Technical Specifications for these areas are the high and low limiting conditions for operation. The numbers specified on the engineering data sheets are arbitrary values that were assigned based on human habitability considerations. For lack of more meaningful data at the time, our procedures included the values from the engineering data sheets as setpoints.

We now have operating experience and revised Technical Specifications to guide us in this area. Procedure revisions are being made to the appropriate procedures so that more reasonable guidance is provided to the operators in the plant. For example, the Technical Specification high temperature limit for D/G rooms is 122°F. However, the engineering data sheet calls for us to set the alarm switch at 130°F. We desire to set this alarm at a value less than 122°F so that we may take action before a limiting condition for operation is violated.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

The TIC setpoints will remain at the current setpoints until the procedure revisions are approved. These revisions should be completed by August 1, 1985.

ITEM OF NONCOMPLIANCE

2. 10 CFR 50, Appendix B, Criterion V as implemented by Commonwealth Edison Company Corporate Quality Assurance Manual, Nuclear Generating Stations, Section 5, requires that activities affecting quality be performed in accordance with documented instructions and procedures of a type appropriate to the circumstances.

Contrary to the above, the following examples of inadequate implementation of procedures were identified:

- a) CECO Procedure LAP-240-6, Revision 6, requires that when a temporary system change such as a lifted lead is no longer required, the initiator will restore the system to normal; Obtain independent verification of restoration; Document the system restoration and verification (Attachment B, Part 5); Notify the Shift Engineer when completed.

On April 24, 1985, the inspector noted lifted lead No. LLL30 associated with RHR Service Water Pump Room Dampers (Work Request WRL46560) which lifted a black lead in HVAC panel 2PL74J. A review of Temporary System Change Log, Attachment A (LAP-240-6, Revision 6) indicated by the shift engineer's entry that it was restored on April 4, 1985, even though the lead was observed to be lifted and tagged inside panel 2PL74J.

- b) CECO Procedure LAP-810-5, Revision 13, Item 7 requires that drawings which are not to be used for maintenance, operation, design, etc. are to be stamped "CAUTION This drawing/document is for administrative reference only...". Furthermore, the licensee has committed to stamp logic block diagrams at LaSalle Units 1 and 2 as follows: "For Information Only Not To Be Used For Construction and/or Operation."

A review of five Logic Block Diagrams by the inspector indicated that drawing M-5444 sheet 2 of 2, dated June 15, 1977, did not contain the latter stamp required as stated above.

CORRECTIVE ACTION TAKEN AND RESULTS ACHIEVED

- a) Upon discovering the discrepancy, the Temporary System Change log entry for lifted lead tag number LLL30 was corrected to show that it was still in place, and that the tag in place was a fiberboard tag. Later the fiberboard tag was replaced with the plastic tag (also LLL30) that had been in the storage cabinet in the Shift Engineer's office. At that time the log entry was again corrected to indicate that the tag now was a plastic tag. These actions reestablished positive administrative control over tag LLL30.

- b) A review was performed on Logic Block Diagrams contained in the Stations Central File Facility. Only one discrepancy involving drawings not properly stamped was noted. Station Nuclear Engineering Department has been contacted and this drawing will be reissued to the Station with proper stampings.

CORRECTIVE ACTION TAKEN TO AVOID FURTHER NONCOMPLIANCE

- a) The log entry indicating that the lifted lead for tag LL130 had been restored to normal was an erroneous entry caused by the presence of duplicate tags. The LAP-240-6, Attachment B associated with WR L46560 was not cleared, nor was the lifted lead in cabinet 2PL74J restored to normal, because there was no intention to restore that Temporary System Change at that time.

We were experiencing a shortage of available lifted lead tags due to the large number of outstanding lifted lead tags at that time. The lifted lead tags in use were constructed of a fiberboard material. The station had on hand a set of plastic tags that were to be phased in as replacements for the fiberboard tags. Before a systematic method of effecting this change over could be established, some plastic tags were issued in order to alleviate the tag shortage problem. Plastic tag LL130 was issued and subsequently returned to the Shift Engineer. When the plastic tag was returned on April 4, 1985 the erroneous entry clearing fiberboard tag LL130 was made.

An effort has been made to replace all fiberboard tags with the plastic tags so that duplicate tags should no longer exist. However, there are possibly still a few old tags in areas that were inaccessible when this effort was mounted. As the old tags are returned to the Shift Engineer they are being destroyed. This incident was an isolated event and is not indicative of a recurring problem.

- b) Only one discrepancy was noted out of a total of greater than 200 Logic Block Diagrams. Therefore, this is viewed as an isolated occurrence. No further corrective action is deemed necessary.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

- a) Full compliance has been achieved.
- b) Full compliance will be achieved no later than August 15, 1985.

ITEM OF NONCOMPLIANCE

3. 10 CFR 50, Appendix B, Criterion 17, as implemented by CEC's Quality Assurance Manual, Section 17.1 requires that records be retained and maintained in accordance with quality procedure to furnish evidence of activities affecting quality.

Contrary to the above, the NRC inspector observed that there were no records to indicate that relay No. 1427-AP040X1 was replaced which was observed to have a cracked coil during the implementation of traveler No. A-LS-1, Revision 1, dated October 14, 1981. This relay is utilized as an undervoltage relay for detecting undervoltage conditions and is utilized in load shedding of Safety Systems' ESS 4160V switchgear.

CORRECTIVE ACTION TAKEN AND RESULTS ACHIEVED

The relay 1427-AP040X1 has been visually inspected while installed, and no abnormality could be seen. Since January, 1982, the subject relay has been functionally tested six times satisfactorily.

No further immediate action is warranted based on the following items:

- 1) The bobbin damage was done during the General Electric inspection, and is not related to the type of damage referenced in IE Bulletin Number 84-02.
- 2) Per the General Electric inspector, the relay is fully operational.
- 3) The relay in question, is a normally de-energized lexan spool-type coil, relay. The past problems with HFA type relays, as documented in IE Bulletin 84-02, have not occurred with normally de-energized lexan coil spool relays. This was verified in a phone conversation with the NRC Technical Contact: Mr. V. D. Thomas.

CORRECTION ACTION TAKEN TO AVOID FURTHER NONCOMPLIANCE

During the Unit 1 refuel outage, the 142Y switchgear will be available for inspecting the 1427-AP040X1 relay. Based on the new relaying scheme for degraded voltage, the 48VDC HFA relay will be removed (per Modification M-1-1-82-284). A century series 125VDC HFA relay will then be used.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

End of Unit 1 refuel outage.

ITEM OF NONCOMPLIANCE

4. 10 CFR 50. Appendix B, Criterion 10, as implemented by CECo Quality Assurance Manual, Section 10.1 requires that individuals performing inspection shall have necessary qualifications and shall be independent of the individual directly responsible for performing the specific activity.

Contrary to the above, the NRC inspector observed during a review of traveler No. A-LS-1, Revision 1, dated October 14, 1981, that the individual who performed the replacement of safety-related HFA relay coils also performed the required QC inspection.

CORRECTION ACTION TAKEN AND RESULTS ACHIEVED

Replacement of safety-related HFA relay coils was performed in accordance with General Electric Company Procedure LSCS-1 and documented in traveler A-LS-1. Procedure LSCS-1, Section 5.0 defined the production activities necessary for coil replacement including disassembly, installation, reassembly, and calibration. Only the calibration required a production signature on traveler A-LS-1. Additionally, Sections 6.0 and 7.2.1 of the procedure required 100% QC verification of the replacement process. This verification was documented on the traveler by the QC inspectors signoff on critical parameters of the process, (mounting screw torque and contact continuity). A QC signature documenting verification of the entire replacement was also included on the traveler.

CORRECTIVE ACTION TAKEN TO AVOID FURTHER NONCOMPLIANCE

Procedure LSCS-1 and traveler A-LS-1 document a 100% QC verification of a production function. No further action is required.

DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED

Full compliance has been achieved.