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**ComEd**

November 14, 1997

**United States Nuclear Regulatory Commission**  
**Attention: Document Control Desk**  
**Washington, D.C. 20555**

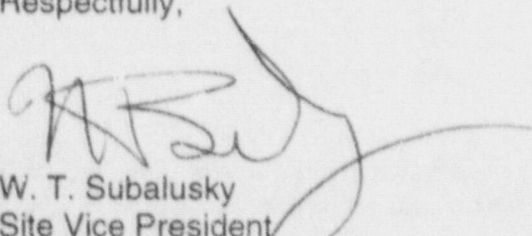
**Subject:** Notice of Violation; NRC Inspection  
Report 50-373/374-97011  
LaSalle County Station, Units 1 and 2  
Facility Operating License NPF-11 and NPF-18  
NRC Docket Nos. 50-373 and 50-374

**References:** M. N. Leach letter to W. T. Subalusky, dated  
October 15, 1997, Transmitting NRC Inspection Report  
50-373/374-97011

Attachment A contains LaSalle County Station's response to the Notice of Violation, that was transmitted in the Reference letter. Additionally, Attachment B provides a discussion of improvements in the station's Surveillance Program, which you requested in the reference letter.

If there are any questions or comments concerning this letter, please refer them to me at (815) 357-6761, extension 3600.

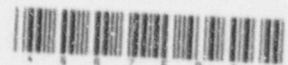
Respectfully,

  
W. T. Subalusky  
Site Vice President  
LaSalle County Station

Enclosure

cc: A. B. Beach, NRC Region III Administrator  
M. P. Huber, NRC Senior Resident Inspector - LaSalle  
D. M. Skay, Project Manager - NRR - LaSalle

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**ATTACHMENT A**  
**RESPONSE TO NOTICE OF VIOLATION**  
**NRC INSPECTION REPORT**  
**373/374-97011**

**VIOLATION: 373/374-97011-01**

10 CFR Part 50, Appendix B, Criterion XVI, "Corrective Action," requires that in the case of significant conditions adverse to quality, measures shall assure that the cause of the condition is determined and corrective action taken to preclude repetition.

Contrary to the above, the licensee's corrective actions for a Notice of Violation issued on January 24, 1997, concerning inadequate instructions for performing a manual backwash, were not adequate to preclude repetition. Specifically, on February 17, 1997, the licensee identified that the manual backwash procedure could not be performed as written and did not correct the procedure until July 9, 1997, when the operability of the strainers was questioned by the inspectors.

This is a Severity Level IV violation.

**REASON FOR VIOLATION: 373/374-97011-01**

The corrective actions to resolve the deficiency were ineffective due to a failure of the problem identification and corrective action process. The deficiencies with the tools used for manual backwash of the RHR and Diesel Generator strainers occurred as a result of a lack of configuration control of the original strainer design.

**CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED:**

The 1A Diesel Generator Strainer hand crank was shortened to eliminate the physical interference. Use of the hand cranks to manually rotate each of the diesel generator cooling water and RHR service water strainers was demonstrated in July 1997.

Procedures LOP-DG-04 and LOP-RH-14, which provide instruction for performing manual backwash, were revised on August 22, 1997 and August 25, 1997, respectively, to include use of either a handwheel or a hand crank.

**CORRECTIVE STEPS TO BE TAKEN TO AVOID FURTHER VIOLATIONS:**

Operating Department ownership and follow-up on reported equipment deficiencies has been improved by inclusion of these items in the Plan of the Day as Current Issues. "Current Issues" include items where Operability Assessments have been performed or Operability Evaluations are required. This action has been effective in obtaining immediate or timely resolution of equipment deficiencies.

Actions have been taken by Station management to improve the Corrective Action Program including improved root cause analysis, timely completion of root cause investigations and the development of effective corrective actions. Corrective actions to prevent recurrence are tracked to completion. These actions are considered effective based on subsequent program review.



**VIOLATION: 373/374-97011-02**

10 CFR Part 50, Appendix B, Criterion V, "Instructions, Procedures, and Drawings," requires that activities affecting quality be accomplished in accordance with instructions and procedures appropriate to the circumstances.

LaSalle Administrative Procedure 220-5, "Equipment Operability Determinations," Revision 5, Step E.4.a, requires that the initial operability determination be completed promptly by appropriate operating shift personnel (usually within eight hours). In some cases, it may require up to 24 hours for completion.

LaSalle Administrative Procedure 100-40, "Procedure Use and Adherence Expectations," Revision 11, Step B.6.2, requires that all numbered steps in an operating surveillance be performed in sequence.

Contrary to the above:

- a. The shift manager did not perform a prompt initial operability evaluation of the impact of unsecured equipment on the main control room (MCR) panels during a seismic event until July 15, 1997, although the inspectors had notified the shift manager on July 10, 1997, of the concern. In addition, the shift manager did not perform an operability assessment of unsecured equipment in plant switchgear rooms until July 29, 1997, five days after being notified by engineering personnel of the potential operability concern.
- b. On July 29, 1997, inspectors identified that operations personnel did not perform Step 16.e of LaSalle Operating Surveillance (LOS)-HP-Q1, "High Pressure Core Spray System Inservice Test," Revision 34, Attachment 1.

This is a Severity Level IV violation.

**REASON FOR VIOLATION: 373/374-97011-02a**

The Shift Manager misinterpreted the inspector's question to be about modifications planned to improve control room storage, rather than as a seismic concern and operability issue. The Shift Manager ensured the discrepancies outside the control room were corrected, but believed a generic evaluation existed to permit certain free standing cabinets and equipment in the control room.

An evaluation did exist, but was a memorandum from Design Engineering to the Operations Manager, dated October 1991, which showed where unanchored equipment should be moved away from safety related equipment until suitable anchorages could be determined. It was not adequate to evaluate the impact of unsecured equipment on the main control room (MCR) panels during a seismic event, or to justify continued operability.

The event resulted from a low level of sensitivity to seismic issues, due in part to a general belief that these issues had been previously evaluated. A contributing cause was that the station had not promulgated adequate guidance for seismic considerations regarding storage of equipment, tools, and parts near safety related equipment. The only guidance provided was in a Policy Guideline that primarily addressed the securing of "wheeled" devices and tagging portable equipment with "Equipment in Use Tags." Promulgation of available guidance did not effectively implement or lead to compliance with Regulatory Guide 1.29, "Seismic Design Classification" and the governing regulations of General Design Criterion 2 of Appendix A to 10 CFR Part 50. As a result, there was a general unawareness by many at the station regarding seismic concerns related to portable or unsecured equipment.

#### **CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED:**

Unrestrained equipment was relocated to areas that would not impact safety related equipment or the equipment was restrained to prevent movement. Walkdowns were performed in the remaining accessible safety-related structures and no additional unrestrained equipment was found. Areas not accessible due to operating equipment or high radiation will be addressed based on availability. This will be complete by November 26, 1997 (NTS 373-180-97-SCAQ00027.01).

#### **CORRECTIVE STEPS TO BE TAKEN TO AVOID FURTHER VIOLATIONS:**

A procedure will be developed by December 1, 1997, to control use of temporary and permanent equipment in safety related areas and will provide guidance on when a modification is needed. (NTS 373-180-97-SCAQ00027.03)

Operating personnel will be trained to recognize and avoid creating seismic concerns in the plant and have a basic understanding of the reasons for seismic considerations. The training will include the new LaSalle administrative procedure on "Equipment/Tools/Parts Storage in Plant Areas Containing Safety-Related Equipment" (in draft) when completed. The procedure is scheduled for completion by December 1, 1997. Continuing training on seismic issues will be provided as appropriate.  
(NTS 373-180-97-SCAQ00027S1.02, 27S1.03, 27S1.04, and 27S1.05)

#### **DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED:**

Full compliance was achieved in July 1997.



**REASON FOR VIOLATION: 373/374-97011-02b**

Guidance on the use of N/As in Station procedures was not well defined. As a result, steps/sub-steps in surveillance procedures were inappropriately N/A'd. This resulted from wording in procedure LAP-100-29 which allows unused portions of surveillance tests to be N/A'd when performing partial surveillances.

**CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED:**

LAP-100-29 was deleted and replaced by LAP-100-11, "LaSalle County Station Surveillance Program." This procedure does not allow partial surveillances except for predefines and post maintenance testing.

**CORRECTIVE STEPS TO BE TAKEN TO AVOID FURTHER VIOLATIONS:**

LAP-100-40, "Procedure Use and Adherence Expectations" was revised to clarify the use of N/A in procedures. This procedure states that steps in a procedure cannot be N/A'd unless those steps will not be performed because the procedure already contains some conditional logic, limitation or caution that specifically allows for not performing the steps due to some condition.

**DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED:**

Full compliance was achieved in July 1997.

**VIOLATION: 373/374-97011-04**

Technical Specification 6.2.A.f requires that written procedures be established, implemented, and maintained to support the implementation of the Offsite Dose Calculation Manual.

The Offsite Dose Calculation Manual, Chapter 12, "Radioactive Effluent Technical Standards," Table 12.2.1-2, requires that radioactive liquid effluent monitoring instrumentation on the residual heat removal service water effluent lines be source checked monthly.

The Offsite Dose Calculation Manual, Chapter 12, "Radiological Effluent Technical Standards," Table 12.1-1, requires that each surveillance requirement be performed within the specified surveillance interval with a maximum allowable extension not to exceed 25 percent of the specified interval.

Contrary to the above, the licensee did not source check the residual heat removal service water effluent monitor within the required monthly test interval and maximum allowable extension. LaSalle Operational Surveillance PR-M2, "Service Water, RHR Service Water, and RBCCW [reactor building closed cooling water] Process Radiation Monitors Source Check," Revision 6, was performed on June 11, 1997, and 47 days later on July 28, 1997, which was not within the required monthly test interval plus 25 percent maximum allowable extension.

This is a Severity Level IV violation.

**REASON FOR VIOLATION: 373/374-97011-04**

The Operation Department's Predefine Coordinator erroneously entered a predefine status as 'D' (done) that should have been entered as a 'P' (partial). This error was then compounded by the predefine clerk inadequately reviewing the surveillance data and conducting the electronic closure of the work request in accordance with LAP-100-52, overlooking the initial error.

**CORRECTIVE STEPS TAKEN AND RESULTS ACHIEVED:**

Surveillance Procedure LOS-PR-M2 was performed satisfactorily on July 28, 1997, showing the monitors to be functional and operable.

The Predefine Coordinator performed a computer search of records for the previous five years and determined that no other surveillances were recorded as "done" with a notation identifying it as a "partial."

The Predefine Coordinator and the Predefine Clerks involved in this event have been counseled relative to their performance during this event.



**CORRECTIVE STEPS TO BE TAKEN TO AVOID FURTHER VIOLATIONS:**

Procedure LAP-100-11, "LaSalle County Station Surveillance Program" was revised on August 26, 1997, to include the necessary procedural steps regarding the performance of post maintenance tests (PMT) and partial surveillances. It specifies that the performance of partial surveillances is only the result of equipment failure during the performance of a regularly scheduled test. Also, no schedule credit is to be given for partial performance.

**DATE WHEN FULL COMPLIANCE WILL BE ACHIEVED:**

Full compliance was achieved on July 28, 1997.

## **ATTACHMENT B**

### **NRC Inspection Report 50-373/374-97011 Cover Letter Request**

"The third violation involved the failure to perform required surveillance tests on the process radiation monitors. Although the third violation was identified by members of your staff, this violation was cited because its cause was similar to a previous violation for a missed surveillance identified in Inspection Report 50-373/97003; 50-374/97003. Continued problems with implementation of your surveillance program remains a concern. In your response to these violations, please include a discussion on actions taken or planned to ensure surveillance tests are performed as required."

### **Discussion**

The missed surveillances cited in Inspection Report 50-373/97003; 50-374/97003 and Inspection Report 50-373/97011; 50-374/97011 were similar in that incomplete surveillances were counted as complete. The cause of this specific problem has been eliminated by revising LAP-100-11, "LaSalle County Station Surveillance Program," to no longer allow performance credit to be taken for incomplete surveillances.

More generally, the Surveillance Program has been improved by consolidating all surveillance tracking into the Electronic Work Control System (EWCS), and deleting department-specific tracking systems. With the new tracking system, the surveillance packages remain in a single physical location, while the reviews are electronically recorded, which allows efficient status monitoring.

Administrative control of the surveillance program has been consolidated into an administrative procedure (LAP-100-11) implementing the six-site Nuclear Station Work Procedures (NSWP-WM-01/02/03/04) on predefine management. Eight administrative procedures were deleted and nine are being revised to make this change. In addition, each department has appointed a predefine coordinator to monitor surveillance scheduling and performance, to ensure that surveillances are not missed. A Station Surveillance Coordinator has been established to monitor the status of the Station's Technical Specification Surveillance Program.

Consolidation of the Surveillance Program administrative procedures and tracking systems, combined with departmental coordinator oversight, is intended to improve the tools used to effectively manage the program. Surveillance Program performance will continue to be monitored to ensure that expectations are met and that surveillances are not missed in the future.