BROWN & ROOT, INC. CPSES JOB 35-1195	NUMBER	REVISION	ISSUE DATE	PAGE
	CP-QAP-19.1	1	DEC 0 9 1982	1 of 29

TITLE:

QA AUDITS

ORIGINATOR: Satish Ramachandran 12-7-82
DATE

REVIEWED BY: [signature] 12-7-82
DATE

APPROVED BY: [signature] 12-7-82
Site QA Manager DATE

1.0 REFERENCES

1-A B&R Quality Assurance Manual

FOR INFORMATION ONLY

2.0 GENERAL

2.1 PURPOSE

The purpose of this procedure is to specify the program under which internal audits of the B&R Quality Assurance (QA) Program shall be performed, as required by Reference 1-A.

2.2 SCOPE

The requirements of this procedure are applicable to all internal audits performed by the B&R QA Audit Section, on CPSES QA Program compliance.

2.3 RESPONSIBILITIES

2.3.1 Brown & Root QA Manager

The B&R QA Manager is responsible for the overall implementation of this procedure and for approving the CPSES internal audit schedule.

2.3.2 Brown & Root Quality Engineering Manager

B&R Quality Engineering Manager, who reports to B&R QA Manager, is responsible for providing direction of the overall B&R QA Audit Program.

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2.3.3 Procurement & Surveillance Group (PSG)

The PSG shall be responsible for maintaining audit reports until properly closed and transmitted to the Owner.

3.0 PROCEDURE

All internal audits performed by the B&R QA Audit Section, on site compliance with the CPSES QA Program, shall be performed in accordance with Attachment 1.

ATTACHMENT 1

BROWN & ROOT, INC.

QUALITY ASSURANCE DEPARTMENT

AUDIT PROGRAM

QAP-18.1

M. H. Shambhag / Prem
AUTHOR 1-4-82 DATE

APPROVAL 1-11-82 DATE

MANAGER 1-13-82 DATE

ATTACHMENT 1 (Continued)

AUDIT PROGRAM

1.0 PURPOSE

This procedure establishes and provides direction for the implementation of the Brown & Root, Inc., (B&R) Quality Assurance (QA) Audit Program and describes the system used by the B&R Quality Assurance Management Review Board (QAMRB) to conduct management overviews of the B&R QA Program.

2.0 SCOPE

The processes and requirements herein apply to audits performed by the B&R Quality Assurance Audit Section.

3.0 PROCEDURES

3.1 DEFINITIONS

3.1.1 Audit - A documented evaluation performed in accordance with written procedures and/or checklists to verify, by examination and evaluation of objective evidence, that selected elements of an effectively approved quality program have been developed, documented, and effectively implemented in accordance with specified requirements. An audit does not include surveillance or inspection for the sole purpose of process control or acceptance of materials or items.

3.1.2 Audit Plan - A formal document which defines the purpose and scope of the audit, including the specific program elements to be audited.

3.1.3 Finding - A nonconformance or program deficiency identified by the audit made in sufficient detail to assure that corrective action can be carried out effectively by the audited organization. All Findings must be resolved.

3.1.4 Observation - A suggestion for an improvement in or a concern for a QA Program element which while meeting minimum requirements might be improved by the adoption of the suggestion or by heeding the concern. The audited organization need not reply to an observation unless specifically requested to do so.

3.1.5 Audit Deficiency Report (ADR) - Document used to identify findings or observations identified during the course of an audit (see Attachment QAP-18.1A).

3.2 RESPONSIBILITIES

3.2.1 QA Manager

The B&R Power Group QA Manager has the overall responsibility for implementing this procedure.

ATTACHMENT 1 (Continued)

3.2.2 Assistant QA Manager.

The B&R Power Group Assistant QA Manager is responsible for providing direction of the overall audit program and as further described in Section 4.0 hereof.

3.2.3 QA Audits Manager is responsible for:

(a) Establishing an internal and external audit system at the direction of the Assistant QA Manager.

(b) Assuring the implementation of the audit system.

(c) Providing for indoctrination and training of lead auditors and certification of lead auditors, in accordance with QAP-2.6.

(d) Preparing an annual audit schedule and quarterly update reports.

(e) Assigning audit team leaders.

(f) Issuing notification letter to audited organization.

(g) Approving initial checklists prior to conducting an audit.

(h) Approving audit reports for issuance.

(i) Monitoring for receipt of audit responses.

(j) Reviewing action taken by audited organization to ensure that the ADR is responded to by the assigned due date and that the deficiency corrected.

(k) Obtaining assistance of Vendor Surveillance to verify corrective actions (as appropriate); monitoring acceptance of closing actions.

(l) Evaluating ADR trends and preparing a quarterly report.

(m) Establishing and maintaining audit documentation; providing for transmittal of closed audit files to QA records vault.

3.2.4 Audit Team Leader (Lead Auditor)

The audit team leader is responsible for:

(a) Initiating the audit notification and audit plan.

(b) Developing the audit checklist.

(c) Selecting audit team members and verifying qualifications.

(d) Providing audit team orientation and familiarization with applicable documents (preaudit planning session).

ATTACHMENT 1 (Continued)

3.2.4 (cont.)

(e) Conducting the audit in accordance with an established plan and approved checklist(s).

(f) Conducting preaudit and postaudit meetings.

(g) Preparing the formal audit report as described herein.

(h) Monitoring for receipt of responses (ref. para. 3.6 herein).

(i) Evaluating the adequacy of corrective action responses and reporting it to the QA Audits Manager for further action, if required, or closing the ADR.

(j) Closing audit file and assuring presence in it of all required documentation.

(k) Providing ADR tracking and trending information in accordance with QAP 15.6.

3.2.5 Audit Team Members (Auditors and Technical Specialists)

The audit team members are responsible for:

(a) Preparing or aiding in the preparation of the audit plan and checklist.

(b) Participating in the audit process (including the writing of findings and/or observations).

(c) Aiding in the preparation of formal audit reports.

(d) Aiding in the evaluation of the adequacy of the response.

(e) Providing information to audit Team Leader for inclusion in the tracking/trending program (reference QAP 15.6).

NOTE: Observers may accompany an audit team but have no formal status or authority (i.e., they cannot write reports, generate ADRs, etc.). Observers may receive training credit if they are auditors-in-training.

3.3 AUDIT PROGRAM

3.3.1 General

The audit program shall consist of a comprehensive system of planned, periodic audits to be used to verify compliance with the QA Program and to determine the program's continuing effectiveness. The audits shall be performed in accordance with written procedures and/or checklists and carried out by qualified personnel who do not have direct responsibility in the areas being audited. Responsible management, either internal or external to B&R, shall take the action necessary to correct cited deficiencies.

ATTACHMENT 1 (Continued)

3.3.2 Audit Personnel

QA Audit Section personnel shall be assigned to a specific group in which their primary auditing expertise will be utilized. However, with the approval of the QA Audits Manager, personnel in one group may participate in audits of other groups. At least one audit team member must be experienced or trained in the disciplins being audited.

3.3.3 Interface

The QA Audits Manager is responsible for coordinating and assuring the interface of quality-related audit functions through authorized channels of communication. No action will be independently imposed by audits which changes the scope of a contract, technical requirements, cost or schedule.

3.3.4 Audit Schedule

B&R QA (Houston) shall plan and schedule internal (including site) audits annually or once during the life of the activity, whichever is more frequent. An annual audit schedule (see Attachment QAP-18.1B) shall be developed, documented and approved by the Audits Manager. The schedule will be revised, as required, and published quarterly. (See Attachment QAP-18.1C.)

An annual evaluation of suppliers shall be scheduled to determine whether an audit should be performed. In any case, at a minimum, a triannual audit will be performed.

3.3.5 Status Reports

The QA Audits Manager shall prepare status reports for use by management in assessing the audit system's effectiveness.

Information provided is shown in Attachment QAP-18.1J. This report is issued at least once a month to the members of the QAMRB as well as to key management personnel.

3.3.6 Initiation of NCRs/CARs

Any conditions adverse to quality identified by audit personnel outside of the established audit schedule period or scope will be reported and processed in accordance with QAP-15.1 and QAP-16.1, as appropriate.

3.4 TYPES OF QA AUDITS

3.4.1 Supplier Audit

A supplier audit is the QA evaluation of a supplier after the award of a purchase order. Supplier audits are scheduled in accordance with paragraph 3.3.4. During the purchase order duration, supplier audits may be performed more frequently than originally scheduled, based upon findings in a specific area of a supplier quality program.

ATTACHMENT 1 (Continued)

3.4.2 Internal Audits

The internal audit is the QA evaluation of B&R departments and functional organizations whose tasks affect the B&R QA Program. A minimum of one audit annually will be performed on each organization.

3.4.3 Site Audit

A site audit is the QA evaluation of B&R and subcontractor site functions. Site audits are conducted at least once annually during the duration of site activities or at least once during the life of the activity, whichever is more frequent.

3.4.4 Joint Audit

Internal, site, and supplier audits may be conducted jointly by B&R QA personnel, the client, or other organizations contracting with B&R or the supplier; however, B&R maintains responsibility for assuring compliance with B&R program and specification requirements. B&R will provide the audit team leader and direction of the audit team in accordance with this procedure.

3.4.5 Supplemental/Special Audit and Investigation

Audits may be conducted as directed by the QA Audits Manager:

(a) To determine compliance with specific aspects of the B&R QA Program, relative to quality as required by a regulatory agency, code, or client.

(b) To verify corrective action on previously reported deficiencies.

(c) When significant changes are made in the functional areas of a supplier's QA program or internal operation.

(d) When it is suspected that the safety, performance, or reliability of the equipment, material, or service is in jeopardy because of deficiencies and/or nonconformances in the QA program.

(e) When a systematic, independent assessment of the QA program's effectiveness or item quality is considered necessary.

3.5 AUDIT PERFORMANCE

Audits are planned (see Attachment QAP-18.1C) and initiated by the QA Audits Manager with Purchasing, supplier, and B&R management coordination, as applicable. Audits consist of a preaudit, audit, postaudit, and follow-up functions, as described below:

3.5.1 Preaudit

ATTACHMENT 1 (Continued)

3.5.1 (cont.)

A preaudit shall include:

(a) Audit assignment (selection of a team leader).

(b) Audit team selection.

(c) Audit team orientation to pertinent policies, procedures, standards, instructions, codes, regulatory requirements and previous audit reports as well as organizational interfaces.

(d) Development of a written audit plan and preparation of written checklists (see Attachment QAP-18.1D), to ensure depth and continuity of the audit.

(e) Notifying the organization to be audited by written communication of the scheduled audit, including:

- Dates of Audits
- Locations/Facilities
- Scope
- Criteria
- Team Leader
- Team Members
- Nature of Audit
  - -Special
  - -Investigative
  - -Annual
- Time/Date of Pre-audit Meeting

3.5.2 Audit

The audit shall include the following:

(a) Entrance meeting (introductions, scope, purpose, interface coordination, etc.).

(b) Physical audit, using checklists (review of in-process activities, objective evidence of activities, etc.) for compliance with stipulated QA Program requirements/commitments and their effectivity.

NOTE: During the audit, checklists may be modified by the audit team leader,as needed, to meet current conditions and unforeseen circumstances.

(c) Conditions requiring immediate attention will be brought promptly to the attention of the management of the audited organization.

(d) Audit team critique (draft report and/or findings preparation, etc.).

ATTACHMENT 1 (Continued)

3.5.2 (cont.)

(a) Exit (Postaudit) Meeting (ADR Submittals, discussion, etc.). Appropriate managment personnel of the audited and auditing organizations shall be advised of the exit meeting time and place. As a minimum, the audit team shall leave the audited organization a draft (handwritten is acceptable) copy of ADRs with an anticipated time to expedite their corrective action.

NOTE: Entrance and exit meeting attendance is recorded on the Audit Meeting Attendance Sheet (see Attachment QAP-18.1F).

3.5.3 Postaudit Activity

The Postaudit activity shall include the following:

(a) Final audit report preparation and review. The audit report consists of: the Cover Page (see Attachment QAP-18.1G); Section I, Audit Summary (see Attachment QAP-18.1H); Section II, ADRs (see Attachment QAP-18.1A) and observations; and Section III, Matrix of Audit Meeting Attendance and Personnel Contacted (see Attachment QAP-18.1I).

(b) Debriefing meeting between the Audit Team Leader and the QA Audits Manager, with Vendor Surveillance, Purchasing, and Engineering personnel, as applicable.

(c) Distribution of Audit Reports

The audit report shall be addressed within 30 calendar days after audit completion to:

1. The Project Manager for audits other than supplier audits and audits of QA.

2. The Project QA Manager for audits of QA.

3. The supplier's QA Manager or equivalent for audits of suppliers.

Copies of the audit reports shall be distributed to the following as a minimum:

* QA Manager
* Assistant QA Manager
* Project Manager
* Project QA Manager
* Audits Manager
* Manager of Audited Organizations
* Construction Project Manager (Const. audits only)
* Engineering Project Manager (Engineering audits only)
* Materials Management Manager (Suppliers audits only)
* Vendor Surveillance Manager (Suppliers audits only)
* Audit Team Members
* Client's QA Manager

ATTACHMENT 1 (Continued)

3.5.4 Follow-up

Follow-up activities include:

(a) Audit Group posts and tracks ADR's (see Attachment QAP-18.1J for example of output); notifies Audits Manager of overdue response dates for further action (see para. 3.6).

(b) The Audit Team Leader reviews the corrective action taken to ensure that it resolves the deficiency.

(c) Audit Team Leader or assigned surveillance personnel verifies corrective action, as required, to assure that it is being accomplished.

(d) Audit Team Leader assesses verification report, where used, and determines if this is sufficient to close the ADR. Closes ADR.

(e) Audit Team Leader assures completion of all documents required in file; closes file and provides it to audit section supervisor for transmittal to QA record vault.

3.6 FAILURE TO RESPOND

If the audited organization fails to provide a response by the committed response date, the assigned Lead Auditor shall contact the audited organization to obtain justification for the delay. If the response time is extended, it must be documented in the audit file.

3.6.1 First Notice

If an acceptable response is not received within 10 workdays after the committed response date, including an extension, the assigned Audit Team Leader shall do one of the following:

(a) Internal/Site Audit - Prepare a letter, signed by the QA Audits Manager, to the audited organization indicating delinquency and requesting a response. A copy of the letter shall be sent to the responsible department manager.

(b) Supplier Audit - Prepare a letter, signed by the QA Audits Manager, to the QA representative of the audited supplier and forward a copy to the applicable materials management manager.

3.6.2 Second Notice

If responses are not received within 30 days of committed response date, the assigned Audit Team Leader shall do one of the following:

(a) Internal/Site Audit - Prepare a letter to audited organization, notifying them of the delinquency. Copies shall be sent to the responsible department manager, appropriate project manager, and the Senior Group Vice President (QAMR3). The letter shall be signed by the QA Manager.

ATTACHMENT 1 (Continued)

3.6 (cont.)

(b) Supplier Audit - Prepare a letter to the QA representative of the audited supplier, upper management, etc., as applicable. Copies shall be sent to the applicable materials management manager, the Vendor Surveillance Manager, QA Manager, Engineering/Procurement personnel, as applicable, and the Senior Group Vice President (QAMRB). This letter shall be signed by the QA Manager or a designated Power Group official.

(c) If the audit results are unsatisfactory and it is deemed appropriate to restrict activities, a memo stating the results of the audit and the proposed restriction shall be initiated by the QA Manager to the Senior Group Vice President.

3.7 AUDIT RECORD SYSTEM

The B&R Audit documents are maintained and controlled to provide a composite record of audit functions. These are filed by supplier or by internal/site subject and include meeting minutes, verification of qualifications, audit plan, checklists, reports, responses, commitments, follow-up actions, schedules, and closeout of audit actions and related correspondence. These documents shall be maintained in accordance with written section instructions issued by the QA Audits Manager. Closed audit files shall be formally transmitted by the QA Audits Manager or designee to the QA records vault. Audit documentation shall be available to the owner and Authorized Nuclear Inspector for review.

3.8 TRENDING

ADRs shall be analyzed quarterly (QAP-15.6) by the QA Audits Manager for adverse quality trends. Results shall be reported to the QA Manager and Assistant QA Manager. Analyses apply to site, internal, and supplier audits.

3.9 CERTIFICATION PROGRAM

Lead Audit personnel shall be certified in accordance with QAP-2.6. Additional and ongoing training of auditors will be determined by the QA Audits Manager, coordinated with the QA Training Coordinator, and appropriately documented in the respective auditor files.

3.10 MANAGEMENT AUDITS

Management audits are performed at least once a year at the direction of the QAMRB in accordance with the Quality Assurance Manual. The QA Manager is responsible for maintaining files of these audits.

3.11 AUDITED B&R ORGANIZATION

Management of the audited B&R organization or activity reviews and investigates the reported audit findings to determine and schedule corrective action. Preventive action must also be considered. Response to an ADR must consider:

ATTACHMENT 1 (Continued)

3.11 (cont.)

(a) Action to correct immediate deficiency.

(b) When this action will be completed.

(c) Action to prevent recurrence (correct the cause).

(d) When this action will be completed.

The audited B&R organization responds to findings and observations within the time frame established, giving results of their review and investigation. The response is documented on the ADR. If corrective action cannot be completed within 30 days, the audited organization's response includes a projected completion date.

3.12 AUDITED ORGANIZATIONS OTHER THAN B&R

Responsibilities of audited organizations other than B&R are established within the terms and conditions of the applicable procurement documents.

4.0 RESPONSIBILITIES

QA Manager: QAM

Assistant QA Manager: AQAM

QA Audits Manager: A Manager

Responsibility	Action
A Manager	1. Prepares audit schedule and quarterly plans.
	2. Selects team leaders.
Audit Team Leader	3. Initiates audit plans pursuant to Purchase Order/Subcontract requirements.
	4. Identifies scope and criteria of audit.
	5. Selects team members after examining their qualifications.
	6. Initiates audit notification letter to audited organization.
	7. Assures team orientation (Section 3.5.1) which may include coverage of audit scope, applicable documents, and checklist preparation of trends, etc.

ATTACHMENT 1 (Continued)

4.0 (cont.)

Responsibility	Action
	8. Submits initial written audit checklist for approval.
A Manager	9. Reviews/approves initial checklist. Returns checklist to team leader.
Audit Team Leader	10. Conducts preaudit (entrance) meeting.
	11. Conducts audit:
	(a) Guides team in search for objective evidence of compliance with stipulated requirements; supplements checklist as needed.
	(b) Coordinates supporting notes and documentation; debriefs with team daily.
	(c) Assists team in developing reports of findings and observations.
	12. Prepares hand-drafted ADR's.
	13. Notifies appropriate management levels of audited/auditing organization of postaudit meeting.
	14. Conducts postaudit (exit) meeting and document same; obtains acceptance of findings by audited organization: provides copies of hand-drafted ADR's to audited organization so that they may respond within 30 days of receipt of formal audit report.
	15. Prepares audit report; assures ADR's are written so that they are answerable (Report due out 30 days from date of exit meeting).
	16. Submits audit report for review, approval and issuance.
	17. Reviews (and comments on) report for accuracy and clarity; submits to QA Audits Manager for approval.
A Manager	18. Reviews audit report; approves or recycles as necessary.

ATTACHMENT 1 (Continued)

4.0 (cont.)

Responsibility	Action
	19. Issues audit report to audited organization and establishes distribution; Client and B&R; provides for copies of audit report to AS Supervisor, audit team leader and audit team members.
Audit Team Leader	20. Monitors for receipt of responses; identifies overdue responses for status reporting; prepares overdue notifications, as required.
A Manager	21. Monitors for receipt of responses; signs and issues 1st overdue notices; submits 2nd notices to QAM for review and signature.
QAM/AQAM	22. Signs second notice of overdue response.
A Manager	23. Issues second notice letters.
Audit Team Leader	24. Evaluates responses; determines response acceptability and need for verification, and closing action; provides status/tracking information to supervisor.
	NOTE: The Vendor Surveillance Section may only review and report on adequacy of actual corrective action implementation.
	25. Reviews and evaluates responses; determines acceptability, need for verification and closing action; monitors status.
A Manager	26. Reviews and evaluates responses; determines acceptability, need for verification and closing action.
Audit Team Leader	27. Assures presence of all required documentation; closes ADR's/audit and audit file; assists in assuring proper tracking/trending information.
A Manager	28. Monitors closure of audit files and subsequent transmittal to site QA vault.
	29. Assures that tracking/trending information is properly included in RMS trending system (See QAP-15.6).
	30. Issues monthly status reports; assures maintenance of tracking/statusing/trending system; publishes quarterly trend reports; provides quarterly trend data to site data analysis group.

ATTACHMENT 1 (Continued)

5.0 REFERENCES

QAP-2.6, "Certification of Audit Personnel"

QAP-15.1, "Control of Nonconforming Items"

QAP-16.1, "Corrective Action"

ANSI N45.2.12, "Requirements for Auditing of Quality Assurance Program for Nuclear Power Plants"

ANSI N45.2.23, "Qualification of Quality Assurance Program Audit Personnel for Nuclear Power Plants."

10CFR50, Appendix B, "Quality Assurance Criteria for Nuclear Power Plants and Fuel Processing Plants"

Nuclear Regulatory Commission Regulatory Guide 1.146, "Qualification of Quality Assurance Program Audit Personnel of Nuclear Power Plants"

6.0 ATTACHMENTS

QAP-18.1A, Audit Deficiency Report

QAP-18.1B, Yearly Audit Schedule for 198_

QAP-18.1C, Quarterly Audit Schedule

QAP-18.1D, Audit Checklist

QAP-18.1E, Typical Audit Preparation Guidelines

QAP-18.1F, Audit Meeting Attendance Sheet

QAP-18.1G, Audit Report Cover Page

QAP-18.1H, Audit Summary

QAP-18.1I, Matrix of Audit Meeting Attendance and Personnel Contacted

QAP-18.1J, Typical ADR Status Report

ATTACHMENT 1 (Continued)

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Brown & Root, Inc.
QUALITY ASSURANCE DEPARTMENT
AUDIT DEFICIENCY REPORT

PROJECT: JOB NO.: UNIT: PAGE: OF

(1) AUDITED ORGANIZATION	(2) AUDIT NO.	(3) ADR NO.	(4) ADR CODE
(5) ENCLOSED WITH:	(6) REPORTED BY:	(7) DATE: / /	(8) CATEGORY: ☐ (1) ☐ (2) ☐ (3)

DEFICIENCY

(9) DOCUMENT VIOLATED AND PARAGRAPH (CITE):

(10) OBSERVATIONS:

(11) POTENTIAL REPORTABLE DEFICIENCY ☐ YES ☐ NO

(12) RECOMMENDATIONS:

(13) RESPONSE ASSIGNED TO:	(14) RESPONSE DUE DATE: / /	(15) APPROVED BY:	(16) DATE: / /

To be completed by audited organization

(17) CORRECTIVE ACTION RESPONSE: (INCLUDE SCHEDULED COMPLETION DATE)

(18) SUBMITTED BY:	(19) DATE: / /

(20) PREVENTATIVE ACTION: (INCLUDE SCHEDULED COMPLETION DATE)

(21) SUBMITTED BY:	(22) DATE: / /

To be completed by B&R Quality Assurance

(23) REVIEW OF RESPONSE: ☐ Satisfactory ☐ Unsatisfactory	(24) REVIEWED BY:	(25) DATE: / /
(26) RESULTS OF VERIFICATION: ☐ Satisfactory ☐ Unsatisfactory	(27) VERIFIED BY:	(28) DATE: / /
(29) REMARKS:	(30) CLOSED BY:	(31) DATE:

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ATTACHMENT 1 (Continued)

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INSTRUCTIONS FOR COMPLETING THE AUDIT DEFICIENCY REPORT

B&R QA Auditors complete items #1 through #16 upon finding an audit deficiency.

1. AUDITED ORGANIZATION: Organization name where deficiency exists
2. AUDIT NO: Unique identification number for the audit
3. ADR NO: Unique identification for the ADR
4. ADR CODE: An assigned number which denotes the criteria related to the deficiency and the activity or area deficient, serving as an aid to audit deficiency tracking
5. DISCUSSED WITH: Name of person in audited organization contacted by auditor in connection with the deficiency
6. REPORTED BY: Name of B&R QA Auditor reporting deficiency
7. DATE: Month/Day/Year which Auditor reports finding
8. CATEGORY — One square is checked to denote the magnitude of the finding:
   No. 1 — This category applies when a quality element or a significant part of the element is deficient
   No. 2 — This category applies when several characteristics within a quality element are deficient
   No. 3 — This category applies when a single or fractional portion of a characteristic within a quality element is deficient
9. DOCUMENT VIOLATED AND PARAGRAPH (CITE): The document and requirement which the deficiency violates, whether it be regulation, code, standard, specification, drawing, procedure, instruction, etc.
10. OBSERVATIONS: A concise, accurate description of the deficiency to include the area or location of finding
11. POTENTIAL REPORTABLE DEFICIENCY: Reference ST-PMO-22 for further action if deficiency is considered potentially reportable
12. RECOMMENDATIONS: The action taken to correct the deficiency as recommended by the QA Auditor
13. CORRECTIVE ACTION ASSIGNED TO: The name of the person in the audited organization who is responsible for preparing response
14. RESPONSE DUE DATE: Month/Day/Year by which the response is due from the assigned individual as agreed upon by the audited organization and the Audit Team Leader, normally ten (10) working days after date of Post-Audit meeting
15. APPROVED BY: Signature of the Audit Team Leader approving issuance of deficiency report
16. DATE: Date of the above approval

The audited organization is responsible for filling out the information in items #17 through #22.

17. CORRECTIVE ACTION RESPONSE: Response of the audited organization for action they have taken or will take to correct the documented deficiency defined in "Observation" section; if available, documentation supporting completion of the corrective action should be attached
18. SUBMITTED BY: Signature of the person submitting the above corrective action response
19. DATE: Month/Day/Year that response is submitted
20. PREVENTATIVE ACTION: Description by the audited organization of the action taken to prevent recurrence of the deficiency
21. SUBMITTED BY: Signature of the person submitting the preventative action response
22. DATE: Month/Day/Year that preventative action response is submitted

B&R Quality Assurance is responsible for completing the information in items #23 through #31 after the ADR is returned by the audited organization.

23. REVIEW OF RESPONSE: Upon review of the submitted response by B&R QA, the appropriate square is checked "Satisfactory" or "Unsatisfactory"
24. REVIEWED BY: Signature of the person who reviewed the response and determined it "Satisfactory" or "Unsatisfactory"
25. DATE: Month/Day/Year that review was performed
26. RESULTS OF VERIFICATION: Verification of on-site action implementation
27. VERIFIED BY: Signature of person who verifies corrective action implementation
28. DATE: Month/Day/Year verification was performed
29. REMARKS: Statements/Notes pertinent to the deficiency
30. DEFICIENCY CLOSED: Signature of person who closed deficiency
31. DATE: Month/Day/Year deficiency was closed

ATTACHMENT 1 (Continued)

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YEARLY AUDIT SCHEDULE FOR 198_

Brown & Root, Inc.
QUALITY ASSURANCE DEPARTMENT
YEARLY AUDIT SCHEDULE FOR 198_

PROJECT JOB NO UNIT PAGE OF

ORGANIZATION	PLAN... NO.	REV.	DATE

AUDIT NO	ACTIVITY/AREA/SYSTEM	TEAM LEADER	SCHEDULED	STATUS

ATTACHMENT 1 (Continued)

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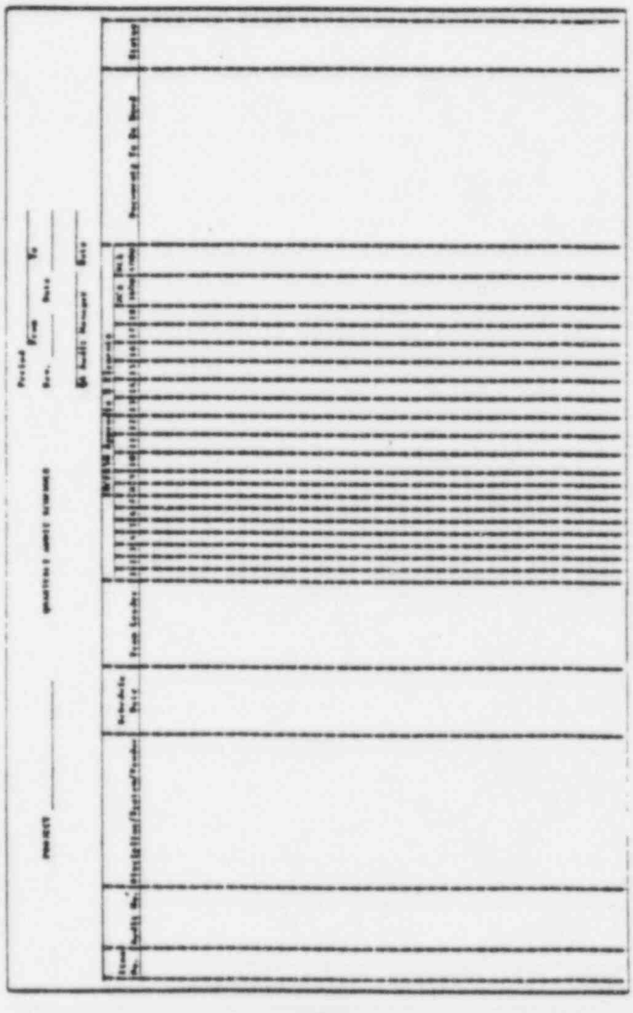
QUARTERLY AUDIT SCHEDULE



ATTACHMENT 1 (Continued)

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AUDIT CHECKLIST

Checklist forms may vary, but must be orderly and include the following information as a minimum:

Project(s)

Audited Organization

(Facility Location-Vendor)

Audit Number

Date(s) of Audit

Approval by QA Audit Section Manager

* Headings for department/activity audited.

* Identification of QA Manual, Specification, Procedures, Codes, Document Audited (i.e., origin or requirement).

* Appropriate notes taken during course of audit with disposition stated as satisfactory (S), unsatisfactory (U), or not audited (N).

* Team Leader is responsible to assemble completed checklist and verify completion by initialing and dating front sheet. All pages of final compiled checklist shall be numbered ____ of ____ pages. Checklist results need not be typed if writing is legible and reproducible. Use BLACK INK ON FINAL COPY!

* Identification of auditor assignments can be notated on checklist, audit plan, or in report body.

ATTACHMENT 1 (Continued)

TYPICAL AUDIT PREPARATION GUIDELINE

Initial Review (Team Leader)

* Contact Representative of Organization to be audited (2 to 4 weeks) prior to audit; document telecon
* Preliminary Plan - Select Audit Areas
* Initial Team Meetings/Assignments/Checklists Development
* Confirm Schedule and Agenda with audited organization in writing

Review:

* Purchase Orders
* Specifications
* Drawings
* Procedures
* Codes
* Previous Audit Reports and Checklists
* Inspection Reports (VSR's)
* NCR's & Corrective Actions
* Supplier Deviation Reports (SDR's)
* Define & Review Problem Areas
* Conduct Management/Cognizant Engineer Discussion

Coordinate with Assigned Client Representatives

Final Review of Audit Plan/Assignments/Audit Manager's Concurrence

Coordination with Audited Organization

Final Formal Audit Plan to Include:

* Scope/Checklists/Assignments

ATTACHMENT 1 (Continued)

ATTACHMENT
QAP-18.17 Page 20 of 26
Revision 0

AUDIT MEETING ATTENDANCE SHEET

Brown & Root, Inc.
QUALITY ASSURANCE DEPARTMENT

AUDIT MEETING ATTENDANCE SHEET

TYPE OF MEETING: ☐ Pre-audit ☐ Post-audit | DATE: / / | AUDIT

	NAME	ORGANIZATION	TITLE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

(To be Completed Following Post-audit Meeting)

STATEMENT OF AGREEMENT

Draft copies of _____ discrepancy reports were presented to the auditee organization. Discrepancies stated within each report were discussed at the post-audit meeting and based upon current information it was the opinion of those in attendance that the reports were accurate. Accordingly, it was also agreed that a written response to each discrepancy will be submitted to Brown & Root Quality Assurance no later than _____ days after receipt of a formal written audit report.

Signed _____
B&R Quality Assurance

Signed _____
Auditee Organization

ATTACHMENT 1 (Continued)

ATTACHMENT
QAP-18.1C Page 21 of 26
Revision 0

QA AUDIT REPORT COVER PAGE

Brown & Root Inc.

QUALITY ASSURANCE DEPARTMENT

QUALITY ASSURANCE AUDIT REPORT

_____ PROJECT

Organization

Audit Number

Date of Audit

Audit Team Member(s)

Audit Section Manager

Audit Team Leader

CONTENTS

Section 1 Summary

Section 2 Audit Deficiency Reports, Concerns, and Observations

Section 3 Matrix of Audit Meeting Attendance and Personnel Contacted

THIS REPORT CONTAINS CONFIDENTIAL INFORMATION ON THE ACTIVITIES OF BROWN & ROOT AND ITS SUPPLIERS. INFORMATION WITHIN THIS REPORT MAY NOT BE COPIED, DISTRIBUTED OR SHOWN TO UNAUTHORIZED INDIVIDUALS WITHOUT THE EXPRESS, WRITTEN CONSENT OF BROWN & ROOT INC.

ATTACHMENT 1 (Continued)

ATTACHMENT
QAP-18.1E Page 22 of 26
Revision 0

AUDIT SUMMARY

Brown & Root Inc.
QUALITY ASSURANCE DEPARTMENT
AUDIT SUMMARY

PROJECT JOB NO UNIT PAGE OF

1 VENDOR

2 AUDIT NO

3 FACILITY LOCATION:

4 AUDIT DATES:

5 ACTIVITY MANUFACTURER FABRICATOR SUPPLIER SERVICE:

6 PRODUCT/SERVICE

7 PO/SUBCONTRACT NO

8 PO/SPEC

REVISION

DATE

9 ASME OR APPLICABLE CERT TYPE NUMBER EXPIRATION DATE:

10 QA MANUAL
REV DATE

11 CRITERIA AUDITED

12 NUMBER OF ADR'S WRITTEN AGAINST AUDITED CRITERIA (10 CFR 50 APP B):

1. ORGANIZATION
2. QA PROGRAM
3. DESIGN CONTROL
4. PROCUREMENT DOCUMENT CONTROL
5. INSTRUCTIONS, PROCEDURES AND DRAWINGS
6. DOCUMENT CONTROL
7. CONTROL OF PURCHASED MATERIALS, EQUIPMENT, AND SERVICES
8. IDENTIFICATION AND CONTROL OF MATERIALS, PARTS, AND COMPONENTS
9. CONTROL OF SPECIAL PROCESSES
10. INSPECTION
11. TEST CONTROL
12. CONTROL OF MEASURING AND TEST EQUIPMENT
13. HANDLING, STORAGE, AND SHIPPING
14. INSPECTION, TEST, AND OPERATING STATUS
15. NONCONFORMING MATERIALS, PARTS, OR COMPONENTS
16. CORRECTIVE ACTION
17. QA RECORDS
18. AUDITS
OTHER: _____

ATTACHMENT 1 (Continued)

ATTACHMENT
QAP-18.1E Page 23 of 26
Revision 0

AUDIT SUMMARY (Cont'd)

Brown & Root Inc.

QUALITY ASSURANCE DEPARTMENT

AUDIT SUMMARY (cont'd)

PROJECT JOB NO UNIT PAGE OF

1. VENDOR

2. AUDIT NO.

13. SIGNIFICANCE OF FINDINGS

14. VERIFICATION OF PREVIOUS AUDIT SIGNIFICANCE/CORRECTIVE ACTION

15. OVERALL CONDITION OF PROGRAM

NOTE: IF NECESSARY, CONTINUE ITEMS ON QA-825-C

ATTACHMENT 1 (Continued)

ATTACHMENT
QAP-18.1E Page 24 of 26
Revision 0

AUDIT SUMMARY (Cont'd)

Brown & Root Inc.
QUALITY ASSURANCE DEPARTMENT
AUDIT SUMMARY (cont'd)

PROJECT JOB NO UNIT PAGE OF

INDICATE NUMBER OF ITEM CONTINUED

ATTACHMENT 1 (Continued)

ATTACHMENT
QAP-18.1I Page 25 of 26
Revision 0

MATRIX OF AUDIT MEETING ATTENDANCE AND PERSONNEL CONTACTED

Brown & Root Inc.

QUALITY ASSURANCE DEPARTMENT

MATRIX OF AUDIT MEETING ATTENDANCE AND PERSONNEL CONTACTED

PROJECT JOB NO. UNIT PAGE OF

VENDOR AUDIT NO.

FACILITY LOCATION AUDIT DATES

NAME/TITLE	PREAUDIT DATE	CONTACTED DURING AUDIT	POST AUDIT DATE

ATTACHMENT 1 (Continued)

TYPICAL ADR STATUS REPORT

BROWN & ROOT, INC. CPSES JOB 35-1195	PROCEDURE NUMBER	REVISION	EFFECTIVE DATE	PAGE
	DCP-3	15	1/17/83	1 of 9

TITLE:

CPSES DOCUMENT CONTROL PROGRAM

ORIGINATOR: [signature] 1-3-83 DATE

REVIEWED BY: [signature] 1-11-83 B&R QA DATE

[signature] 1-13-83 TUGCO QA DATE

APPROVED BY [signature] 1-17-83 CONSTRUCTION PROJECT MANAGER DATE

DCN #1
DCN #2

VOID

1.0 REFERENCES

1.1 Brown & Root Quality Assurance Manual
1.2 35-1195-CP-CPM 6.3
1.3 35-1195-DEI-9
1.4 TUQ-552
1.5 IM-15260
1.6 35-1195-DCP-7
1.7 35-1195-DEI-7

FOIA-85-59
8606120130

JOB 35-1195
Comanche Peak Steam Electric Station

Construction Procedure
DOCUMENT CHANGE NOTICE NUMBER 2

This notice applies to Construction Procedure No. 35-1195- DCP-3 Revision 15.

This change will be incorporated in the next revision of the procedure.

Change the procedure as follows:

Replace the following page with the attached:

Page 9 of 9

Add the following attachment:

ATTACHMENT 6

Originator Date 13 May 83

Reviewed by: Brown & Root Quality Assurance Date 13 May 83

Reviewed by: TUGCO Quality Assurance Date 5/13/83

Approved by:

Construction Project Manager Date 5-13-83

May 13, 1983
Effective Date

JOB 35-1195
Comanche Peak Steam Electric Station

Sheet 1 of 2

Construction Procedure
DOCUMENT CHANGE NOTICE NUMBER 1

This notice applies to Construction Procedure No. 35-1195- DCP-3 Revision 15.

This change will be incorporated in the next revision of the procedure.

Change the procedure as follows:

Replace the following page with the attached:

Page 8 of 9

Reason for change: Additional requirement.

Reviewed by:

Originator — Date: 1-25-83

Brown & Root Quality Assurance — Date: 2-4-83

Reviewed by:

TUGCO Quality Assurance — Date: 2/7/83

Approved by:

Construction Project Manager — Date: 2-11-83

Effective Date: 2/11/83

2.0 INTRODUCTION

2.1 PURPOSE

The purpose of this procedure is to describe the document control activities at the Comanche Peak Steam Electric Station (CPSES).

2.2 SCOPE

This procedure addresses the activities of and responsibilities for the control, receipt, reproduction, distribution, storage, and retrieval of construction and design documents generated at the site or received by the Document Control Center (DCC). Instructions, procedures,and/or drawings shall be readily available for use at locations where the prescribed activities are performed, and for use by the Authorized Nuclear Inspection (ANI).

3.0 PROCEDURE

3.1 REPRODUCTION AND DISTRIBUTION

3.1.1 Scope of Controlled Documents

DCC will be responsible for the reproduction of controlled documents including, but not limited to, drawings, specifications, design changes, procedures, instructions, and construction hold notices.

3.1.1.1 Controlled documents (control stamped only) shall be distributed to recipients identified by their respective control numbers on the Distribution Routing Control List (DRCL), in accordance with the Document Disposition (Attachment 2) which is prepared by the DCC Supervisor and lists the recipients' control numbers, the document number and quantities distributed. DRCL's are prepared in accordance with Construction Procedure DEI-7. Design changes are distributed to holders of affected controlled documents. Issuance and receipt of design changes are documented on the Document Distribution Log (Attachment 5) by signature or initial of the file custodian.

3.1.1.2 Distribution of B&R initiated construction procedures is in accordance with the "Document Routing to the Document Control Center Sheet" (Attachment 3) which is received with the procedure from the Procedures Department.

3.1.2 Controlled Copy Stamp

Reproduced "controlled" copies will be identified with the "controlled copy stamp" (see figure below) and the control number entered in the shaded area of the stamp.

3.1.3 Issuance of Documents for Construction

Upon receipt of project or design documents, the DCC Supervisor shall review the document to ensure the document has been properly approved for use. Documents not approved or not released for use shall not be issued for construction, but may be issued as uncontrolled documents as discussed in paragraph 3.1.5.

3.1.3.1 G&H Design drawings must have a numerical revision designation of at least "0" for issuance. Drawings without numerical revision designations or with alpha revision designations shall be considered preliminary drawings and shall be stamped as follows:

PRELIMINARY COPY
THIS DOCUMENT HAS NOT BEEN APPROVED AND IS NOT TO BE USED FOR ANY PHYSICAL CONSTRUCTION ACTIVITY

NOTE: If G&H approval letter revises the status of a preliminary drawing to a TUSI Status 1, it may be issued as a controlled drawing.

3.1.4 Document Revisions

3.1.4.1 Revisions to documents including but not limited to, design changes and document change notices, which affect other controlled documents, shall be distributed to the same control recipients receiving the affected document. Revisions to these types of documents shall be processed in the same manner as the original issue.

3.1.4.2 Any document reproduced and distributed by the DCC that is affected by design change documentation will be marked with ~~one of the following~~ stamps:

THIS DOCUMENT AFFECTED BY DESIGN CHANGES

3.1.5 Non-controlled Distribution

Non-controlled distribution of documents may be made for the purposes listed below provided they are not used for production activities and are appropriately marked. It shall be the recipients' responsibility to ensure these copies have not been superseded by revisions.

3.1.5.1 Information Copies

"Information Copies" may be issued on request to non-craft departments. When craft departments request "Information Copies," they will only be issued to file custodians, with the appropriate craft ~~superintendent's~~ signature.

INFORMATION COPY

THIS DOCUMENT IS FOR INFORMATION ONLY. CONTACT DOCUMENT CONTROL FOR CURRENT STATUS AND REVISION.

3.1.5.2 Bid Document Copy

BID DOCUMENT

3.1.5.3 Take-off Copy

TAKE-OFF COPY

TO BE USED FOR TAKE-OFF ONLY. THIS DOCUMENT DOES NOT REFLECT STATUS OR DESIGN CHANGE INFORMATION AND IS NOT TO BE USED FOR ANY PHYSICAL CONSTRUCTION ACTIVITY.

3.1.5.4 Training Copy

FOR TRAINING PURPOSES ONLY

NOTE: Some document copies may reflect both a black "Information Copy" stamp and a control stamp (with a control copy number in the shaded area). These are valid control copies, issued by the DCC, and can be used in the field for construction.

3.1.6 Pre-DCC Controlled Distribution

3.1.6.1 Any temporary controlled distribution made by a department, such as "4 day" or "10 day" distribution, shall be followed by subsequent controlled distribution by the DCC or the cognizant department.

3.2 RECEIPT AND ACCOUNTING FOR CONTROLLED DOCUMENTS

3.2.1 Receipt of Controlled Documents

3.2.1.1 Prior to interface with DCC involving any controlled documents, site file custodians have completed one of the following:

1. DCC orientation class (given during 1977-78 before file custodians were tested).

2. Passing grade on DCC test, which is based on a thorough knowledge of DCP-3.

Documentation supporting such qualification shall be maintained by DCC. Records for maintenance of qualification are retained by the Training Department in accordance with CP-CPM 2.2.

3.2.1.2 Controlled document receipt from the DCC shall be only by file custodians.

3.2.1.3 Design change documentation shall be distributed and maintained at the same location as the affected documents. The site file custodians will post design changes which affect their areas in their Design Change Log Books (Attachment 1). No other design changes need be distributed, posted, or maintained in these areas. If the design change received is the first issue against the affected document, the site file custodians must stamp their controlled copies of the affected document(s) with the design change indicator stamp, shown in paragraph 3.1.4.1, make a logsheet for the affected document, and note the design change number on the logsheet.

NOTE: Classification of hangers will be governed by the current revision of DCA-5021 which will not be posted in the design change logbooks. DCC will stamp controlled copies of all hanger drawings with the following stamp:

CHECK CURRENT REVISION
OF DCA-5021 FOR HANGER
CLASSIFICATION.

EXCLUSION: Design change information shall be distributed to organizations holding the affected documents. The design change shall be reviewed by responsible personnel to ensure it does not affect the discipline's work activities. Where they do affect the activities, they shall be posted and maintained as discussed above. If they do not affect the work activities, the changes need not be posted or maintained.

3.2.1.4 A record of whom a document was checked out to shall be maintained by the file custodian. Documentation issued to the craft for daily work activities shall be returned at the end of the shift to the file custodian. Upon receipt of a revised document, the file custodian shall retrieve the superceded document and replace it with the current document.

3.2.1.5 If the document being received is an DCN, the site file custodian must mark the DCN number on the cover sheet of the affected procedure and file the DCN with the procedure.

NOTE: Only when a new revision of the document is distributed will a new updated log sheet be distributed with that document. Upon receipt of the new log sheet from the DCC, file custodians should replace the old log sheet in their Design Change Log Book with the new one, and discard the old log sheet.

3.2.1.6 "Mail-out" distribution is made by letter accompanied by DRCL.

3.2.2 Accounting for Controlled Documents

3.2.2.1 All controlled copy holders will, once each quarter do a complete audit of their controlled document files to ensure that all applicable design documents are current and that the design change logs show the current approved and issued design change information.

3.2.2.2 Audits shall be performed using the "recipient trace" issued to each control number by the DCC, which will indicate:

1. Those documents they are shown as having.
2. Appropriate revision of each document.
3. Number of copies of the document they have.

To audit their design change logs, site file custodians will come to the DCC and compare their logbook(s) with the DCC master logbooks. Once that is done, the physical design change files shall be checked at each file location.

3.2.2.3 A memo shall be written to the DCC Supervisor indicating that the audit has been completed and discrepancies, if any, have been corrected. Missing documents are reported to the responsible Superintendent who investigates the cause of the missing document. Audits must be completed within one month after receipt of the recipient trace.

To obtain a "replacement" copy of a controlled document, the file custodian must complete a "Controlled Distribution Request" form (Attachment 4) specifying document number, revision, and number of copies to be replaced. This request must be signed by the file custodian and submitted to the DCC Computer Distribution Group. A replacement DRCL will then be issued to the Document Reproduction Group for processing.

DCC will maintain a file verifying timely audit completion. A written notification will be sent to departments which are delinquent on quarterly audits. If no response is received in DCC within five working days, the delinquency will be reported to the Project Manager.

3.2.2.4 If for any reason, a superceded document is retained, the face of the documents must be stamped or marked "VOID". When no longer required, superceded documents should be destroyed.

EXCLUSION: Drawings issued in accordance with paragraph 3.4 and drawings issued for use in Hanger Packages are not subject to the aforementioned quarterly audits.

DCC will maintain a file for DRCL's with signed acknowledgement by file custodians verifying actual receipt of controlled documents. A cross-check will be performed to ensure receipt of documents and the appropriate department head will be notified of any discrepancies.

3.3 MAINTENANCE AND STORAGE OF DOCUMENTS

3.3.1 Maintenance of Documents

The DCC shall maintain a file of current document revisions and as-built drawings as they are received. Additionally, a listing of all such documents and a list of all active changes shall be maintained.

3.3.2 Storage of Documents

Project Record files are stored by the DCC. These include, but are not limited to, specifications, procedures, correspondence, manuals, drawings, aperture cards, and silver microfiche originals.

NOTE: If circumstances exist for non-Code activities that require deviation from requirements of this procedure, exceptions will be authorized in writing by the Senior Staff Engineer and such authorization will be kept on file by the Document Control Supervisor.

3.4 DISTRIBUTION OF DOCUMENTS TO TRAVELER PACKAGES OR HYDRO PACKAGES

Documents required for fabrication, installation and/or inspection may be issued for inclusion into a traveler package or hydro package. The document shall be identified as being part of the package and that it cannot be used independently of the package by a stamp stating "This document shall be used only in conjunction with Operation Traveler # _____."

NOTE: For hydro packages, the hydro number shall be entered instead of the traveler number, and the number identified as a hydro test number.

It shall be the responsibility of the organization controlling the package to ensure the current document revision number is referenced in the package.

EXCLUSION: Traveler packages containing drawings which have weld numbers assigned by Welding Engineering, and all Hanger Packages, are excluded from the aforementioned control alternative.

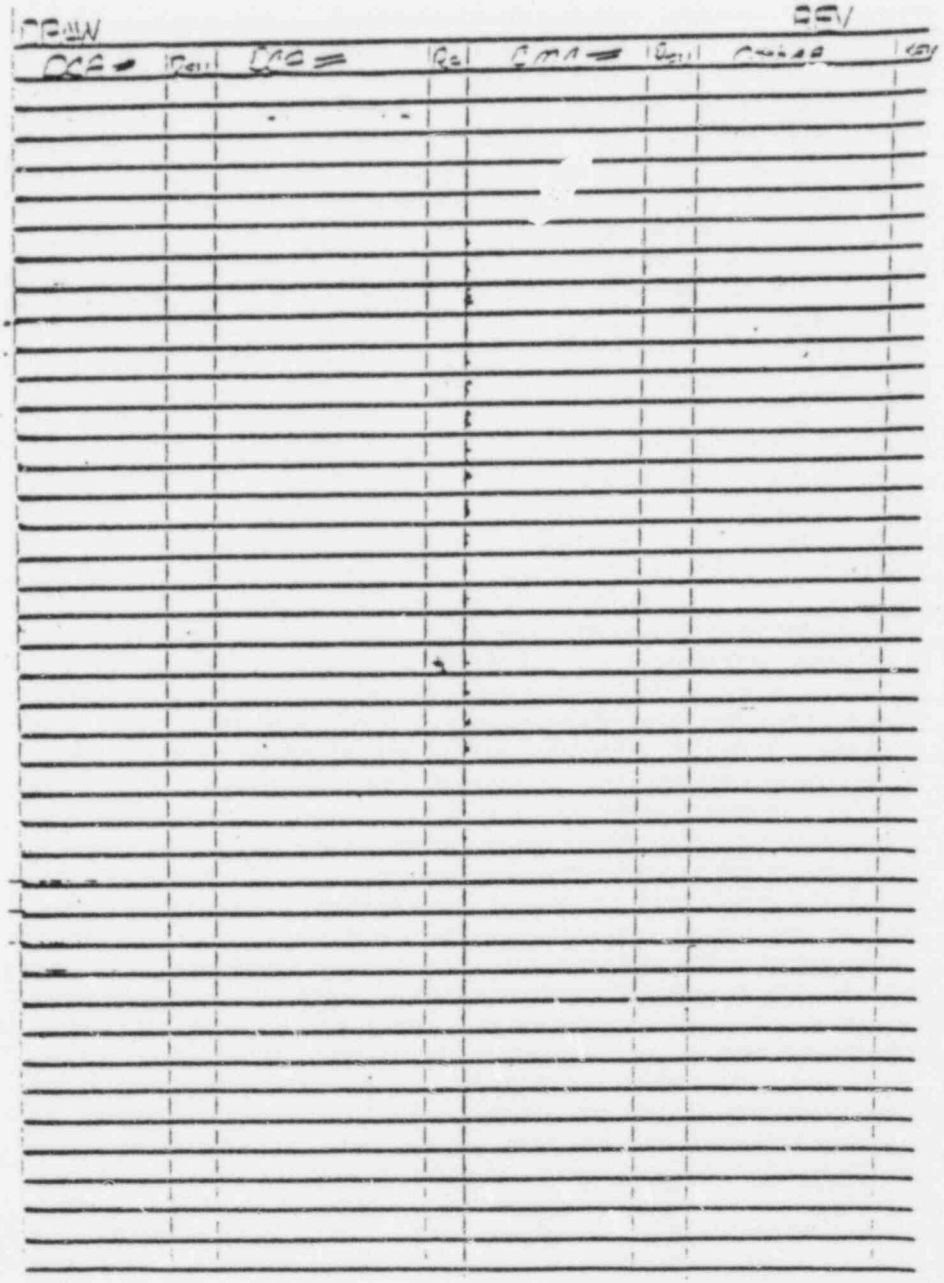
3.5 DISTRIBUTION OF DOCUMENTS FROM DCC SATELLITES

Documents distributed from DCC Satellites shall be in accordance with a Distribution Matrix (attachment 6) maintained by the DCC supervisor. The documents are controlled as noted in the "Identifiers" and "Dispositions" column of the Matrix.

BROWN & ROOT, INC. CPSES JOB 35-1195	PROCEDURE NUMBER	REVISION	EFFECTIVE DATE	PAGE
	DCP-3	15	1/17/83	1 of 1

ATTACHMENT 1

DESIGN CHANGE LOG



ATTACHMENT 2

DOCUMENT DISPOSITION

1 OF 2

DOCUMENT DISPOSITION

DCN: TPOCP -35-1195-DCP-07 [illegible] 2

REPRODUCTION MEDIUM: PP

06 07	CODE	ISSUE	RETURN	LOST	KEPT	CODE	ISSUE	RETURN	LOST	KEPT
08	001	001	000	000	000	002	001	000	000	000
09	004	001	000	000	000	005	001	000	000	000
10	007	001	000	000	000	008	001	000	000	000
11	012	001	000	000	000	015	001	000	000	000
12	022	001	000	000	000	026	001	000	000	000
13	034	002	000	000	000	035	002	000	000	000
14	036	001	000	000	000	039	001	000	000	000
15	040	002	000	000	000	041	001	000	000	000
16	045	001	000	000	000	046	001	000	000	000
17	048	001	000	000	000	050	001	000	000	000

BROWN & ROOT, INC. CPSES JOB 35-1195	PROCEDURE NUMBER	REVISION	EFFECTIVE DATE	PAGE
	DCP-3	15	1/17/83	1 of 1

ATTACHMENT 3

DOCUMENT ROUTING TO THE DOCUMENT CONTROL CENTER

DOCUMENT I.D.: _____

FROM: _____ DATE: _____
(ORGANIZATION)

HANDLING INSTRUCTIONS:

- ☐ Distribute
- ☐ Hold
- ☐ File Only - no distribution
- ☐ Route for approval (Procedures only)
- ☐ Other: _____

DISTRIBUTION: _____

SPECIAL INSTRUCTIONS: _____

_____ _____
DCC Receipt Acknowledgement Routed by

_____ _____
Date Date

ATTACHMENT 4

_____ CONTROL NO. CONTROLLED DISTRIBUTION REQUEST № 14597

____ ADDITIONAL ____ REPLACEMENT ____ RETURN DATE ____

FOR DCC USE ONLY
DRCL DATE _____

DOCUMENT/DRAWING NUMBER	PAGE NO.	REV. NO.	NUMBER OF COPIES	VENDOR	PURCHASE ORDER #	STATUS

* File Custodian's signature required on all requests

INSTRUCTIONS TO REQUESTOR: Requestor's Signature

1. Fill at Request 2. Retain Yellow Copy 3. Put White & Pink Copies in Request Basket

ATTACHMENT 5

DOCUMENT DISTRIBUTION LOG

Document No. DCA- ____________ [illegible] ______ [illegible] ____________

Document Affected (If applicable) ____________ [illegible] ____________

Recipient Code	Distribution Date	Number of Copies	Recipient Signature

ATTACHMENT 6

BROWN & ROOT, INC. CPSES JOB 35-1195	PROCEDURE NUMBER	REVISION	EFFECTIVE DATE	PAGE
	DCP-3	15	1/17/83	1 of 1

DISTRIBUTION MATRIX FOR DCC-SATELLITE 300, 301 & 302

GROUP	DISTRIBUTION	INTENDED USE	IDENTIFIERS	DISPOSITION	CURRENT CUSTODY
SUSG	All Drawings	Reference	1) Control #302 2) For Tracking/ Status Use Only	Recall	Was: #29 Will Be: #302
	All drawings stamped "SWA Required" and/or "R&N Required"	Const(SWA/R&N)	1) Control #302 2) For Packaging Use Only 3) SWA Req'd/R&N Req'd 4) SWA #/R&N #	No recall DCC Log SWA #/R&N #	
STE	Current Inventory	Change Impact on Testing	1) Control #301 2) For Tracking/ Status Use Only	Recall	Was: Distributed by TUGCO Currently: #301
	As-requested	Retest Package	1) Control #301 2) For Testing Purposes Only 3) Test Designation/ System #	No Recall DCC-Log Test Designation/ System #	
	As-requested	Test Package	1) Control #301 2) For Testing Purposes Only 3) Test Designation/ System #	No Recall DCC-Log Test Designation/ System #	
Hydro-Test Personnel	Current Inventory	Reference	1) Control #300 2) For Tracking/ Status Only	Recall	Was: #79 Currently: #300
	As-requested	Field Copy	1) Control #300 2) For Engineering/ Office Use only 3) Hydro package #	No Recall Return to DCC-Sat upon completion of test	
	As-requested	Hydro-package	1) Control #300 2) For packaging use only 3) Hydro package #	No Recall DCC-Log Hydro-package #	

TYPICAL

DCC will maintain a file verifying timely audit completion. A written notification will be sent to departments which are delinquent on quarterly audits. If no response is received in DCC within five working days, the delinquency will be reported to the Project Manager.

3.2.2.4 If for any reason, a superceded document is retained, the face of the documents must be stamped or marked "VOID". When no longer required, superceded documents should be destroyed.

EXCLUSION: Drawings issued in accordance with paragraph 3.4 are not subject to the aforementioned quarterly audits.

DCC will maintain a file for DRCL's with signed acknowledgement by file custodians verifying actual receipt of controlled documents. A cross-check will be performed to ensure receipt of documents and the appropriate department head will be notified of any discrepancies.

3.3 MAINTENANCE AND STORAGE OF DOCUMENTS

3.3.1 Maintenance of Documents

The DCC shall maintain a file of current document revisions and as-built drawings as they are received. Additionally, a listing of all such documents and a list of all active changes shall be maintained.

3.3.2 Storage of Documents

Project Record files are stored by the DCC. These include, but are not limited to, specifications, procedures, correspondence, manuals, drawings, aperture cards and silver microfiche originals.

NOTE: If circumstances exist for non-Code activities that require deviation from requirements of this procedure, exceptions will be authorized in writing by the Senior Staff Engineer and such authorization will be kept on file by the Document Control Supervisor.

3.4 DISTRIBUTION OF DOCUMENTS TO TRAVELER PACKAGES OR HYDRO PACKAGES

Documents required for fabrication, installation, and/or inspection may be issued for inclusion into a traveler package or hydro package. The document shall be identified as being part of the package and that it cannot be used independently of the package by a stamp stating "This document shall be used only in conjunction with Operation Traveler # _____".

VOID DCN #1

NOTE: For hydro packages, the hydro number shall be entered instead of the traveler number, and the number identified as a hydro test number.

It shall be the responsibility of the organization controlling the package to ensure the current document revision number is referenced in the package.

EXCLUSION: Traveler packages containing drawings which have weld numbers assigned by Welding Engineering, and all Hanger Packages, are excluded from the aforementioned control alternative.

VOID per DCN #2

NOTE: COMPLETE REWRITE, NO CHANGE BARS.

BROWN & ROOT, INC. CPSES JOB 35-1195	NUMBER	REVISION	ISSUE DATE	PAGE
	CP-QAP-12.1	4	FEB 02 1983	1 of 12

TITLE:

INSPECTION CRITERIA AND DOCUMENTATION REQUIREMENTS PRIOR TO SYSTEM N-5 CERTIFICATION

ORIGINATOR: Russell R Scott 1/26/83 DATE

REVIEWED BY: [signature] 1-26-83 DATE

APPROVED BY: [signature] for Site QA Manager 1-27-83 DATE

1.0 REFERENCES

1-A QI-QAP-2.1-5, "Training and Certification of Mechanical Inspection Personnel"

1-B QI-QAP-11.1-28, "Fabrication, Installation Inspection of ASME Component Supports, Class 1, 2, and 3"

1-C CP-QAP-16.1, "Control of Nonconforming Items"

1-D CP-QAP-12.3, "Testing Phase Quality Assurance Functions Prior to ASME Code Certification and Stamping"

1-E CP-QAP-12.2, "Inspection Procedure and Acceptance Criteria for ASME Pressure Testing"

1-F QI-QAP-11.1-26, "ASME Pipe Fabrication and Installation Inspections"

VOID

2.0 GENERAL

2.1 PURPOSE

The purpose of this procedure is to establish requirements for:

a. System/subsystem walkdown by Quality Control (QC) Systems Group prior to release/pressure test.

b. System/subsystem walkdown prior to release for penetration sealing.

FOIA-85-59

2.2 SCOPE

The scope of this procedure applies to all ASME Section III piping and components released.

8601020234

FOR INFORMATION ONLY

BB-49

2.3 RESPONSIBILITY

The QC Group Supervisor shall be responsible for the overall implementation of this procedure.

All inspection personnel performing inspections required by this procedure shall be trained, qualified and certified in accordance with Reference 1-A.

The Quality Engineering (QE) Completions/Start-up Group Supervisor shall be responsible for supplying Quality Control with all the documentation required to perform piping system status walkdowns and component support design verifications.

3.0 PROCEDURE

3.1 PRERELEASE WALKDOWN

The QC Systems Leads shall be responsible for performing a status walkdown of piping systems.

Walkdown statusing of piping systems/subsystems shall be performed using the "QC Prerelease Checklist" (Attachment 1), BRP drawings, vendor supplied subassembly drawings, BRH/GHH and BRHL's, if available, at the time of release, and all CMC's that have not been incorporated into the latest drawings. If all drawings are not available at time of walkdown, that portion of the system which is affected by the missing drawings will be statused when the drawings are received.

The following information shall be recorded on the system BRP drawing during prerelease walkdown:

a. Manufacturers identification/serial number of all ASME stamped items (i.e. piping subassemblies, valves, pumps and vessels), within the boundries of the BRP.

b. Material identification (i.e., Heat numbers, heat code, material specification) for material supplied by B&R, if available.

c. General hanger locations and hanger number for permanent hangers and attachments to piping.

3.2 RELEASE FOR PENETRATION SEALING

The Area Management Penetrations Seals Supervisor shall notify QC Systems Superintendent of piping penetrations they want released for sealing.

The QC Systems Lead shall verify the penetration meets the following acceptance requirements:

a. All welds inside penetrations are completed , pressure tested and acceptable.

b. No base material defects.

c. Free of foreign material.

d. Hangers and permanent attachments required are installed and comply with design specifications.

e. Pipe clearance and gradient.

The Completions/Start-up QC Group will notify Area Management of penetrations acceptable for sealing. Prior to releasing a penetration for sealing, the Penetration Seal Release Form (Attachment 2) shall be completed and submitted to the ANI for his concurrence. Completed Penetration Seal Release Forms shall be forwarded to Quality Engineering Systems (QES) for filing in the applicable line file(s).

3.3 COMPONENT SUPPORT DESIGN VERIFICATION

The QC Systems Leads shall be responsible for performing an inspection of all ASME Component Supports to verify they are in compliance with the Vendor Certified (Large Bore) or Design Reviewed (Small Bore) drawings.

Inspections of component supports shall be performed using the "QC Component Support Checklist" (Attachment 3).

Any welds on component supports that are not required by the Vendor Certified (VCD) or Design Reviewed Drawing shall be inspected in accordance with Reference 1-8. The QC Inspector shall indicate on the VCD or Design Reviewed Drawing the actual weld size and its location.

3.4 SYSTEM/SUBSYSTEM DEFICIENCIES

All items defined on the "QC Prerelease Checklist" or "QC Component Support Checklist" as unsatisfactory shall be documented on the "QC Punchlist" (Attachment 4).

Base material defects and arc strikes shall be identified and resolved per Reference 1-C, in addition to being recorded on the "QC Punchlist".

When the prerelease walkdown is completed, the QC Systems clerks shall return all walkdown documentation and a copy of the QC Punchlist to the QE Completions/Start-up Group for coordinating resolution of punchlist items (Reference 1-D).

The QE Completions/Start-up Group shall notify the responsible QC Systems Leads when the QC Punchlist items have been corrected by returning their copy of the Punchlist and supporting documentation to the QC Systems clerks. The corrected items will be reinspected to verify acceptability per "QC Prerelease Checklist" or "QC Component Support Checklist" and a copy forwarded to QE Completions/Start-up Group.

Any unsatisfactory items that require an Engineering evaluation or rework will be identified on NCR's in accordance with Reference 1-C.

A system or portion of a system shall not be considered completed until Quality Assurance has verified through the above mentioned QC walkdown and QE Systems documentation review that all permanent piping, valves, pumps and hangers are complete and intact and have been installed in accordance with current installation documentation (i.e., BRP drawings, BRHL's, BRH's, GHH's, CMC's, etc.). Also the pressure test shall have been completed and accepted by the ANI and the Owner in accordance with Reference 1-E.

ATTACHMENT 1

QC PRERELEASE CHECKLIST

System Number

Hydro Number

ITEMS	INSPECTION CRITERIA	QCI/DATE	SAT/UNSAT
1.	All items within the test boundary are complete and readily accessible.	____	____
2.	All welds, joints and base metal repairs which require welding and areas of high stress are accessible and clear of insulation and properly documented on the applicable drawings to be used during test walkdown and included in the Pressure Test Package (applies prior to pressure test only).	____	____
3.	Adequate lighting is available.	____	____
4.	The size of all pipe socket welds shall be checked to the requirements of Reference 1-F.	____	____
5.	The temperature and pressure indicated on the Code Data Plate for valves and equipment is in compliance with the piping design requirements indicated on BRP drawings.	____	____
6.	Valve location and orientation is in accordance with the design documents.	____	____
7.	Valves are properly identified.	____	____
8.	Items show no visible sign of damage.	____	____
9.	Bolting material shall be verified by heat number, color code or documentation traceable to material.	____	____

ATTACHMENT 1 (con't)

ITEMS	INSPECTION CRITERIA	QCI/DATE	SAT/UNSAT
10.	All items in the pressure test boundary are free from arc strikes and base metal defects, if identified, they shall be handled in accordance with Reference 1-C.	____	____
	NOTE: Piping shall be installed within the following tolerances of items 11 thru 17.		
11.	Gradient (Unit 1 and common only): 3/16" per foot maximum (this applies to horizontal lines deviating from level only). Deviations from plumbness of vertical lines and horizontal departure from design will be controlled by the two-inch tolerance on location.	____	____
12.	Gradient (Unit 2): 1/16" per foot maximum (vertical and horizontal).	____	____
13.	Slope - Minimum slope shall be as designated on the drawings.	____	____
14.	Location - The following tolerances are permitted:		
	a) Unit 1 and Common buildings - ± 2 inches.	____	____
	b) Unit 2 Reactor Containment, Safeguard, Turbine buildings and Unit 2 yard piping - ± 1/2".	____	____
15.	Clearance - A minimum of two inches of clearance shall be maintained, including pipe insulation with respect to other piping when one or both lines have an operating temperature of 200°F or greater. All other lines may be installed with a minimum of one-inch clearance, with respect to other piping.	____	____

ATTACHMENT 1 (con't.)

ITEMS	INSPECTION CRITERIA	QCI/DATE	SAT/UNSAT
16.	For clearance of pipe (with an operating temperature of 200°F or greater) from hangers, walls, ceiling, hand rails, etc., other than pipe to pipe, a minimum of one inch shall be maintained, including pipe insulation. All other lines may be installed with a clearance only for insulation; however, on a case by case basis it might be necessary to notch insulation to establish clearance which will require engineering approval.	____	____
17.	When installed in blockouts, sleeves shall be installed so that, for lines with operating temperatures at or above 200°F, their centerlines are within 1/4 inch of piping centerlines. For lines with operating temperatures of less than 200°F, the sleeve inside diameter must be no less than 1/2 inch from pipe outside diameter.	____	____
18.	All bolts installed in flanged connections.	____	____
19.	For liquid service, stops are removed from support spring cans.	____	____
20.	For steam, gas or air service the stops are installed in support spring cans.	____	____
21.	Pipe is supported in compliance with the below tables for straight runs of water filled or heavier wall pipe.	____	____

Nominal Pipe Size (in.)	1	1½	2	2½	3	3½	4	5	6	8	10	12
Water Service Span	7	9	10	11	12	13	14	16	17	19	22	23
Steam, Gas, or Air Service Span	9	11	13	14	15	16	17	19	21	24	27	30

ATTACHMENT 1 (con't.)

ITEMS	INSPECTION CRITERIA										QCI/DATE	SAT/UNSAT
Nominal Pipe Size (in.)	14	16	18	20	24	26	28	30	32	34		
Water Service Span	25	27	28	30	32	33	33	34	34	35		
Steam, Gas, or Air Service Span	33	35	37	39	42	44	44	46	46	48		

Nominal Pipe Size (in.)	36	42	
Water Service Span	35	36	
Steam, Gas, or Air Service Span	48	50	

22.	When piping makes a change in direction, the total length of piping between existing pipe supports should not exceed three-fourths the recommended straight run spans.	____	____
23.	All supports should be properly adjusted so as to provide full bearing surface or support full load.	____	____
24.	For in-line concentrated loads or equipment tie-ins, a support (permanent or temporary) should be located as close as possible.	____	____
25.	Temporary supports shall be "hard supports" which are rigidly attached to the pipe, such as structured support secured to the pipe with all-thread rod, a pipe clamp suspended by rod, clamped-bushing, etc.	____	____

ATTACHMENT 1 (con't)

ITEMS	INSPECTION CRITERIA	QCI/DATE	SAT/UNSAT
26.	Any temporary supports should have adequate bearing surfaces so as not to impose any localized pipe stresses.	____	____
27.	ASME Code Name Plates are attached to "N" stamped items.	____	____

All checklist items have been satisfied _____
QCI DATE

ATTACHMENT 2

RELEASE FOR HIGH DENSITY PENETRATION SEALS

PENETRATION SEAL RELEASE FORM

Report #_____

Date_____ Room #_____ BLDG. #_____

Sched. Sealing_____ Bisco Dwg._____

Applicable BRP #'s_____

_____

Released for sealing by:

QC_____

ANI_____

Exceptions - Holds_____

_____

_____

_____

_____

ATTACHMENT 3

QUALITY CONTROL
COMPONENT SUPPORT CHECKLIST

_____
HANGER NUMBER

ITEMS	INSPECTION CRITERIA	QCI/DATE	SAT/UNSAT
1.	Support configuration complies with vendor certified drawing (Large Bore) or Design Reviewed Drawing (Small Bore).	____	____
2.	All parts are installed (i.e., bolts, nuts, "U" clamps, etc.)	____	____
3.	Skewed weld sizes are in compliance with Reference 1-8 of CP-QAP-12.1.	____	____
4.	All changes identified by Engineering on the Vendor Certified Drawing or Design Reviewed Drawing have been reinspected and comply with the above design documentation.	____	____
5.	Support completed.	____	____
6.	Comments:		

All checklist items have been satisfied. _____
QCI DATE

ATTACHMENT 4

Originator _____ QC Function _____ CP - QAP-12.1 Rev. ___ Test # _____

Item & Deficiency description		Clearance Sign & Date

TYPICAL

TEXAS UTILITIES GENERATING CO CPSES	PROCEDURE NUMBER	REVISION	ISSUE DATE	PAGE
	CP-QP-15.7	2	JUL 28 1983	1 of 4

TRACKING OF AUDIT REPORTS/ CORRECTIVE ACTION REPORTS

PREPARED BY: Barbara Lancaster 7/25/83 DATE

APPROVED BY: T. Brandt for R.G. Tolson 7/26/83 DATE

1.0 REFERENCES

None

2.0 GENERAL

FOR INFORMATION ONLY

2.1 PURPOSE

The purpose of this procedure is to describe the method for tracking Audit Report/Corrective Action Report (CAR) findings from the time of receipt of the report until formal closure of each item.

2.2 RESPONSIBILITY AND AUTHORITY

The Site QA Supervisor has overall responsibility for timely responses to Audit Report/Corrective Action Report findings. The Non-ASME QA Supervisor shall be responsible for implementing the tracking system described in this procedure and to ensure timely responses to Audit Report/ Corrective Action Report findings.

3.0 PROCEDURE

3.1 RESPONSE ASSIGNMENT

Upon receipt of the Audit Report/Corrective Action Report, personnel shall be assigned the responsibility to respond to Audit Report/Corrective Action Report findings. The Non-ASME QA Supervisor shall make the assignment of personnel to respond to a finding.

FOIA-85-59

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3.2 ASSIGNED RESPONSES

The reports shall be transmitted to the individual assigned the responsibility to provide a response. The transmittal shall show a required response date. Normally the required response shall be 15 days from the date of the transmittal. Extensions to response dates may be made upon written justification to the Non-ASME QA Supervisor. When extensions exceed the response due date of the report, the Site QA Supervisor shall formally request an extension.

3.3 OPEN ITEMS REPORT

A report shall be generated providing a brief status of each report. This report (Attachments 1 and 2) shall be published weekly. Individuals assigned a response due date which falls during the week when the report is issued shall be verbally reminded that the response is due. If a response is not received before the due date, a formal request for the response shall be delivered to the responsible individual, requesting immediate action. Any response overdue more than two (2) days, without an approved extension, shall be brought to the attention of the Non-ASME QA Supervisor for resolution. Items shall remain on the report until such time the Non-ASME QA Supervisor is notified the report has been closed.

3.5 RESPONSE REVIEW

After receipt of the response, the Non-ASME QA Supervisor shall review the draft response for adequacy and upon approval, shall forward the response to the Site QA Supervisor for review and forwarding to the proper individual.

ATTACHMENT 1

AUDIT REPORTS OPEN

TQP-56 (BCS)	PROJECT TRAINING & NONCONFORMANCES	Responded 12/21/82

ATTACHMENT 2

CORRECTIVE ACTION REPORTS OPEN

CAR-012 (JSG)	Uncontrolled Drawing	11/4/82 received response
CAR-013 (JBG)	Rejection Rate of Cable Tray Hangers	11/16/82 received response
CAR-014 (DCF)	Storage of Electrical Material	12/6/82 received response