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Filed: October 10, 1986

UNITED STATES OF AMERICA

NUCLEAR REGULATORY COMMISSION

before the

ATOMIC SAFETY AND LICENSING BOARD

In the Matter of TEXAS UTILITIES ELECTRIC COMPANY et al. (Comanche Peak Steam Electric Station, Units 1 and 2)	Docket Nos. 50-445-OL 50-446-OL (Application for an Operating License)

ANSWERS TO BOARD'S 14 QUESTIONS
(Memo; Proposed Memo of April 14, 1986)
Regarding Action Plan Results Report VII.a.5

In accordance with the Board's Memorandum; Proposed Memorandum and Order of April 14, 1986, the Applicants submit the answers of the Comanche Peak Response Team ("CPRT") to the 14 questions posed by the Board, with respect to the Results Report published by the CPRT in respect of CPRT Action Plan VII.a.5.

Opening Request:

Produce copies of any CPRT-generated checklists that were used during the conduct of the action plan.

Answer:

The checklist is attached.

Question:

1. Describe the problem areas addressed in the report. Prior to undertaking to address those areas through sampling, what did Applicants do to define the problem areas further? How did it believe the problems arose? What did it discover about the QA/QC documentation for those areas? How extensive did it believe the problems were?

Answer:

This ISAP was developed in response to the finding identified by the TRT and confirmed in Region IV Inspection Report 50-445/8432 that TUEC Management did not regularly review the status and adequacy of their QA Program. The Region IV Report also stated that procedures had not been established to perform this activity. These findings were identified as violations of the FSAR commitment to 10 CFR 50, Appendix B.

The SRT decided that this ISAP (VII.a.5) would not address the historical aspects of this subject but would concentrate on ensuring that the current TUGCO program would provide for an adequate and effective periodic review of the QA Program for the remainder of

construction and for the operating phase. The quality of hardware and any potential safety implications which may have resulted from an inadequate review of the QA Program will be assessed through other hardware and programmatic ISAPs. Further discussion on why this approach was deemed appropriate is contained in Section 3.0 of the VII.a.5 Results Report.

Question:

2. Provide any procedures or other internal documents that are necessary to understand how the checklists should be interpreted or applied.

Answer:

The only checklist utilized was developed from the criteria contained in Sections 5.1.1 through 5.1.4 of the VII.a.5 Results Report. The criteria was developed by the Issue Coordinator; the checklist was then prepared and Implemented by the Issue Coordinator. Therefore, no additional documentation was required.

Question:

3. Explain any deviation of checklists from the inspection report documents initially used in inspecting the same attributes.

Answer:

There were no TUGCO checklists generated to perform the activities that this Action Plan performed, i.e., review and evaluation of the TUGCO program for

Periodic Review of QA Program. Therefore, a comparison cannot be made.

Question:

4. Explain the extent to which the checklists contain fewer attributes than are required for conformance to codes to which Applicants are committed to conform.

Answer:

The checklist was developed from criteria which are actually expansions of the NRC acceptance criteria for this activity. These are based on the requirements of Criterion II of 10 CFR 50 Appendix B and ANSI N45.2. There are no additional codes on which to base attributes. The checklist used thus conforms with codes and standards to which CPSES is committed.

Question:

5. (Answer question 5 only if the answer to question 4 is that the checklists do contain fewer attributes.) Explain the engineering basis, if any, for believing that the safety margin for components (and the plant) has not been degraded by using checklists that contain fewer attributes than are required for conformance to codes.

Answer:

In light of the answer to question 4 above, this question is not applicable to this ISAP.

Question:

6. Set forth any changes in checklists while they were in use, including the dates of the changes.

Answer:

No substantive changes were made to the checklist during implementation of the ISAP.

Question:

7. Set forth the duration of training in the use of checklists and a summary of the content of that training, including field training or other practical training. If the training has changed or retraining occurred, explain the reason for the changes or retraining and set forth changes in duration or content.

Answer:

Because the checklist was prepared and implemented by the Issue Coordinator, no training was required.

Question:

8. Provide any information in Applicants' possession concerning the accuracy of use of the checklists (or the inter-observer reliability in using the checklists). Were there any time periods in which checklists were used with questionable training or QA/QC supervision? If applicable, are problems of inter-observer reliability addressed statistically?

Answer:

The checklist was used by the Issue Coordinator during the document review; therefore, it is unlikely that any error in the use of the checklist exists.

Question:

9. Summarize all audits or supervisory reviews (including reviews by employees or consultants) of training or of use of the checklists. Provide the factual basis for believing that the audit

and review activity was adequate and that each concern of the audit and review teams has been resolved in a way that is consistent with the validity of conclusions.

Answer:

No audits or supervisory reviews were conducted.

Question:

10. Report any instances in which draft reports were modified in an important substantive way as the result of management action. Be sure to explain any change that was objected to (including by an employee, supervisor or consultant) in writing or in a meeting in which at least one supervisory or management official or NRC employee was present. Explain what the earlier drafts said and why they were modified. Explain how dissenting views were resolved.

Answer:

No important or substantive changes were made to the Results Report.

Question.

11. Set forth any unexpected difficulties that were encountered in completing the work of each task force and that would be helpful to the Board in understanding the process by which conclusions were reached. How were each of these unexpected difficulties resolved?

Answer:

No unexpected difficulties were encountered in completing the work for this report.

Question:

12. Explain any ambiguities or open items left in the Results Report.

Answer:

There are no open items remaining in the Results Report. After review of the report, we believe that no ambiguities are contained in the report.

Question:

13. Explain the extent to which there are actual or apparent conflicts of interest, including whether a worker or supervisor was reviewing or evaluating his own work or supervising any aspect of the review or evaluation of his own work or the work of those he previously supervised.

Answer:

The CPRT has instituted a procedure that requires personnel involved in CPRT activities to carefully examine possible areas of conflict and signify that conflicts of interest does or does not exist. This process, coupled with the initial screening process performed prior to bringing third-party consultants on-site for the CPRT, reduces the likelihood of a conflict of interest to an acceptably low level.

Question:

14. Examine the report to see that it adequately discloses the thinking and analysis used. If the language is ambiguous or the discussion gives rise to obvious questions, resolve the ambiguities and anticipate and resolve the questions.

Answer:

Mr. J. Gelzer, the Issue Coordinator, has reexamined the Results Report and does not see any

ambiguities or obvious questions. Admittedly, his close association with the contents of the report renders it difficult for him to discern questions or ambiguities. However, we believed that the extensive review process has eliminated any ambiguities.

Respectfully submitted,

John R. Gelzer, Jr.
Action Plan VII.a.5 Issue Coordinator

John L. Hansel
CPRT QA/QC Review Team Leader

The foregoing responses have been reviewed and are concurred in by the CPRT Senior Review Team.

CHECKLIST

File: VII.a.5-7B.001

PERIODIC REVIEW OF QA PROGRAM

Evaluate the TUGCO written program for the Periodic Review of QA Program (Program) in accordance with this checklist.

The criteria used to develop this checklist are the criteria developed during the implementation of ISAP VII.a.5, and may be found in Sections 5.1.1 through 5.1.4 of the Results Report for this ISAP.

The numbers in parentheses following each statement in the checklist correspond to the appropriate section of the VII.a.5 Results Report.

1. Does the Program require the regular assessment of the scope, status, adequacy, and compliance of the QA program to 10CFR50, Appendix B? (5.1.1)

2. Does the Program define the management positions responsible for the Periodic Review of QA Program? (5.1.2)

3. Are the management positions specified above or outside the QA organization and the line managers directly responsible for activities affecting quality? (5.1.2)

4. Does the Program provide for frequent contact, by personnel responsible for the reviews, with program status through reports, meetings, and/or audits? (5.1.3)

5. Does the Program provide for the performance of preplanned and documented assessments to be performed at least annually? (5.1.3)

6. Does the Program describe the methodology for reporting, tracking, and follow-up of the results of the periodic Review of QA Program? (5.1.4)

Concurrence _____

CERTIFICATE OF SERVICE

I, Robert K. Gad III, one of the attorneys for the Applicants herein, hereby certify that on October 10, 1986, I made service of the within "Answers to Board's 14 Questions (Memo; Proposed Memo of April 14, 1986) Regarding Action Plan Results Report VII.a.5" by mailing copies thereof, postage prepaid, to:

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