BEFORE THE
UNITED STATES
NUCLEAR REGULATORY COMMISSION

Before the Atomic Safety and Licensing Board

In the Matter of	)	
	)	
TEXAS UTILITIES GENERATING COMPANY, et al.	)	Dkt. Nos. 50-445-OL 50-446-OL
	)	
(Comanche Peak Steam Electric Station, Units 1 and 2)	)	
	)	

CPRT DISCOVERY - 9

Appendix G

1. Describe in precise detail the circumstances under which the Senior Review Team (SRT) directed that "a written description of quality assurance measures controlling CPRT third-party activities be developed" (Appendix G, p. 1).

Include in your answer the following:

a. Identify the individuals from the SRT who gave the direction to establish the identified quality assurance measures.

b. Identify all the documents that provide the direction.

c. Identify the time and date that these directions were given.

2. Describe in precise detail how it was decided which criteria and principles from 10 CFR Part 50, Appendix B, were relevant to the CPRT effort.

3. Describe in precise detail how the CPRT quality assurance program described in Appendix G of Revision 3 meets the goals of the program as described in the statement made by W. G. Counsil in his Aug. 16, 1985, letter to Vincent Noonan, in which he states (p. 3):

> It is our view that these steps and the QVT, taken together with the carefully structured third party nature of the CPRT program plan itself, provide a vigorous and open process which meet the requirements of 10 CFR 50, Appendix B, and essentially guarantees its integrity and that of the final product and conclusions.

Include in your answer a description, in precise detail, of what Mr. Counsil believed would be added to the CPRT generally and/or Appendix G in particular that would provide a basis for this statement and that has not been added to the CPRT generally and/or Appendix G in particular.

4. Describe in precise detail what Mr. Counsil meant in his August 16, 1985, letter to Mr. Noonan when he stated that the CPRT effort will "meet the requirements of 10 CFR 50, Appendix B." For instance, was this intended to indicate that the requirements of the program, if met, would provide compliance with all the detailed criteria of 10 CFR Part 50, Appendix B?

5. Describe in precise detail what is meant by the statement in the summary at page 3 of Appendix G that "performance to the requirements of the Quality Assurance Program will ensure high quality standards in accordance with the SRTs and TUGCO management's expectations and commitments to quality."

For instance, was this intended to indicate that the requirements of the program, if met, would provide compliance with all the detailed criteria of 10 CFR Part 50, Appendix B?

b. Identify all TRT ISAPs that were ongoing as of July 23, 1980 in the Civil, Structural, Mechanical, Electrical, Testing, and Miscellaneous groups.

c. Of the ISAPs identified above, provide the completion date of the actual document review or inspection process.

Explanation: When did the gathering of raw data stop and the preparation of the Results Report begin?

d. Explain in precise detail the following statement from the July 23, 1980, letter from Counsil to Noonan:

> These as well as other CPRT audit activities are designed to be in-process activities; therefore, unless specific audit findings indicate a need to audit completed TRT ISAP activities, audits will not be conducted of the implementation of a TRT ISAP after its Results Report has been submitted to the SRT for review and approved.

e. Identify all the "measures previously instituted by the SRT" referred to in the last sentence on page 1 of the July 23, 1980 letter.

f. What was the basis of the SRT's determination that the "CPRT program principles, implementation requirements, and policies and guidelines, in conjunction with the detailed guidance provided in each TRT ISAP are sufficient to ensure the quality performance of TRT ISAP activities and results"?

In providing the answer, identify all documents or oral advice (from whom) upon which the SRT relied.

11. Explain in precise detail what quality assurance measures were in place for each of the completed ISAPs not covered by Appendix G and identify what documents existed that described those measures and/or were used to govern or carry out those measures, including procedures and training manuals.

12. For each ISAP identified above, explain the basis upon which the CPRT intends to rely to establish the quality of the work performed.

13. Provide the basis for the decision made by the SRT that additional quality measures "would be appropriate to ensure the quality" of the QOC program.

Identify all documents, memoranda, or any meetings at which this issue and decision were discussed..

14. To what extent, if any, did the SRT review the NRC inspection record of the ERC program at the Braidwood facility?

If the NRC inspection record was considered, identify the person or persons who performed the review and identify all documents that were reviewed.

15. Identify the status of all QOC activities at the time the SRT required the QOC Review Team to implement a quality assurance program for its activities (p. 3).

16. Identify the process by which the Senior Review Team will review all audits and corrective actions taken in response to audits. Include in the response to this question the identification of all procedures used to accomplish the review (p. 3).

17. Explain the basis of the statement that "CPRT activities associated with implementing these ISAPs were performed by a small number of persons in accordance with the principles of the CPRT Program Plan" (p. 4). Include in your answer how the CPRT has any assurance that the work was performed in accordance with the plan since there was no QA program for the plan.

18. Identify each of the consultations between the SRT and the various Review Team Leaders for the TRT ISAPs that led to the determination that "additional implementing procedures, providing details or management controls beyond that existing in the ISAPs and CPRT Program documents, were not required" (p. 4).

19. Identify the basis of the RTL's decisions to issue or not to issue supplemental instructions for each TRT ISAP. The answer should be from each individual RTL and should state what documents he or she reviewed or discussions he or she had to reach that determination.

20. For each TRT ISAP identify how the quality assurance criteria requirements of 10 CFR 50, Appendix B, are dealt with. For example:

For example:

ISAP I.A.4.

	Applicable/NA	Incorporated
Criterion I	NA	Independence not required because not the program of record.
Criterion II		
Criterion III		
Criterion IV		
" V		
" VI	Applicable	Checklist and procedures, Sect. 4.2.0.
" VII		
" VIII		
" IX		
" X		
" XI		
" XII		
" XIII		
" XIV		
" XV		
" XVI		
" XVII		
" XVIII		

21. Explain in precise detail the basis for excluding each of the following Appendix B criteria from the CPRT:

Criterion III - Design Control
Criterion IV - Procurement Document Control
Criterion VII - Control of Purchased Materials, Equipment and Services
Criterion VIII - Identification and Control of Materials, Parts, and Components
Criterion IX - Control of Special Process
Criterion XI - Test Control
Criterion XII - Control of Measuring and Test Equipmentt
Criterion XIII - Handling, Storage, and Shipping
Criterion XIV - Inspectin, Test, and Operating Status

22. Identify any other measures not described in Appendix G upon which the Applicants rely to demonstrate that there is assurance of the quality of TRT ISAP activities.

23. Identify and produce all audits and/or inspections conducted into the CPRT program plan or any of its elements since October 1984. This includes but is not limited to TUGCo audits, INPO audits, audits by the NRC inspectors, MAC, Brown & Root, Stone & Webster, Combustion Engineering, EBASCO, TERA.

24. In regard to the Overview Quality Team (OQT), identify the criteria upon which the SRT will conclude that "the level of CPRT activities no longer justifies the need for the OQT" (p. 2 of the OQT program, Rev. 2, July 23, 1986).

25. Identify the criteria by which the OQT will evaluate the implementation of the CPRT QA program "relative to achievement" of the objectives listed on page 2 of the OQT.

26. Identify the "other measures" -- and identify all documents that describe these measures and/or are used in implementing these measures, including procedures and training manuals -- that assure the quality of the following activities:

a. SRT activities;

b. Technical Review of Results Reports;

c. Assessment of the CPRT Program Adequacy.

27. Identify and explain the basis on which the OQT will make the determination as to whether personnel "are adequately qualified and trained to perform their assigned tasks" (p. 3).

28. Identify and explain the basis on which the OQT will make the determination as to whether personnel "can perform their assigned tasks objectively and without influence from prior organizational affiliations" (p. 3).

29. Explain in precise detail the following about the OQT's Procedure Review, Section 3.2 of the OQT (p. 4):

a. How are the procedures to be reviewed by the OQT selected?

b. Identify the criteria upon which the OQT makes its determination on whether the procedure, if properly implemented, "will achieve the objectives of the QA program."

c. Is the QA program referred to in this section the CPRT QA program as described in Appendix G, or the site QA program?

d. Explain in precise detail how the OQT processes, comments on, or questions the procedural implementation, e.g., on what form are comments or questions recorded?

30. In regard to Section 3.3, "Audit Plans and Record Review," identify the written form or procedure upon which the OQT will log any desired additions or changes with the DAP and QOC (p. 4).

31. Identify the written forms or procedures upon which any areas of disagreement will be referred to the SRT for resolution (p. 4).

32. Identify the criteria the OVT will use to determine if selected audit plans are "adequate" in regard to audit frequency, timeliness, and thoroughness (p. 4).

33. Identify the process which records and evaluates the OVT's concerns in the event that the records review referred to in Section 3.3 generates a question from the OVT with respect to whether or not audit objectives were achieved (p. 4).

34. Explain in precise detail the reason that the OVT's additional auditors or inspectors "work under the direction of the DAP and VOC program audit team leaders," instead of under the OVT (p. 4).

35. Identify those audits conducted by the VA organization of the DAP and VOC program review teams which the OVT members will participate in as observers (p. 4). How is this selection made and what criteria are used to make it?

36. Identify those overview inspection activities for which the OVT will perform direct observations (p. 5).

37. Identify the written forms or documents on which the OVT will record its observations from reviewing the activities described in Section 3.5 and 3.6 of the OVT.

38. Identify all written forms or documents upon which the OVT will identify any problems or issues it believes need resolution.

39. Identify the criteria the OQT will use to determine if the work products of QA activities are conducted in accordance with applicable industry standards and practices (p. 5).

40. Identify and provide all OQT open items tracking sheets discussed in 3.11 that have been completed to date (p. 6).

41. Identify and provide all periodic progress and status reports of the OQT effort (p. 6).

42. Identify the individual(s) who are assigned to the positions listed on Figure 2.1 QA/QC Review Team Organization.

43. In regard to Figure 3.4 of the CPRT QA/QC Review Team Quality Assurance Matrix, identify each 10 CFR Part 50, Appendix B, criterion that is not deemed applicable to the QA/QC Review Team Activities and explain the basis for its exclusion.

44. On page 26 of the MP plan, Rev. 4, under the Procurement Document Control, Section 4.0, it states that "[c]ertain procurements for services were accomplished prior to the establishment of this MP Plan." For each of these procurements, identify it and provide the documents reviewed and the criteria by which ERC determined that there was proper inclusion of quality assurance requirements.

45. Explain in precise detail what is meant by the term "non-conforming hardware and documentation" as used in the MP Plan on page 33.

46. Identify what part of the CPRT reinspection of hardware and documentation is not done by the QA/QC Review Team according to the MP Plan.

47. Explain in precise detail how a non-conforming condition is identified.

48. The MP Program states tthat the DRs "are used only for QA/QC Review Team Evaluation purposes." Identify all persons who perform the evaluations of the DRs.

49. Identify all the procedures used to do the evaluations of the DRs.

50. Explain in precise detail what tracking or trending of the deficiency reports are done.

51. Is each nonconforming condition, whether or not it is determined to be a deviation, documented on a deviation report? On any report? If so, which one or ones?

52. Explain in precise detail the process by which deficiencies "undergo an evaluation to verify validity." Include in your answer an identification of all the procedures used for verifying the validity.

53. Explain in precise detail what is the disposition of the deviations that are deemed invalid according to the criteria explained in response to question 52.

54. Explain in precise detail, including identifying, the process that has been established to ensure that rework or repair is not done until after the safety significance evaluations is completed.

55. Identify the criteria used by the SSEG to determine if a deviation, if uncorrected, would result in the loss of capability "to perform its intended safety function" (MP, p. 34).

56. Identify, by example if necessary or helpful, in what cases the QA/QC Review Team Leader "may designate other Review Teams responsible for conducting evaluations for safety significance in lieu of the SSEG" (MP, p. 34).

57. Have any cases arisen to date in which other RTLs conducted the safety significant evaluation instead of the SSEG? If so, specify.

58. Describe in precise detail the requirements and procedures for conducting root cause and generic implication analyses of safety significant deficiencies.

59. Describe in precise detail the requirements and procedures for the review and evaluation of deficiency reports "for the purpose of identifying adverse trends" (MP Plan, p. 34).

60. Describe and explain in precise detail the difference between a "problem," a "deviation," and a "deficiency," relating to TUGCo's QA Program, as discussed on p. 35 of the MP Plan.

61. Describe and explain in precise detail the difference between a "problem," a "deviation," and a "deficiency," relating to the Comanche Peak Station hardware.

62. Explain in precise detail the circumstances under which problems, deviations, or deficiencies would not be identified or processed on a deficiency report (DR), but would appear either in a Results Report or in a collective evaluation report (p. 35). Treat each separately.

63. Describe and explain in precise detail the process by which recommendations for corrective action are provided to TUGCo.

64. Identify the person(s) who make up the Procedures and Project Assurance Group.

65. Explain in precise detail the process by which the Procedures and Project Assurance Group ensures that identified problems are corrected.

66. Provide each corrective action request written on the Comanche Peak project since ERC began work under these procedures (p. 36).

67. Provide each stop work order written on the Comanche Peak project since ERC began work under these procedures (p. 36).

68. Describe and explain the basis upon which, after a stop work order is in effect, the QA/QC RTL and the Manager of QA would agree that work may be resumed (p. 36).

69. Identify what records are kept in the E&ESD files described on p. 37 of the MP Plan.

70. Does the ERC audit program described on p. 38 of the MP Plan meet the requirements of 10 CFR Part 50, Appendix B?

a. If not, explain what portions of the program do not meet criteria requirements and why.

b. If so, indicate which portion of the ERC program meets which criteria. If the compliance is not self-evident, please explain how the program achieves the claimed compliance.

71. Identify and produce all audits conducted by the ERC Division Manager or Quality Assurance of any of the QA/QC Review Team activities as "defined in the CPRT program plan and appendices ... and QIs" (p. 38).

72. Identify the circumstances under which the Manager of Quality Assurance would conduct or would be required to conduct audits of ERC subcontractors and other third-party inspection agencies utilized by the CPRT Review Teams.

73. Have any audits been conducted pursuant to the circumstances described in question 72 above? If so, produce the audits.

74. Produce for inspection and copying all documents identified in the answers to these questions and all documents relied upon and/or examined in preparing the answers to these questions.

Respectfully submitted,

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