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 - 10

With respect to each of the following statements, please indicate whether you agree or disagree with the statement. If you agree in part and disagree in part, please indicate the extent of your agreement and disagreement. With respect to each statement or portion of a statement with which you disagree, provide the following:

a. Identify precisely those portions of the statement with which you disagree.

b. Provide the full and complete basis for your disagreement, including the reason for the disagreement, all the facts upon which you rely to support your position, and identify all documents upon which you rely to support your position.

c. Identify the person or persons who have personal knowledge of the facts upon which you rely in support of your position.

d. If your current position is different from an earlier position(s) on the subject of the statement, identify precisely

where and in what document(s) the earlier position(s) was taken and by whom and their full reason for the changed position.

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

In answering these questions, whether by agreement or disagreement, the previously filed instructions are applicable and should be followed.

STATEMENTS

1. The Comanche Peak Response Team (CPRT) activities will not be utilized or relied upon as the inspections of record for Comanche Peak.

2. The Applicant will rely on the implementation of the original QA/QC program to provide reasonable assurance that the plant was constructed in compliance with the construction permit and in a manner that would not endanger the public health and safety.

3. The CPRT program results do not substitute for the QA/QC program results regarding the quality of the plant.

4. The CPRT program is not a program that meets the requirements of 10 CFR 50 Appendix B criteria.

5. The CPRT program results do not dictate retroactive programmatic changes, only hardware corrective action and programmatic changes for future work.

6. The CPRT program management is not independent of the

Applicant in that the Senior Review Team is chaired by, and the CPRT Director is employed by, the Applicant.

7. The Overview Quality Team (OQT) is directed by and reports to the Senior Review Team.

8. The OQT does not have the responsibility to identify, in writing, all failures of the CPRT to conform to the CPRT program plan.

9. The OQT does not have the authority to issue stop work orders for ongoing CPRT work.

10. The inspections conducted by the QA/QC Review Team are not inspections for acceptance of the hardware and are not conducted under the requirements of 10 CFR 50 Appendix B or the TUGCo QA program.

11. The CPRT inspections do not go beyond the installation or fabrication of the hardware (i.e., the construction process) in evaluating the effectiveness of the implementation of the original QA/QC program.

12. The CPRT's conclusion about the condition of the plant will be based on the testing of the work processes.

13. The CPRT's conclusion about the adequacy of the implementation of the original QA/QC program will be based on the collective evaluation of the testing of the work processes.

14. The homogeneous work activities were developed based on the original work processes, not the original quality control inspection processes.

15. The CPRT does not probe the root cause or generic

implications of failure of the original QA/QC program to meet a commitment in the original program if the resultant hardware condition is/was determined not to have any safety significance.

16. What corrective action should be taken as a result of CPRT-identified deficiencies, deviations, and other failures to meet commitments is decided by the Applicant.

17. The evaluation of failures to meet commitments in order to determine whether something is a deviation or a deficiency is made by the CPSES Project Quality Engineers.

18. The preliminary inspections and reviews done to determine the scope of the CPRT were not written down or recorded pursuant to the requirements of identification of non-conforming conditions pursuant to 10 CFR 50 Appendix B.

19. Reinspection work done under Revisions 0, 1, and 2 will not be redone under Revision 3, but at most the work products will be reviewed.

20. The CPRT is not a 100% reinspection program of all safety-related systems.

21. The results of the CYGNA effort have not been included in the reinspection program.

22. None of the third parties are independent of TUEC, since all of the consultants are under the direction of the CPRT.

23. The third parties were selected solely by TUEC, disregarding the importance of the concurrence of the public, and the nomination and approval procedures for independent third parties used by the NRC since 1982.

24. Under Revisions 0, 1, and 2 of the CPRT, many of the

review team leaders, issue coordinators, and advisors were primarily responsible to, or were in fact TUGCo personnel who were involved in the construction project for a long time.

25. The third-party consultants, individually and organizationally, are not being considered a part of the normal regulatory process, and therefore not required to report all safety-related information reportable under 10 CFR §50.55(e) and 10 CFR Part 21 to the NRC directly.

26. The third-party consultants can only recommend corrective action to TUEC/TUGCo, but they cannot control the implementation of the corrective action, nor does the third party have the authority to insist on accomplishment of a particular corrective action as a caveat for any conclusions.

27. The SRT responsibilities, under the direction of a TUGCo Vice President, control the CPRT effort through selection of management personnel, approval of the action plans, review and approval of the "safety-significant" determination, and root cause and generic implication assessment, and approval of corrective action.

28. TUGCo is also in charge of the issues raised through the SAFETEAM and other project activities, i.e., there is no procedure for inclusion of new issues or expansion of the scope of the CPRT without approval of TUGCo management.

29. The reinspection methodology is not done through established professional codes (ASME, ANSI, AWS, etc.).

30. The methodology is ambiguous about commitment to the

FSAR, and provides no criteria upon which an exception will be sought.

31. Reporting procedures for third-party auditors exclude independent contact with the NRC.

32. Issues "closed out" by the external source for whatever reason are not considered for potential root cause or generic implications.

33. The program plan does not include all vendors, or separate construction activities, and therefore presumes that work was accomplished in accordance with regulatory requirements. There is nothing to justify this position.

34. There is no new retraining and/or recertification program for TUEC or B&R QA/QC or craft personnel that insures that the TRT-identified failures in the training program implementation are not repeated.

35. The CPRT criteria for determination of defects is its "safety significance," not necessarily non-compliance with FSAR or QA/QC requirements.

36. There is no provision for assessing deficiencies in inaccessible hardware components.

37. There is no provision for logical consideration of potential progorammatic generic defects, such as inadequate design review. All defects, deficiency reviews, etc., are going on simultaneously and have been since October 1984.

38. The scope of the DAP was developed by eliminating original inspection elements and by reliance on the inspection by numerous other external sources, which themselves were separate

from the current effort and conducted according to totally different procedures, and intended to discover different information.

39. There is no auditable justification for the creation of arbitrary homogeneous hardware groups to use as a base to extrapolate results of the DAP.

40. Expansion criteria for individual components or systems are ambiguous and rely on no developed acceptability level.

41. The proposed sampling approach is generally based on the conduct of reinspection of both bias and random samples. The reinspection itself is done against unknown baseline criteria (i.e., sometimes the FSAR, sometimes "safety significance," sometimes an unknown attribute checklist) using a 95/5 sampling plan.

42. The bases for the CPRT decisions will be engineering evaluations of the safety significance of design, construction, or process deficiencies, not raw data. Therefore, only those defects that are judged by TUEC to have any safety significance will ever be used as a basis to reach the threshhold for expanding the sample size.

43. Exploratory evaluations that are not recorded are used to identify the specific sub-population, rendering the sampling process biased from the beginning.

44. The sampling approach is not committed, but rather is a shifting target.

45. ISAPs are not prepared on any issues not yet identified

by the NRC-TRT, including over 700 internal allegations in the SAFETEAM files.

46. ISAP development, done by the issue coordinators or field consultants, do not coincide with a standard set of requirements (i.e., some ISAPs use the FSAR as the acceptance criteria, some use regulatory guides, some use professional standards). Therefore it is not possible to draw conclusions about compliance with the originally prescribed standards.

47. ISAPs do not address the history of other problems related to the specific issue.

48. The ISAPs/DSAPs do not include the results of the exploratory investigations that are used as a basis to develop the ISAP.

49. There is no accurate, up-to-date list of remaining work against a defined baseline of actual work necessary to complete Unit I and Unit II.

50. There are no work controls on ongoing work, including ongoing reinspection work and any ongoing corrective action work.

51. There are no NRC inspection and review hold points at critical reinspection points.

52. There were no inspections attribute checklists available to the NRC and CASE for review and analysis prior to most of the reinspections to insure that the reinspection effort would be comprenensive.

53. There is no significant change in the organization and management personnel associated with the construction of the plant (as opposed to QA/QC).

54. Most QA/QC management personnel now at the plant were at the plant before but in different jobs or employed by different organizations or in different status.

55. There is no internal management analysis to determine the root cause of the implementation failures of the initial construction and inspection effort.

56. There is no verifiable central control with stop work authority over the multiple reinspection programs to insure that the interfaces necessary for successful implementation and communication exist at the facility.

57. There is no acceptable auditable protocol between the CPRT-SRT, TUEC, and other contractors.

58. There are no third-party controls over the implementation of the corrective action measures.

59. There is no contractual independence of the evaluators on the SRT from TUEC management.

60. There is no separation between the reinspection effort and the work completion effort.

61. There is no program to consider the implications of harassment and intimidation on the work atmosphere.

62. There is no program for retraining and recertifying all inspectors to new inspection criteria.

63. There is no justification provided for the identification of the homogeneous hardware groups that are to provide the basis for the conclusions of the self-initiated evaluation.

64. There is no adequate plan for implementation of oversight controls on the self-initiated evaluations, or the ISAP/DSAPs.

65. There is no program to consider the existence and implications of inadequate management character, competence, or commitment to compliance with 10 CFR 50, Appendix B, as one of the causes for the problems with implementation of the QA/QC program in previous years.

Respectfully submitted,

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Dated: September 18, 1986