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June 30, 1989
NRC-89-0123

U. S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D.C. 20555

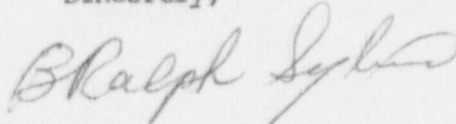
- References: (1) Fermi 2
NRC Docket No. 50-341
NRC License No. NPF-43
- (2) NRC Inspection Report No. 50-341/89015, Notice of
Violation, dated May 31, 1989

Subject: Response to Notice of Violation 89-015-01

Attached is the response to the Notice of Violation contained in Reference 2 (Inspection Item 89-015-01). This violation was issued for failure to follow procedures when rejecting three Deviation Event Reports (DERs) in 1986 and 1987. The procedure required that the supervisor must document his reasons for rejection on the DER. In the case of the subject DERs, it is believed they were rejected since no condition adverse to quality existed and the documentation was provided on self-sticking removable notes and/or via verbal discussion. This is based upon interviews substantiating this to be the norm for the former Material Engineering Supervisor. This did not result in any safety concerns not being addressed.

If there are any questions, please contact Patricia Anthony, Compliance Engineer, at (313) 586-1617.

Sincerely,



cc: A. B. Davis
R. C. Knop
W. G. Rogers
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Description of Violation:

In the Notice of Violation contained in reference 2, it states, "Procedures POM-11.000.52, Revision 1, dated September 11, 1985 and POM-12.000.052, Revisions 0, 1, 2, and 3 dated July 21, 1986, October 20, 1986, March 26, 1987 and May 4, 1987, respectively, "Deviation and Corrective Action Reporting," Section 2.0 states that DERs shall be implemented for conditions adverse to quality of safety-related activities, items, and services. Section 7.1 in POM-11.000.52 and 8.1 in POM-12.000.052 states that the supervisor shall review the DER, and if he agrees that a Condition Adverse to Quality (CAQ) exists, shall sign the DER. If the supervisor feels no CAQ exists, he shall return the DER to the initiator with a written explanation.

Contrary to the above, between June 19, 1986 and July 24, 1987, a licensee supervisor failed to either sign and process several DERs prepared by subordinates or provide the initiators with written explanations justifying the reasons why a CAQ did not exist."

Discussion:

During the inspection, the inspector supplied Detroit Edison with three DERs which had been initiated in 1986 and 1987 but allegedly rejected by the former MEG supervisor without explanation.

1. Intermediate Range Monitor detector high voltage power supply, GE part No. 112C2220G3, stocked as Non-Quality (NQ) stock No. 654-6561, was issued for use in safety-related application per Request on Stores (ROS) No. 117170, dated December 1, 1986, without material engineering technical review and upgrading to QA Level I. The material was issued by the warehouse without MEG concurrence for its intended application. This DER was signed and dated by the initiator on December 7, 1986.

The MEG file on stock No. 654-6561 has been reviewed. The file contains 2 separate analyses that were performed and approved by MEG personnel on November 5, 1985 and December 2, 1986, respectively, prior to the time the DER was initiated. Both analyses were based on GE information dated 10/3/85 and concluded that although the part was stocked by Edison as non-Q, it was suitable for use in safety related applications. This, therefore, is not a Condition Adverse to Quality, a requirement for initiating a DER.

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In addition, the scope of the procedure (POM-12.000.029) in use at that time did not address the process for handling non-Q material and as a result, the non-Q detector was released from the warehouse without MEG evaluation and approval. This deficiency was identified in DER 86-117 (initiated on 9/15/86). Subsequently, the procedure was revised to address this concern. It is believed that this procedural deficiency contributed to the concerns identified by the alleged.

2. The instrument shop modified a QAL stock item E41K615, "HPCI Pump Flow Rate Controller," without providing the source and QA level of the replacement C401 Capacitor (or resistor) on the manual amp board, including identifying the applicable procedure and solder certification of the technician that performed the installation, and the results of post maintenance testing. This DER was signed and dated by the initiator on June 19, 1986.

It was the intent to repair the controller and place it in the warehouse. The process to return a part back to the warehouse requires: 1) the user to fill out a return tag (POM 12.000.029, paragraph 7.0, Rev. 10, dated 4/22/86), 2) the part is segregated from other warehouse material until it is approved for issue (POM 12.000.029, paragraph 7.1.2, dated 4/22/86 and 3) MEG evaluation and permission prior to returning the part back to stock for future use (NE-6.12, paragraph 7.3 and 8.2 dated March 27, 1986).

In this incident, a return tag was attached to the returned part specifically denoting the repair and source of the component, the part was segregated and an engineering evaluation by a MEG engineer was performed. A part of this evaluation includes a review of replacement parts used including source and Quality Assurance level, results of post repair tests and other factors. There was no Condition Adverse to Quality because the part was put on hold (segregated) pending a satisfactory engineering evaluation. The engineering evaluation concluded that the component should be returned to stock and the evaluation was signed by the DER initiator and his group leader, as well as a QA representative. No further action was required.

3. The spare parts reference system (SPRS) should have been maintained in accordance to the MEG supervisor's memorandum dated April 8, 1986, and in accordance with procedure 12.00029, Revision 17, dated July 1987. The DER listed several errors in the SPRS and stated that many others

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existed. The author of the DER recommended that either the SPRS be corrected or the procedure changed to not allow plant staff to rely on the SPRS as a sole reference to determine acceptable spare parts. This DER was signed and dated by the initiator on July 24, 1987.

The types of inaccuracies described in the subject DER had already been identified in DER 87-055 on February 10, 1987. DER 87-055 was generically addressing concerns with SPRS. Action plans had been developed to resolve these concerns as are documented in memos to Material Engineering personnel dated March 24, 1987 and June 23, 1987. Additionally, a memo to the Supervisor of Maintenance and Modifications from the Supervisor of Material Engineering and Environmental Qualifications, dated April 3, 1987, documented activities that were proposed, in progress or completed which would improve SPRS.

The first and second DERs were not instances where there was a condition adverse to quality. In the third instance, the deficiency had already been identified and actions were underway to correct the deficiency.

Since the DERs were rejected by the supervisor, an enclosure to procedure 12.000.052, "Deviation and Corrective Action Reporting," required that the supervisor document the reasons for disapproval in Part 4B, Evaluation Remarks, and return it to the initiator. However, the wording in section 8.0 of the main body of this procedure was less prescriptive on what the supervisor must do when rejecting a DER.

When asked, the former MEG Supervisor stated the following: "Very few DERs were not approved, [the few rejections were] mainly because: 1) There was no Condition Adverse to Quality; 2) The DER, as written, did not contain factual or complete information to describe the adverse condition. Additional information/facts, therefore, were required; or 3) Several other DERs already existed on the same deficiency/cause and corrective actions to prevent recurrence were underway." The supervisor generally noted his reasons for rejection on self-stick removable notes and, in all cases, explained the reasons for rejection to the initiator verbally when returning the DER. Interviews with three employees of the former MEG supervisor substantiated that, in general, the removable notes were used by the supervisor and that verbal explanation was also provided.

Therefore, while the supervisor did violate the procedure by not documenting his reasons for rejecting the DER in section 4B, he met the intent of the procedure by providing feedback to employees on the reasons for rejection. Since the subject DERs were either not

Conditions Adverse to Quality or already had improvements in the process of being implemented, any potential safety concerns were indeed addressed.

Cause of Violation

The previous DER procedure placed the responsibility on supervision to evaluate and determine if a DER was a Condition Adverse to Quality. If the initiator disagreed with his supervisor, his only recourse was to contact the Safeteam or the NRC. The format of procedure 12.000.052 was a contributing factor to the procedural violation since the requirements for documenting reasons for disapproval were not contained in a single location within the procedure.

Corrective Action Taken and Results Achieved

The three DERs were supplied to the present MEG supervisor for review and action as necessary. As discussed previously, none of these DERs identified any safety concerns which had not been previously addressed.

Corrective Actions Taken to Prevent Recurrence

In January of 1988, a new corrective action process was initiated at Fermi 2. DERs may be generated and submitted directly to the Nuclear Shift Supervisor or Plant Safety anonymously.

Date When Full Compliance Will Be Achieved

Fermi 2 is presently in compliance via procedure FIP-CAL-01.