



**UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION IV  
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February 24, 2004

Randall K. Edington, Vice  
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Nebraska Public Power District  
P.O. Box 98  
Brownville, NE 68321

**SUBJECT: COOPER NUCLEAR STATION - FOURTH QUARTERLY CONFIRMATORY  
ACTION LETTER INSPECTION REPORT 05000298/2003011**

Dear Mr. Edington:

On December 19, 2003, the NRC completed an inspection at your Cooper Nuclear Station. The enclosed inspection report documents the inspection findings, which were discussed on January 22, 2004, with Mr. S. Minahan and other members of your staff during a public exit meeting.

This inspection examined activities related to the NRC Confirmatory Action Letter, dated January 30, 2003, and the Strategic Improvement Plan, Revision 2. Within these areas, the inspection involved examination of selected procedures and representative records, observations of activities, and interviews with personnel.

Based on the results of this inspection no findings of significance were identified.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC web-site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

*/RA/*

Arthur T. Howell III, Director  
Division of Reactor Projects

Docket: 50-298  
License: DPR-46

Enclosure:  
NRC Inspection Report  
05000298/2003011

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**ENCLOSURE**

U.S. NUCLEAR REGULATORY COMMISSION  
REGION IV

Docket.: 50-298  
License: DPR 46  
Report No.: 05000298/2003011  
Licensee: Nebraska Public Power District  
Facility: Cooper Nuclear Station  
Location: P.O. Box 98  
Brownville, Nebraska  
Dates: December 15-19, 2003  
Team Leader W. Walker, Senior Project Engineer, Project Branch C, Division of  
Reactor Projects (DRP)  
Inspectors: R. Azua, Project Engineer, Project Branch C, DRP  
J. Kramer, Senior Resident Inspector, Project Branch C, DRP  
Approved By: Arthur T. Howell III, Director  
Division of Reactor Projects

Enclosure

## SUMMARY OF FINDINGS

IR 05000298/2003011; 10/06-10/2003, and 12/15-19/2003; Cooper Nuclear Station; special inspection to verify provisions of the NRC Confirmatory Action Letter and the licensee's Strategic Improvement Plan.

The inspection was conducted by two region based inspectors and one senior resident inspector. The significance of most findings is indicated by their color (Green, White, Yellow, Red) using IMC 0609, "Significance Determination Process." Findings for which the significance determination process does not apply may be "Green" or be assigned a Severity Level after NRC management review. The NRC program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 3, dated July 2000.

This inspection was the fourth of a series of inspections performed by the NRC to assess Nebraska Public Power District's progress with respect to the implementation of their improvement plan and to verify the provisions outlined in the NRC Confirmatory Action Letter, dated January 30, 2003. The inspection primarily focused on the areas specified in the Confirmatory Action Letter which includes: (1) emergency preparedness; (2) human performance; (3) material condition and equipment reliability; (4) plant modifications and configuration control; (5) corrective action program, utilization of industry operating experience, and self-assessments; and (6) engineering programs. In addition, the inspection reviewed baseline inspection reports, licensee performance measures, and the licensee staff's utilization of performance indicators and assessed the progress in the above areas.

In the area of emergency preparedness, the licensee's performance indicators, NRC performance indicators, and baseline inspection results indicated a satisfactory level of performance. In the area of human performance, efforts to improve performance have been less effective. Nevertheless, some improvements have been noted. In the four remaining Confirmatory Action Letter areas, the team concluded, by reviewing licensee performance indicators, NRC performance indicators, licensee self-assessments, and baseline inspection results that actions implemented have not resulted in sustained improved performance. Specifically, in the area of material condition and equipment reliability, actions completed to date have provided the necessary processes for improvement, and numerous equipment improvements have been recently completed. However, many of the licensee's performance indicators did not meet their performance goals, and the licensee continued to experience equipment reliability problems resulting in forced shutdowns or power reductions. Implementation issues have continued to be identified in the areas of operability determinations, problem evaluation, and effectiveness of corrective actions. Lastly, engineering program improvements are in place, but more time is needed to implement the programs and evaluate effectiveness.

Enclosure

## REPORT DETAILS

The following documents are available to the public in the NRC Agency-wide Document Access and Management System (ADAMS) using the appropriate accession number. ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

The Strategic Improvement Plan (TIP), Revision 1; dated June 10, 2002; ADAMS Accession Number ML023010136

TIP, Revision 2; dated November 25, 2002; ADAMS Accession Number ML030340146

The Confirmatory Action Letter (CAL) dated January 30, 2003; ADAMS Accession Number ML030310263

TIP consists of a series of individual steps, each with an assigned scheduled completion date. As each step is completed, the licensee staff creates a closure package containing all associated documents, drawings, procedures, etc., that support the closure of that step. An independent reviewer checklist is completed for each step to ensure package completeness and is included in the closure package. The team reviewed the completed closure packages for the steps indicated in this report.

To assess the licensee's progress in implementing the improvement plan, the team reviewed documents and interviewed personnel responsible for the completed action plan steps to verify that the steps were completed on schedule as defined in the CAL and that the actions taken met the intent of the action plan step. In addition, the team assessed the effectiveness of the improvement plan by reviewing the results of NRC baseline inspections, NRC performance indicators, and licensee performance measures and indicators.

### 1. **CAL Item 1 - Emergency Preparedness**

#### a. Scope

The licensee had previously completed all emergency preparedness action plan steps addressed in the CAL. The NRC's review of these steps is documented in NRC Inspection Report 05000298/2003009. However, the team performed a review of licensee performance indicators and NRC baseline inspection results to determine effectiveness of TIP actions associated with Emergency Preparedness.

#### b. Implementation of Action Plan Steps

All actions had previously been completed and reviewed by the NRC.

Enclosure

c. Performance Assessment

The team reviewed the following licensee performance indicators (these performance indicators are similar to the NRC performance indicators in the Emergency Preparedness Cornerstone):

<u>Indicator</u>	<u>Performance</u>	<u>Trend</u>
Alert and Notification System Reliability (number of successful siren tests in previous 4 quarters divided by total number of siren tests in previous 4 quarters)	Green - Excellent Performance	Stable
Emergency Preparedness Emergency Response Organization (ERO) Staffing (tracks ERO staffing vacancies to assure adequate personnel to manage the responsibilities of the ERO)	White - Meets Goal	Positive
ERO Drill Participation (measures percentage of key ERO members who have participated recently in proficiency enhancing drills, exercises, training opportunities, or in an actual event)	Green - Excellent Performance	Stable
ERO Performance (number of successful emergency opportunities divided by total opportunities in previous 12 months)	White - Meets Goal	Stable

The team determined that TIP emergency preparedness performance indicators were meeting licensee goals.

The team also reviewed NRC performance indicators and baseline inspection results and determined there were no significant findings.



d. Conclusions

The team reviewed the licensee's performance indicators, NRC performance indicators, and baseline inspection results for emergency preparedness and concluded that the licensee staff continues to demonstrate an acceptable level of performance.

2. **CAL Item 2 - Human Performance**

a. Scope

The team reviewed the following completed TIP, Revision 2, action plan step associated with CAL Item 2, Human Performance:

<u>Action Plan</u>	<u>Title</u>	<u>Step</u>
5.1.4.1	Human Performance	14

The team reviewed the closure package and supporting documentation and conducted interviews with various licensee personnel knowledgeable of the specific step. The team also reviewed the baseline inspection reports and licensee performance measures and performed a review of site performance indicators to evaluate the effectiveness of TIP actions associated with Human Performance.

b. Implementation of Action Plan Steps

The licensee staff completed the CAL-related improvement plan steps as scheduled, and the actions taken met the intent of the associated steps.

c. Performance Assessment

The team performed a review of four licensee performance indicators associated with Human Performance:

<u>Indicator</u>	<u>Performance</u>	<u>Trend</u>
Human Performance Event Free Days	Yellow - Action Required	Negative
Configuration Control Events	White - Meets Goal	Positive
Human Performance Error Rate	Red - Unsatisfactory Performance	Positive

OSHA Recordable Injury  
Rate

White - Meets Goal

Stable

One of the four indicators demonstrated unsatisfactory performance (Red). One indicator demonstrated action was required (Yellow). Two indicators demonstrated acceptable performance (White). Three of the four indicators demonstrated stable or positive trends.

The team determined that TIP action steps implemented during the 3<sup>rd</sup> Quarter of 2003 had provided some improvement in human performance as evidenced by an improving trend in the Human Performance Error Rate. Specific actions that have had a positive impact included: increased use of management observations in the field, maintenance department implementation of job-site specific reviews of human performance tools, and a monthly Management Performance Review Meeting which focuses site upper management on progress in improving site-wide human performance. Despite these improvements, baseline inspection findings continue to be identified. During the past several months, NRC baseline inspection findings discussed below were documented in NRC inspection reports and indicated continued problems in the area of human performance. In addition, one Red indicator and a Yellow indicator indicate a need for further effort in this area. The licensee is in the process of implementing additional actions to improve human performance. These activities include: a human performance mock-up trainer, in which site-wide staff training was initiated in November 2003; a paired observation program to establish common standards and alignment on the observation and oversight of field work; formal performance management skills training; meetings for first line supervisors focusing on human performance improvements; and development of departmental human performance improvement plans.

The team reviewed baseline NRC inspection reports from July 2003 to December 2003 and determined that the following examples of failure to follow procedures by maintenance technicians and operators and inadequate procedures resulted in errors:

- A feedwater heater level control valve mispositioning contributed to a loss of feedwater heating and a reactor power transient in July 2003
- The failure to take manual control of reactor feedwater pumps as required by procedure contributed to level control problems following a scram in October 2003
- A main turbine fire was caused by an inadequate system operating procedure in October 2003

A licensee assessment, completed in October 2003, identified a number of challenges relative to human performance. For example, the Leadership Human Performance

Survey indicated that some site managers: did not understand the strategy for improving human performance; did not understand the vision and mission; and perceived there was a lack of vertical and horizontal alignment of station priorities.

In addition, NRC Inspection Report 05000298/2003002 Problem Identification and Resolution, dated December 19, 2003, identified additional corrective actions were needed to ensure that adequate prejob briefs are conducted. The failure to perform these prejob briefs had been a significant causal factor in many configuration control errors.

d. Conclusions

The team reviewed the baseline inspection findings, licensee performance measures, NRC performance indicators, and licensee self-assessments for human performance issues and concluded that an improving trend in licensee performance indicators is evident; however, several of the indicators are still demonstrating less than acceptable performance. Some of the actions to improve and maintain human performance improvements have recently been implemented (e.g., human performance mock-up trainer) and will require future inspection to verify effectiveness. Also, a licensee survey completed in October 2003 indicated that the licensee's strategy to improve human performance was not well understood.

3. **CAL Item 3 - Material Condition and Equipment Reliability**

a. Scope

The team reviewed the following completed TIP, Revision 2, action plan steps associated with CAL Item 3, Material Condition and Equipment Reliability:

<u>Action Plan</u>	<u>Title</u>	<u>Steps</u>
5.3.1.1	Equipment Reliability Improvement Plan	4e, 5e
5.3.1.2a	Service Water	5a, 5b, 8c, 12
5.3.1.2c	Off-Site Power/Switchyard Reliability Improvement	11, 17
5.3.1.2e	Water Sulfates	2, 4, 16, 18
5.3.1.2f	Heating Ventilation and Air Conditioning	5a

The team reviewed licensee closure packages and supporting documentation and conducted interviews with various licensee personnel knowledgeable of the specific steps. The team also reviewed baseline inspection reports and licensee performance

measures and performed a review of 17 site performance indicators used to track schedule completion and effectiveness of TIP actions associated with material condition and equipment reliability.

b. Implementation of Action Plan Steps

The licensee staff completed the CAL-related improvement plan steps as scheduled, and the actions taken met the intent of the associated steps.

c. Performance Assessment

The team reviewed the following Material Condition and Equipment Reliability Performance Indicators. Specific observations are also discussed below.

<u>Indicator</u>	<u>Performance</u>	<u>Trend</u>
Components in Accelerated Testing	Green - Excellent	Positive
Control Room Deficiencies	Green - Excellent	Positive
Forced Loss Rate (18-Month)	Red - Unsatisfactory Performance	Negative
Long-Term Caution Orders	Yellow - Action Required	Positive
Long-Term Clearance Orders	Yellow - Action Required	Positive
Maintenance Rework	White - Meets Goal	Negative
On-Line Corrective Maintenance Backlog	Green - Excellent	Positive
On-Line Plant Leaks	Green - Excellent	Stable
Overdue Preventive Maintenance	White - Meets Goal	Stable
Risk Significant Functional Failures	Yellow - Action Required	Stable
Safety System Functional Failures	White - Meets Goal	Stable

Enclosure

Safety System  
Unavailability:

Emerg. A/C Pwr	Green - Excellent	Stable
HPCI	White - Meets Goals	Stable
RCIC	Green - Excellent	Negative
RHR	White - Meets Goals	Negative
System Health	Yellow - Action Required	Stable
Unplanned Entries Into LCO's	Red - Unsatisfactory Performance	Stable

Overall, the team observed improvement in some of the areas of equipment reliability. Examples of the improvement included actions taken to: (1) control sulfates in reactor water chemistry; (2) improve the equipment reliability of the service water system, switchyard equipment, reactor building heating, ventilation, and air conditioning, and diesel generators; and (3) reduce the number of components in accelerated testing, and the number of overdue and deferred preventive maintenance (PM) evaluations, etc. In some of these cases, the team identified instances in which licensee personnel had taken effective steps to resolve existing equipment problems. However, the team noted that these areas of improvement were in areas of focus either because of TIP Action Plans or because of component criticality. The Performance Indicators for "Unplanned Entries Into LCO's" and "Forced Loss Rate (18 months)" (the two performance indicators that were 'Red'), indicated that the licensee continued to experience balance of plant equipment failure problems. Programs that have been recently developed to address these problems, such as: the PM Evaluation Program, Equipment Aging Evaluation Program, Component Criticality Evaluation Program and the Preventive Maintenance Optimization Program, have not been fully implemented as of yet and, as a result, no assessment could be made regarding the effectiveness of these programs.

In addition, the baseline inspection program identified several findings in this area, including: an inoperable emergency diesel generator (EDG) because of fuel strainer clogging, numerous entries into unplanned limiting condition for operation because of KAMAN radiation monitor component failures, and two reactor SCRAMS in the last quarter of 2003 because of feedwater pump speed control problems and a fire on a crossarm of a wooden 345 kV tower.

d. Conclusions

The team determined that an improving trend was noted in some aspects of Material Condition and Equipment Reliability. This improving trend, however, involved areas related to TIP Action Plans and/or related to critical components which have been the focus of the licensee. Balance of plant equipment and some safety-related equipment

problems continued to occur. Licensee programs developed to address these equipment problems have not been fully implemented; therefore, the effectiveness of these programs has yet to be determined.

**4. CAL Item 4 - To Resolve Long-Standing Problems With Plant Modifications and Configuration Control**

a. Scope

The team did not review any TIP Action Plan steps in this area. The team, however, reviewed baseline inspection reports and licensee performance measures. The team also performed a review of the site performance indicator for “Modification Closeout Backlog,” used to track schedule completion and effectiveness of TIP actions associated with plant modifications and configuration controls.

b. Implementation of Action Plan Steps

None evaluated.

c. Performance Assessment

The team reviewed the following Plant Modifications and Configuration Control Performance Indicator. Specific observations are also discussed below.

<u>Indicator</u>	<u>Performance</u>	<u>Trend</u>
Modification Closeout Backlog	Green - Excellent	Positive

The team found that licensee performance in this area continued to improve as indicated by the continued downward trend in the number of modification closeout packages that were older than 60 days. These improving trends were the result of modification process changes. One such process that had a positive impact has been the project health report that was created for all projects and modifications being completed by the Design Engineering Organization.

Notwithstanding these improvements, licensee actions to date have not been fully effective in addressing a long-standing problem with the quality of operability determinations. The NRC’s baseline inspection program continued to identify findings in the area of operability determinations. For example, the licensee performed an operability determination regarding changing of diesel fuel oil strainers for EDGs, which was inadequate in that it concluded the strainers could be maintained operable by performing a PM program on a 24-week PM frequency. The actual operability of the diesel fuel oil strainers depended on the number of hours the EDG had been run. Also, a recently completed problem identification and resolution inspection identified that the

corrective actions to address long-standing problems with operability determinations have not been effective despite TIP actions to address this area.

d. Conclusions

The licensee continues to experience an improving trend in the area of modification closeout packages. Notwithstanding these improvements, licensee actions to date have not been fully effective in addressing a long-standing problem with the quality of operability determinations. Also, a recently completed problem identification and resolution team inspection and a baseline inspection identified that the corrective actions to address long-standing problems with operability determinations have not been effective despite TIP actions to address this area.

5. **CAL Item 5 - To Resolve Long-Standing Problems With The Corrective Action Program (CAP)**

a. Scope

The team reviewed the following TIP, Revision 2, action plan steps associated with CAL Item 5, Corrective Action Program, Utilization of Industry Operating Experience, and Self-Assessments:

<u>Action Plan</u>	<u>Title</u>	<u>Steps</u>
5.2.7.1	Improve Use of CAP (Corrective Action Program) to Effectively Resolve Station Problems	1d, 1g, 1h, 5d, 5e
5.2.7.2	Root Cause Investigation and Corrective Action Effectiveness	6b, 6c, 8, 9, 13, 14, 17

The team reviewed the closure packages and supporting documentation and conducted interviews with various licensee personnel knowledgeable of the specific steps. The team also reviewed baseline inspection reports and licensee performance measures and performed a review of five licensee performance indicators used to track effectiveness of the TIP actions associated with the CAP, utilization of industry operating experience, and self-assessment.

b. Implementation of Action Plan Steps

The licensee staff completed the CAL-related improvement plan steps as scheduled, and actions taken met the intent of the associated step.

c. Performance Assessment

The team performed a review of the five site performance indicators used to track effectiveness of the TIP actions associated with the CAP, utilization of industry operating experience, and self-assessments. Specifically, the team reviewed the following indicators:

<u>Indicator</u>	<u>Performance</u>	<u>Trend</u>
Corrective Action Program Performance Index (composite index of overall CAP performance, including root cause quality, apparent cause quality, root cause on time completion, and CAP backlog)	Green - Excellent Performance	Positive
Timeliness of Cooper Nuclear Station Response to Industry Issues (tracks resolution of root cause fixes assigned for operating experience applicability)	Green - Excellent Performance	Positive
Significant Condition Report On-Time Completion (determines the station's ability to complete root cause actions within their originally scheduled due date)	Green - Excellent Performance	Positive
Significant Operating Experience Report Implementation (monitors open recommendations to improve recommendation implementation timeliness)	Red - Unsatisfactory	Negative
CAP Self-Identification (tracks the percent of problems self-identified by Cooper Nuclear Station (CNS) organization)	Green - Excellent Performance	Positive

The team noted that one of the five performance indicators demonstrated performance that is unsatisfactory with a negative trend. The other indicators met or exceeded the licensee performance goals and showed a positive trend. The team performed a review

Enclosure



of the inputs which make up the CAP performance index and verified that all of the inputs were demonstrating an improving performance trend. The CAP self-identification and timeliness of CNS response to industry events performance indicators have both shown sustained improvement and continue to perform at or above the licensee goal.

Recently completed baseline inspections of the licensee's ability to identify and resolve problems revealed that issues were typically adequately identified by the licensee staff. However, problems persisted with the evaluation of issues and the effectiveness of corrective actions. NRC baseline inspections provided the following examples to support this conclusion: the main turbine fire that resulted from an incorrect procedure change in which the licensee had prior opportunities to identify; the wooden crossmember fire on the 345 kV tower, which was similar to a problem identified previously at the station; and the EDG inoperability due to strainer clogging which had previously been identified.

d. Conclusions

In the area of effectiveness of problem identification, the team determined that problems were typically adequately identified and entered into the CAP, with some exceptions. However, the team concluded problems persisted with the evaluation of issues and the effectiveness of corrective actions as evidenced by the main turbine and 345 kV tower fires and EDG fuel oil strainer issues.

**6. CAL Item 6 - Engineering Programs**

a. Scope

The team performed a review of three performance indicators used to track effectiveness of TIP actions associated with engineering programs. Also, the team reviewed baseline inspection findings.

b. Implementation of Action Plan Steps

No actions were documented.

c. Performance Assessment

The team reviewed the following performance indicators:

<u>Indicator</u>	<u>Performance</u>	<u>Trend</u>
Overdue Preventive Maintenance	White - Meets Goal	Positive

Cooper Nuclear Station Program Health	White - Meets Goal	Positive
Engineering Inventory	White - Meets Goal	Positive

The team noted that all of the performance indicators were meeting licensee goals and have continued to improve from the last quarterly inspection. In addition, all the performance indicators were trending in the positive direction. Also, the team's review of baseline inspections indicated no adverse trends in this area.

d. Conclusions

The team reviewed the performance indicators and baseline inspections for engineering programs and determined that an improving trend has been noted; however, additional review is required to assess whether the effectiveness of the actions will actually ensure sustained improved performance.

4AO6 Exit Meeting

On January 22, 2004, a public meeting was held to present the results of the CAL inspection to Mr. Minahan and other members of the licensee staff. The licensee staff acknowledged the inspection results.

The team asked the licensee staff whether any materials examined during the inspection should be considered proprietary. No proprietary information was identified.

ATTACHMENT: SUPPLEMENTAL INFORMATION

## SUPPLEMENTAL INFORMATION

### KEY POINTS OF CONTACT

#### Licensee

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D. Cook, Manager, Strategic Improvement Plan and Acting Vice President Site Support  
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J. Sumpter, Senior Engineer, Licensing  
B. Toline, Manager, Root Cause Analysis  
W. Victor, Senior Licensing Engineer  
A. Williams, Manager, Engineering Programs

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S. Cochran, Resident Inspector, Cooper Nuclear Station  
S. Schwind, Senior Resident Inspector, Cooper Nuclear Station

#### Plant Procedures

<u>Document</u>	<u>Title</u>	<u>Revision</u>
0-CNS-25	Self-Assessment	12
0-HP-POLICY	Human Performance Policy	2
0-HP-IMPLEMENT	Human Performance Policy Implementing Procedure	1
0.5.TRND	Trending of Problem Identification Report Results	2
0-CNS-63	TIP Progress Monitoring and Action Plan Closure	9
0-PI-01	Performance Indicator Program	10
0.5.NAIT	Corrective Action Implementation and Nuclear Action Item Tracking	18

<u>Document</u>	<u>Title</u>	<u>Revision</u>
0-CNS-07	Management Field Observations	6
0-HP-Implement	Human Performance Policy Implementing Procedure	1
0-HP-Policy	Human Performance Policy	1
0-HP-PJ Brief	Pre-Job Brief/Post-Job Critique	1
0.5	Conduct of the Problem Identification and Resolution Process	44
0.5 Root-Cause	Root Cause Analysis Procedure	2
0.10	Operating Experience Program	12

### Drawings

<u>Document</u>	<u>Title</u>	<u>Revision</u>
Drawing 2006	Flow Diagram - Circulating, Screen Wash & Service Water Systems, Sheet 1	N47
Drawing 48892	592A Stain-O-Matic Control Panel for Intermittent Operation	N03

### Significant Condition Reports

2003-1930	2003-1844	2003-0340
2003-1876	2003-1808	

### Notifications

10285492	10269027	10269029	10269030
10269024	10269028		

### Resolve Condition Reports

2002-0965	2002-2415
2002-2429	2002-2430

### Audits and Assessments

Self-Assessments QH-02008, QH-03030 and QH-03096