DEC 18 1972

Docket No. 50-263

Northern States Power Company
ATTN: Mr. W. W. Larkin
Group Vice President, Power Supply
414 Nicollet Mall
Minneapolis, Minnesota 55401

Gentlemen:

Thank you for your letter dated November 10, 1972, informing us of the steps you have taken to correct the items of noncompliance with the requirements of AEC Facility Operating License No. DPR-22, which we brought to your attention in our letter dated October 19, 1972. The corrective action you have taken with respect to these items of noncompliance will be examined further during our future inspections of your facility.

Your cooperation with us is appreciated.

Very truly yours,

Original signed by
F. E. Kruesi

F. E. Kruesi
Director of Regulatory Operations

bcc: J. O'Leary, L
P. A. Morris, RO
R. H. Engelken, RO
L. I. Cobb, RO
J. Gallo, GC
D. J. Skovholt, L
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PDR
LOCAL PDR
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R. F. Fraley, ACRS (3)
DR Reading File
DR Central File
B. H. Grier, RO:III

OFFICE ▸	RO	RO	RO	RO		
SURNAME ▸	KVSeyfrit:bs RJMcDermott	JGiezek JCappler	RHEngelken	FEKruesi		
DATE ▸	12/15/72	12/15/72	12/18/72	12/18/72		

Form AEC-318 (Rev. 9-53) AECM 0240

NSP

NORTHERN STATES POWER COMPANY

MINNEAPOLIS, MINNESOTA 55401

November 10, 1972

Docket 50-263

Mr. F. E. Kruesi, Director of
Regulatory Operations
United States Atomic Energy Commission
Washington, D. C. 20545

Dear Sir:

On October 23, 1972, we received a notice from you pursuant to the provisions of Section 2.201 of the AEC's "Rules of Practice," Part 2, Title 10, Code of Federal Regulations referring to an inspection conducted by Mr. Seyfrit of your Region III Regulatory Operations office and five other members of the inspection team during the four-day period May 23-26, 1972, at the Monticello Nuclear Generating Plant. This inspection was characterized by Regulatory personnel as a "management audit" and, as such, the inspection emphasized the areas of methodology and management administrative controls. Specific responses to each of the items identified in your enclosure with that notice are made in the attachment to this letter.

A number of citations set forth cover activities during the spring, summer, and early fall of 1971. They emphasize technical details of methodology as opposed to the safety consequences involved in the results of various methods. During the fall of 1971 we realized our administrative and management controls were inadequate to ensure that we were always in compliance with strict interpretation of language contained in our license. Accordingly, organizational changes were instituted which were discussed in our letter of March 10, 1972, to Dr. Peter A. Morris and in the Monticello Full Term Operating License application dated June 15, 1972. These changes included the establishment of the Nuclear Support Services Department late in 1971 and changes in the Monticello Nuclear Generating Plant organization and the General Office Power Production organization early in 1972. In addition procedural changes have been implemented by both the Operations Committee and the Safety Audit Committee.

We believe these organizational and procedural changes have resulted in improved management and administrative controls, have corrected a number of deficiencies pointed out in your letter and by Regulatory Operations personnel in discussions with NSP personnel, and have resulted in a minimization of violations subsequent to these changes.

We will be more than willing to discuss in more detail with you or others in your organization the items contained in your October 19, 1972, notice and our response attached to this letter.

Yours very truly,

W. W. Larkin, Group Vice President
Power Supply

Attachment

ATTACHMENT

NORTHERN STATES POWER COMPANY
Docket 50-263
License No DPR-23

Re: F E Kruesi October 19, 1972 notice letter
Reply for Enclosure Items of Apparent Non-Compliance

Items 1, 2, 3, and 4

These four items of apparent non-compliance involve a single combination of circumstances related to RHRSW System tests and are treated together.

1. "Contrary to the requirements of Paragraph 3.5.C.3 of the Technical Specifications, the reactor was operated with loop A of the RHR service water system inoperative during the period of June 1, 1971, through September 21, 1971, without demonstrating the operability of the active components in loop B during this period."

2. "Contrary to the requirements of Paragraph 3.5.C.5 of the Technical Specifications, the reactor was operated for more than 2200 hours from March 1, 1971, until the end of September, 1971, with RHR service water pump No. 11 inoperable. No written report was made to the AEC in accordance with Paragraph 3.5.H of the Technical Specifications."

3. "Contrary to the requirements of Paragraph 4.5.C.1 of the Technical Specifications, the operability of RHR service water pumps No. 13 and 14 had never been individually demonstrated. In this regard, the surveillance test procedure was deficient in that it did not require operability of each pump to be demonstrated."

4. "Contrary to the requirements of Paragraph 4.5.C.2 of the Technical Specifications, when RHR service water pump No. 12 was out of service for maintenance during the period from September 22 through October 16, 1971, the redundant components of the remaining subsystem were not demonstrated to be operable from September 23, 1971, through October 9, 1971."

Surveillance test procedures utilized during the period of time related to the above items did not require specifically an operability test of individual pumps within a loop when operability of the loop combination was demonstrated. The test procedure referenced flow-pressure acceptance criteria as a design requirement instead of a technical specification limit. Loop operability tests were conducted March 1, June 11, August 29 and September 22, 1971 using these procedures.

In the instance of June 11, 1971 recorded data on the test form indicated that A loop head was less than the operability requirement. Data recorded incidental to the loop test indicated pump No. 11 head was below the individual pump operability requirement. In the absence of any record to show otherwise it appears the Shift Supervisor's review of the test results and engineering review of the test results did not provide a declaration that the system was inoperable or notification to plant management and therefore a written report to the AEC was not submitted.

In the instance of September 22, 1971 there was a No. 12 RHRSW pump motor failure and the redundant pumps were tested as required by Technical Specifications. The recorded data indicated that No. 11 pump did not achieve the required head. Further investigation revealed that flow calibration data provided by the flow orifice manufacturer was not proper for this application. This resulted in an indicated flow less than actual flow and a runout to lower head at the indicated flow for the required test conditions. As reported in the October 21, 1971 letter to Dr Peter A Morris, the RHRSW System was demonstrated to meet the Technical Specification requirements based on the corrected orifice calibration data.

During the outage of No. 12 RHRSW Pump (September 22 to October 16, 1971) the remaining three pumps were demonstrated to be operable daily. Surveillance files do not contain records for this testing in the period between September 23 and October 10, 1971; however, the Control Room Log entries for this period document that the tests were conducted.

Using the corrected flow calibration data for the orifices, it should be noted that at no time prior to September 22, 1971 was the A loop of the RHRSW System actually incapable of performing its intended safety system function. Also there is reasonable basis to question whether Sec. 4.5.C.1 Technical Specifications was intended to require individual pump operability tests concurrent and in addition to satisfactory loop operability tests. Further there is reasonable evidence to substantiate that the required pump tests were conducted during the period September 23-October 9, 1972.

Corrective Action:

These circumstances indicated the need for improvements in the test procedures, review and reporting of surveillance test results, and test result documentation. The following corrective measures have been implemented to achieve full compliance and prevent recurrence:

a. Surveillance test results are now reviewed by the Shift Supervisor and a specifically designated engineer and weekly reports of surveillance tests are submitted to the Superintendent of Plant Engineering & Radiation Protection.

b. The surveillance test procedures have been revised to clearly indicate Technical Specification requirements. Specific discussions were held with the Operations Supervisor and Shift Supervisors to stress the importance of thoroughly reviewing completed test procedure results.

c. The surveillance test procedures were revised to require individual tests of all four RHRSW Pumps, and to specifically document when a pump or loop is inoperable.

Item 5

"Contrary to the requirements of Table 6.1.1., Item 5, of the Technical Specifications:

a. Volume F, which contains temporary changes to operating procedures, had not been reviewed and approved;

b. Changes to operating procedures contained in internal correspondence had not been reviewed and approved (e.g., Work Request Authorization Forms and Procedures); and

c. The Safety Audit Committee had not reviewed recommendations made by the Operations Committee relating to proposed procedures or changes thereto, or advised the Vice President - Power Production and System Operation concerning these recommendations."

5 (a) Temporary changes to Operating Procedures, Volume F Memos, require authorization from the Superintendent of Operations and Maintenance or the Superintendent of Engineering and Radiation Protection, and concurrence by such other persons as to bear the signatures of at least two persons with Senior Operator Licenses. At time of issue these are distributed to Operations Committee Members but do not require formal Committee approval.

During initial plant operation, which was a period of commissioning Operating Procedures as well as plant equipment, an unusual number of temporary Volume F procedures were necessary. This is being cleared by revisions of the related Operating Procedure on a schedule priority established by the importance of the Operating Procedure and the number of temporary procedures applicable.

5 (b) Internal correspondence has been used for the purpose of "special orders" or "standing orders" form of instructions. In rare instances these may possibly have influenced an Operating Procedure; i.e. a procedure to operate plant equipment systems. However, the instance cited here infers that any form of procedure or instruction issued to govern the activities of plant personnel should now be defined as an Operating Procedure and be subject to the same review and approval authority requirements.

We acknowledge that additional guidance to the operating staff is desirable in this general matter but we feel that the appropriate vehicle for this is the Administrative Controls Manual now being written rather than to arbitrarily define such administrative instructions as "Operating Procedures".

5 (c) The Safety Audit Committee has given consideration to and has reviewed recommendations, when forwarded to it by the Operations Committee, on changes to procedures. The Safety Audit Committee Minutes have been the vehicle for advising the appropriate corporate officer of Safety Audit Committee reviews and recommendations.

This item apparently relates to assigning a new Regulatory meaning to the context of "changes" to procedures as listed in Table 6.1.1. of the Technical Specifications. Heretofore "changes" meant matters of safety significance or potentially unreviewed safety question, or changes to matters contained in the FSAR. In the matter cited the apparent application is to require SAC reviews of all changes to procedures listed in Table 6.1.1. regardless of whether the change in itself involves safety significance, and this leads to a completely unworkable circumstance which would place the SAC in a "line" rather than "audit" functioning.

Corrective Action:

These and a number of other apparent items of non-compliance arise from a literal application of the Technical Specifications beyond their original intention. We have had the benefit of a number of discussions and guidance from Licensing and Regulatory Operations personnel in regard to a more acceptable form of Section 6.0 Administrative Controls Technical Specifications.

Based on these discussions and further guidance from the ANS Proposed Standard for Administrative Controls, we have completely redrafted Section 6.0 of the Technical Specifications and except to have this change formally submitted within one month. We expect this revision should result in a clearer definition of such requirements and minimize the recurrence of such interpretive items of apparent non-compliance.

Further, we are advised that the ANS Proposed Standard for Administrative Controls is soon to be published as the AEC Safety Guide 33 to provide the much needed guidance for administrative controls requirements (Operational Q/A), for related operating activities.

A manual of Administrative Controls Directives is being written to provide improved direction to the operating staff to clarify authorities and requirements for the issue of administrative procedures and instructions. This will also alleviate the apparent criticisms of usage of internal correspondence, and provide specific requirements on Volume F temporary procedures for use beyond thirty days.

Item 6

"Contrary to the requirements of Paragraph 6.1.D of the Technical Specifications, there was no evidence that an evaluation of the effectiveness of the retraining program had been made as specified in Draft No. 9 of the above referenced standard. In addition, the formal retraining program did not include all subjects specified in Paragraph 5.5.1 of Draft No. 9 of the referenced standard (e.g., first aid training)."

The retraining program initially prescribed for Monticello (as described in the FSAR) was to provide two weeks of classroom training each year for each operating shift plus one week of retraining each year for control room operators in the form of plant operations outside the control room. The plant went into commercial operation July 1, 1971 and retraining was begun during September, 1971.

However it was first determined that one week of classroom training in each six months period was not sufficient to establish adequate continuity of the program and provide for all the pertinent subject matter.

Additional changes in the scheduling and provisions for least disruption were made again in March. Following publications of the proposed Appendix A to 10CFR55 on June 14, 1972 the program was again revised to be consistent with the proposed regulations.

The experiences gained thus far have provided a solid channel of communication between operators and staff personnel, and have provided a great deal of meaningful suggestions from operators for further effectiveness improvements.

At the present time our program provides two or more days of classroom training each four weeks for each shift by substituting the relief shift for the normally assigned day shift, except for the summer vacation periods. The program is progressing very satisfactorily, and the above summary is presented to illustrate that its effectiveness has been subject to a continuing evaluation, although such evaluation may not have been evidenced in the documented form perhaps expected by the inspection Regulatory personnel.

Evaluation of the program as determined by an integrated evaluation of individual performance has not been fully developed, and we believe should not be based exclusively on day by day classroom performance. Evaluation methods will be developed by the end of the current retraining year.

Item 7

> "Contrary to the requirements of Paragraph 6.1.E.1.f. (3) of the Technical Specifications, the Safety Audit Committee failed to take the required action on an item of non-compliance that was brought to the Committee's attention at a SAC meeting on August 26-27, 1971. The pertinent item of non-compliance was the lack of a preventive maintenance program for instrumentation as required by Paragraph 6.2.C of the Technical Specifications."

The August 26-27, 1971 Safety Audit Committee minutes simply document a work progress statement on initiation of development of a scheduling system for the instrument preventive maintenance program. The Technical Specifications require development of such a program without specific time reference.

An instrument maintenance manual was developed, approved by the Operations Committee on December 29, 1970. This was developed in reference to paragraph 6.2.C.4 of the Technical Specifications. This program manual identifies the organization, assigns responsibilities, describes requirements for calibration of shop standards and test instruments, use of vendor supplied information, records of calibration and maintenance, changes to setpoints, testing and calibration practices, use of work requests and preventive maintenance. Quoting from that manual, it states "Preventive Maintenance will be performed on instruments following a schedule to be developed during the first cycle of operation".

Had a safety concern been expressed or a Technical Specification violation identified in this regard we believe that appropriate recommendation would have been reflected in the minutes of either or both the Safety Audit Committee or Operations Committee minutes.

A preventive maintenance scheduling system for instrumenation has been developed during this operating cycle and is currently in use. At this juncture it is concluded that this has not been an item of non-compliance and no further action is planned except in respect to routine improvements to the program as experience indicates.

Item 8

"Contrary to the requirements of Paragraph 6.1.E.2.g (1) of the Technical Specifications, the administrative procedures for the Operations Committee lacked specific instructions describing the content and method of submission of presentations to the Committee."

The amended bylaws of the Operations Committee, which were reviewed and approved by the Operations Committee during March 1972, did not contain the specific instructions referenced. These bylaws have been recently amended to include this specific requirement, under a section entitled "Content and Method of Submission of Presentations to the Operations Committee".

Item 9

"Contrary to the requirements of Paragraph 6.2.A of the Technical Specifications, the following deficiencies were observed with respect to the development, review and implementation of procedures:"

9 (a) "The devices used to detect leakage within the drywell were not set "to detect a trend" as required by Procedure C-4."

The devices referenced are timers which initiate an alarm if the sump fill time is shorter than the timer setting.

Regulatory Operations personnel conducting the audit inspection expressed the opinion that the alarm setting of 1.25 gpm was not close enough to the existing rate of 0.5 gpm to "detect a trend". Normal background rates for this sump vary from 0.5 to 1.8 gpm. A new timer set to detect lower fill rates has been installed and is set as close as practical above existing fill rates, while maintaining prudent allowance to avoid nuisance alarms.

This is a matter in which the Regulatory Operations Audit personnel interpretation of a statement contained in a procedure written by plant staff differed from the plant staff's interpretation of their own procedure.

9 (b) (b) "Semi-annual reviews of the Operations Manual Procedures were not completed in accordance with Procedure A.6.E.2."

At the time of the initial writing of the Operations Manual, an ambitious schedule for the review of the manual sections was established. Experience has shown us that the semi-annual review of Volumes A, C, and E and the annual review of Volumes B and D of the Operations Manual is not practical. The Operations Committee review of the first rewrite of the manual sections is now well underway and the complete review of the Manual will take substantially longer than expected to complete.

The General Administration procedures, Sections A.6.E.2 and A.6.E.3, have been revised by Volume F Memo to require the following review schedule.

Annual Review by Operations Committee

Volume A	General Administration
Volume C	Integrated Operations
Volume E	Radiation Safety

Bi-Annual Review of Operations Committee

Volume B	System Description and Operations
Volume D	Special Equipment and Operations

This review schedule will become effective for each manual section following the Operations Committee review of the first rewrite of each manual section.

9 (c) "Four procedures were approved for issuance on August 9, 1971; however, these procedures had not been issued for use by the operating staff at the time of the inspection. In addition, the master copy of the procedures contained two different and conflicting procedures for each of four abnormal occurrence procedures."

This item refers to procedures contained in Manual Section C.4.111, Abnormal Conditions. On August 18, 1971, subsections A through F of C.4.111 were issued in revised form. Only three copies were issued at that time; one for the control room master, one for the control room extra copy (used for marking in operator comments), and one for the Assistant Plant Superintendent. (The

control room master is the only "official" copy which the operators are authorized to use.) General distribution was not made at that time since it was expected that further revised subsections of C.4.111 would be issued in the near future. At the time of the AEC Audit, the copy of the Assistant Plant Superintendent was up to date, correct and complete. However, something had gone awry in the handling of the revision to the control room master.

1. The errors in the master copy were corrected.

2. Since the time of the audit another person has been added to the clerical staff. This has improved the ability of the clerical staff to print, collate, and distribute revisions in a more timely manner.

3. New document control procedures were adopted concerning issuance of operations manual revisions. These procedures require that a manifest, which lists the pages to be removed and the pages to be inserted, be issued with every revision. They also require that a signed receipt be returned to the Chief Clerk from every person to whom a revision is issued. Old pages that are removed are returned to the Chief Clerk with the receipt. The Chief Clerk destroys these pages. Records are kept to assure that all receipts are returned.

4. Recently, an additional administrative procedure has been promulgated to require that a "List of Current Pages" be issued with each revision.

9 (d) "Test results required by the Procedure 0004 were not recorded for tests conducted on October 28, 1971 and August 25, 1971."

Test 0004 is a functional test of the low-low reactor water level scram and isolation instruments. The test performed in August of 1971 was performed using test procedure revision 2, dated December 16, 1970. One of 26 steps for testing of Channel B2 was not checked off on the procedure checklist. Surveillance test 0004 was revised on September 23, 1971 as part of a program to revise all instrument surveillance tests to include test acceptance criteria and instrument settings. No "as found" trip settings were recorded for the October 28, 1971 performance of the test, even though the step which requires that the data be recorded was checked off.

1. The new surveillance test format and improved review procedures should reduce the probability of any vital step being missed or any record keeping errors.

2. On November 2, 1971, a memo was written to all members of the instrument crew stating that procedure 0004 "...requires that 'as found' switch data be recorded each time a test is performed. The 'as found' switch data should be recorded in the test procedure as well as the associated instrument calibration cards". Since the issuance of the memo, the test has been performed eleven times, and the data was recorded as required each time.

9 (e) Completed copies of work request authorizations were not attached to the completed surveillance test procedure for the RHR service water test conducted on March 28, 1972, as required by Procedure C.5, Paragraph VII.D.

Copies of completed Work Request Authorization forms were not attached as required by the procedure.

The identifying numbers of Work Request Authorizations pertaining to items requiring attention as a result of surveillance testing are now being noted on the completed surveillance test procedure. Likewise, the surveillance test number and data are noted on the WRA. The completed work request authorizations and surveillance tests are maintained on file at the plant. This satisfies the intent of Operations Manual C.5, paragraph VII.D, which is to provide a record of the resolution of problems encountered during testing.

As of September 25, 1972, the revised surveillance test procedure format includes a specific entry blank for the numbers of any work request authorizations issued as a result of the test. Operations Manual Section C.5 will be revised to be consistent with the present practice.

9 (f) "Several design changes had been made to the radwaste system; however, the operating procedures had not been revised to reflect these changes."

A number of changes have been made to the radwaste system; such as cross connection of the waste collector tank and floor drain collector tanks to allow reclaiming of floor drains along with equipment drains; connecting the fuel pool filters to the radwaste system to allow use of the fuel pool filters as backup to the undersized radwaste filters; and the addition of cement mixing equipment to the solid radwaste system. There are presently 9 memos included in Volume F of the Operations Manual which include Operating Procedures for all changes made to the radwaste system. These memos were a part of Volume F at the time of the Audit. However, these changes in the procedures had not been incorporated into the radwaste system (B.7) of the Operations Manual.

This is not a case of having made revisions without having appropriate procedures available. Appropriate procedures, which recognized the modifications, were available in the form of Volume F Memos.

Section B.7 of the Operations Manual is presently being revised to incorporate all Volume F Procedures. The revision of B.7 will be completed by December 31, 1972.

In addition, all operators have received retraining in the liquid, solid and gaseous radwaste systems. Changes in operating procedures and design changes in the radwaste system were emphasized during this retraining.

9 (g) "Weekly status reports of surveillance testing had not been submitted to the Assistant Plant Superintendent as required by Procedure C.5, Paragraph VII.E."

Weekly Status Reports were not prepared as required by the procedure.

Written weekly status reports of surveillance testing are presently being prepared and submitted to the Superintendent, Plant Engineering and Radiation Protection.

This reporting control along with other measures previously discussed will improve circumstances with respect to items related to items 1, 2, 3, 4, 9 (d), and 9 (e).

9 (h) "Minutes of the Safety Audit Committee (SAC) did not indicate a review of Operations Committee (OC) Minutes as required by Procedure A.5, Paragraph 1.D.7."

Operating Procedure A.5, paragraph 1.D.7 requires that all Safety Audit Committee actions be documented in the minutes. This non-compliance item references a lack of documentation of SAC review of Operations Committee (OC) minutes. It has not been a practice, nor does it appear to be practicable, to have a formal discussion or review of all OC minutes at each SAC meeting. OC minutes have been distributed to each SAC member for the required review; they would then present any questions or identify any potentially unreviewed safety questions at the next SAC meeting, or by direct contact with the SAC chairman if warranted. No unreviewed safety questions have been identified in the Operations Committee minutes, and therefore, there have been no actions taken of this nature requiring documentation. Steps have been taken to delineate more clearly in the SAC minutes the conclusions reached after discussion of each agenda item and the written information used as the basis of these discussions.

9 (i) "Abnormal operating procedures had not been written or were not available for the following abnormal operating conditions: (1) Alarm procedures for the floor drain leak rate or the equipment drain leak rate annunciators; (2) instructions for localization of leaks within containment using instruments available to the operator.

Section III,K, Primary System Leakage, of Operations Manual C.4, Abnormal Procedures, discusses procedures to be followed for high leakage rates to the Drywell Floor Drain Sump and Drywell Equipment Drain Sump. This section also contains general procedures to be followed to localize leaks.

This item represents a difference of opinion on what is required, rather than a failure to comply. The procedures were admittedly general and lacking details. However, it should be acknowledged that straining a finite amount of information available by use of more and more detailed procedures does not fundamentally produce more information.

Corrective Action:

More specific and detailed alarm procedures and leak localization procedures are being written.

Item 10

"Contrary to the requirements of Paragraph 6.2.B of the Technical Specifications, written procedures had not been developed or made available to all station personnel for the respiratory protection program".

At the time of the AEC Audit, procedures pertaining to respiratory protection were contained in the following documents:

1. Operations Manual Section E.1.5, Personnel Control & Monitoring.

2. Volume F Temporary Memo No. 87

3. Respiratory training guide and check off sheet.

This was not a case of failure to provide procedures, but rather a case where the Audit Team felt that more was required. In this particular case we must agree that better procedures were indeed warranted.

Additional procedures, which comply with paragraph 6.2.B of the Technical Specifications, have been developed and put into a revised respiratory protection program. The revised respiratory protection program was incorporated into the Plant Operations Manual on August 7, 1972. The specific procedures that were revised or expanded are as follows:

1. Procedures governing use of respirators.

2. Selection, fitting, operating, cleaning, sanitizing and maintenance procedures.

3. Evaluation of airborne concentration procedures.

In addition, the revised respiratory program is the subject of retraining that is given to all plant personnel. This retraining is expected to be complete by December 31, 1972.

Item 11

"Contrary to the requirements of Paragraph 6.2.C.4 of the Technical Specifications, test procedures for calibration and preventive maintenance had not been developed for the installed instruments used to verify proper operation of the Residual Heat Removal service water system".

Test procedures for calibration and preventive maintenance of the instrumentation used to verify proper operation of the RHRSW system were available at the time of the inspection as discussed in the response for Item 7. Subsequently an applicable program schedule system has been implemented.

Item 12

"Contrary to the requirements of Paragraph 6.2.D of the Technical Specifications, surveillance test procedure No. 0004 and changes thereto had not been reviewed by the Operations Committee."

Surveillance Test Procedure, 0004, Reactor Low & Low Low Water Level Test and Calibration Procedure, was initially approved by the Operations Committee on September 23, 1970 during Committee Meeting 094. The procedure was approved as part of the Operations Manual Section B.5.6, Plant Protection System. Subsequent revisions to the procedure, based on testing experience, were not reviewed and approved by the Operations Committee.

Written instructions have been issued to facilitate the effective administration of the surveillance program. The process for handling surveillance procedures is now as follows:

1. The procedures should be prepared to the specified format, signed, and submitted to the respective supervisor for review.

2. The supervisor should review the procedure, and sign the "Reviewed by" signature block.

3. If the procedure is required for immediate use, the supervisor should obtain "Temporary Use Approval" from the Supt. Plt. Engr. & Rad. Prot. and have the Chief Clerk run copies for stocking the central surveillance form file. In the absence of the Supt. Plt. Engr. & Rad. Prot. the Plant Engineer, Operations or Plant Engineer, Technical can authorize temporary use. Old copies of the surveillance test procedure will be discarded from the file and replaced by the new "Temporary Use" forms.

   A copy of the procedure will be placed in the "Master" file and the original returned to the supervisor. The supervisor should retain the original procedure and forward a copy to the Plant Manager requesting Operations Committee review and approval. Following Operations Committee approval, the supervisor should have the procedure corrected (if necessary) and obtain the Plant Manager's signature for "Operations Committee Approval". The procedure should then be given to the Chief Clerk for stocking the surveillance file.

4. If temporary use approval is not required, the supervisor should retain the original and forward a copy of the procedure to the Supt. Plt. Engr. & Rad. Prot. requesting that the procedure be forwarded to the Plant Manager for Operations Committee review and approval. Following Operations Committee approval, the supervisor should have the procedure corrected (if necessary) and obtain the Plant Manager's signature for "Operations Committee Approval". The procedure should then be given to the Chief Clerk for stocking the surveillance form file.

The recently established procedure for surveillance test review will prevent the issuance of revised procedures without proper review and approval.

Item 13

"Contrary to the requirement of Paragraph 6.5.A of the Technical Specifications records of plant radiation and contamination surveys, records of principal maintenance activities and routine operating data sheets were not kept in a manner convenient for review."

The judgments as to what constitutes a manner "convenient" for review is not amenable to quantification. The referenced records were in any event "available" for review.

We are evaluating our records storage methods with a view to microfilming inactive files and removal of the originals to warehouse type storage. At the present time record drawing files are being put on microfilm cards and a microfilm reader-printer is in use at the site.

However, it is not likely that the level of "convenience" suggested (i.e., that all active and inactive files be arranged in a single clerical office) will ever be achieved in the ideal.

Item 14

"Contrary to the requirements of 10 CFR 50.59, facility changes made prior to March 1971 had not been reported to the Commission."

Some changes were made to the plant and to operating procedures which were not reported in accordance with 10 CFR 50.59 after the receipt of the low power operating license on September 8, 1970, and prior to March, 1971, when a formal safety review process was established.

1. In March 1971 a review was conducted to identify differences between the FSAR and the as-built plant. This review was conducted at the request of C E Larson.

2. On August 30, 1972, an additional program of identifying inconsistencies between the FSAR and the as-built plant was initiated in conjunction with the operations manual revision process.

3. Any changes identified as having occurred after September 8, 1970 will be reported in a section of the next six months Operating Report provided they have not been previously reported, and that they fall under the requirements of 10 CFR 50.59.

4. Administrative control policies presently in effect are adequate to identify and assure reporting of applicable plant changes that may occur in the future.

Item 15

"Contrary to the requirements of Appendix B to 10 CFR 50, no formal quality assurance program has been implemented".

A "formal quality assurance program for operation", taken in the context of a single comprehensive program document, has not been implemented as yet. Many of the elements of the program required by Appendix B are independently set forth as requirements of the Technical Specifications and other regulations. Such elements are fulfilled by individual manuals, procedures and instructions at this time, but the applicable administrative control requirements and directives have not yet been assembled and rewritten into a comprehensive program document.

We have been working on such a program since February 1972. Our efforts were subject to several misdirected starts but we believe we are now set upon a proper course directed to a program that will efficiently fulfill the criteria of Appendix B as further clarified in ANS 3.2.

The policy manual is to be issued by the General Superintendent-Nuclear Power Plant Operation to establish the philosophy and broader policy requirements for the Plant Manager. The Plant Manager then issues the implementing program of Administrative Control Directives to govern the plant operating activities under his responsibility.

As an illustration of intent and progress, the present list of intended content for the Plant Manager's manual of Administrative Control Directives is attached. Of the sixty four directives listed, there are seventeen in final draft about ready for issue or issued, and nineteen in rough draft.

The transition for implementation of these Administrative Control Directives may involve an inordinate amount of difficulty because of the current Section 6.0 of Technical Specifications and the requirements this places on the administrative control procedures which exist now in other plant documents and procedures.

This program of directives is being drafted to be consistent with the proposed revision to Monticello Technical Specifications, Section 6.0 Administrative Controls to be formally submitted in less than one month.

Our schedule objectives are to have implemented and operative by January 1, 1973 those parts of the program needed to strengthen the generalized areas of inadequacy identified by this referenced inspection, and to have the majority of the remainder issued by April 1, 1973.

MONTICELLO ADMINISTRATIVE CONTROLS MANUAL

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MONTICELLO ADMINISTRATIVE CONTROLS MANUAL

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