



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**
REGION II
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March 28, 2014

Mr. B. L. Ivey
Vice President, Regulatory Affairs
Southern Nuclear Operating Company
P.O. Box 1295
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Birmingham, AL 35201

**SUBJECT: VOGTLE ELECTRIC GENERATING PLANT UNITS 3 AND 4 – NRC PROGRAM
INSPECTION FOR MANAGEMENT OF INSPECTIONS, TESTS, ANALYSES,
AND ACCEPTANCE CRITERIA AND CORRECTIVE ACTION PROGRAM,
REPORTS 05200025/2014-008 and 05200026/2014-008**

Dear Mr. Ivey:

On February 28, 2014, the U.S. Nuclear Regulatory Commission (NRC) completed a corrective action program annual inspection at your Vogtle Electric Generating Plant (VEGP) Units 3 and 4. The enclosed inspection report documents the inspection results which were discussed on February 28, 2014, with Mark Rauckhorst and other members of your staff.

This inspection was an examination of activities conducted under your license as they relate to your programs for managing inspection, test, analyses, and acceptance criteria and for problem identification and resolution and compliance with the Commission's rules and regulations and the conditions of your license. Within these areas, the inspection involved examination of selected procedures and representative records, observations of activities, and interviews with personnel.

Based on the inspection sample, the inspection team concluded that the implementation of the corrective action program and overall performance related to identifying, evaluating, and resolving problems at VEGP Units 3 and 4 was effective. Licensee and contractor-identified problems were entered into the corrective action program at an appropriate threshold. Problems were effectively prioritized and evaluated commensurate with the safety significance of the problems. Corrective actions were effectively implemented in a timely manner commensurate with their importance to safety and addressed the identified causes of problems. Lessons learned from industry construction experience were effectively reviewed and applied when appropriate. Audits and self-assessments were generally used to identify problems and appropriate actions.

No findings were identified during this inspection.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and your response (if any) 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 Website at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Should you have any questions concerning this letter, please contact us.

Sincerely,

/RA/

Michael Ernstes, Branch Chief
Construction Projects Branch 4
Division of Construction Projects

Docket Nos.: 05200025, 05200026

License Nos.: NPF-91, NPF-92

Enclosure: Inspection Report 05200025/2013-008
and 05200026/2013-008
w/Attachment: Supplemental Information

cc w/encl: (See page 3)

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Letter to B. L. Ivey from Michael E. Ernstes dated March 28, 2014

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REPORTS 05200025/2014-008 and 05200026/2014-008

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PUBLIC

U.S. NUCLEAR REGULATORY COMMISSION
Region II

Docket Numbers: 5200025
5200026

License Numbers: NPF-91
NPF-92

Report Numbers: 05200025/2014008
05200026/2014008

Licensee: Southern Nuclear Operating Company, Inc.
Southern Nuclear Operating Company, Inc.

Facility: Vogtle Unit 3 Combined License
Vogtle Unit 4 Combined License

Location: Waynesboro, GA

Inspection Dates: February 24, 2014 through February 28, 2014

Inspectors: Patrick Heher, Senior Construction Project Inspector, DCP
Mark Kowal, Senior Construction Project Inspector, DCP
Justin Fuller, Senior Resident Inspector, DCP
Patrick Donnelly, Resident Inspector, DCP
Timothy Steadham, Senior Construction Inspector, DCI

Approved by: Michael Ernstes,
Branch Chief
Construction Projects Branch 4
Division of Construction Projects

Enclosure

SUMMARY OF FINDINGS

Inspection Report 05200025/2014008, 05200026/2014008; 02/24/2014 through 02/28/2014; Vogtle Unit 3, Vogtle Unit 4, Routine Program Inspection for Inspections, Tests, Analyses, and Acceptance Criteria (ITAAC) Management and Corrective Action Program.

This report covers an announced team inspection for corrective action program implementation and Licensee program for ITAAC management by regional and headquarters inspectors. The Nuclear Regulatory Commission's (NRC's) program for overseeing the construction of commercial nuclear power reactors is described in Inspection Manual Chapter 2506, "Construction Reactor Oversight Process General Guidance and Basis Document."

Problem Identification and Resolution

Based on the inspection sample, the inspection team concluded that the implementation of the corrective action program and overall performance related to identifying, evaluating, and resolving problems at Vogtle Electric Generating Plant Units 3 and 4 was effective. Licensee and consortium identified problems were entered into the corrective action program at an appropriate threshold. Problems were effectively prioritized and evaluated commensurate with the safety significance of the problems. Corrective actions were effectively implemented in a timely manner commensurate with their importance to safety and addressed the identified causes of problems. Lessons learned from industry construction experience were effectively reviewed and applied when appropriate. Audits and self-assessments were generally used to identify problems and appropriate actions. The inspectors did not identify any trends that were not already being addressed in the corrective action program. Employee freedom to raise nuclear safety concerns without fear of reprisal appeared to be demonstrated.

A. NRC-Identified and Self Revealed Findings

No findings were identified.

B. Licensee-Identified Violations

No findings were identified.

REPORT DETAILS

1. CONSTRUCTION REACTOR SAFETY

Cornerstones: Design/Engineering, Procurement/Fabrication, Construction/Installation, Inspection/Testing

IMC 2504, Inspection of Construction Programs

ITAAC Management

1P01 ITAAC Management, IP 40600, "Licensee Program for Inspections, Tests, Analyses, and Acceptance Criteria Management" - Sections 02.01, 02.02, 02.03 and 02.04

a. Inspection Scope

10 CFR 52.80 requires that the combined license application contain the proposed inspections, tests, and analyses that the licensee shall perform, and the acceptance criteria that are necessary and sufficient to provide reasonable assurance that, if the inspections, tests, and analyses are performed and the acceptance criteria met, the facility has been constructed and will be operated in conformity with the combined license, the provisions of the Atomic Energy Act, and the Commission's rules and regulations. 10 CFR 52.99 requires that licensees shall notify the NRC that prescribed inspections, tests, and analyses have been performed and that the prescribed acceptance criteria have been met. The notification must contain sufficient information to demonstrate that the prescribed inspections, tests, and analyses have been performed and that the prescribed acceptance criteria have been met.

The purpose of this inspection was to determine whether the licensee, Southern Nuclear Operating Company (SNC), and its engineering, procurement, and construction consortium suppliers, Chicago Bridge and Iron (CB&I) and Westinghouse Electric Company (WEC), have established adequate procedures and programmatic controls to govern closure of the inspections, tests, analyses, and acceptance criteria; to verify their process for preparing and approving ITAAC closure notifications (ICNs) conforms to the applicable quality assurance requirements of 10 CFR Part 50, Appendix B; to determine if established ITAAC closure and records controls processes support creating accurate and verifiable ICNs; and to determine if an adequate ITAAC maintenance program has been developed and has been implemented in accordance with approved procedures to ensure that structures, systems, and components continue to meet the acceptance criteria described in the ITAAC closure letters until the Commission makes its finding as described in 10 CFR 103(g).

The inspectors reviewed licensee and consortium procedures that were used to control specific construction and tracking activities that relate to the completion of ITAAC to determine if adequate controls for ITAAC completion, documentation, records verification, quality assurance, and notification were in place. The inspectors reviewed a sample of ICNs and ITAAC completion packages to evaluate the principles underlying the basis for the licensee's ITAAC completion packages and to evaluate whether evidence was available to substantiate ITAAC acceptability and closure. The inspectors also evaluated whether ITAAC closure documentation was traceable to Quality Assurance (QA) records, and those records were retrievable. The inspectors also

evaluated the controls established by the licensee that provide reasonable assurance that the ITAAC had been successfully performed and the acceptance criteria had been met and were being maintained. Specifically, the inspectors evaluated whether:

- the licensee used an approved procedural and controlled QA process to document ITAAC closure;
- the ITAAC closure process was supported by verifiable documents and traceable records that confirmed that ITAAC were satisfactorily closed;
- ICNs were consistent with the examples in NEI 08-01 Appendices D and E and the ITAAC completion packages supported the ICN conclusions;
- ITAAC issues that were identified by either the licensee or the NRC were closely tracked and resolved;
- qualification requirements and training activities had been established for the separate groups and individuals involved with preparation, verification, approval, and audit activities for both ITAAC completion packages and ICNs;
- interface controls among the various independent licensee groups involved with the ITAAC closure process had been defined;
- all ITAAC sub-tier construction activities had been adequately controlled and tracked from the start of any related construction to the submittal of the ICN to the NRC;
- ITAAC determination bases supported ITAAC closure and provided evidence of management oversight of the ITAAC during construction;
- there was adequate quality control (QC) involvement, such as hold points, where applicable in ITAAC construction activities;
- there was appropriate QA review and audit activities of the licensee's ITAAC management processes; and
- conditions adverse to quality related to ITAAC were promptly identified and corrected.

The inspectors observed several ITAAC management meetings, interviewed several personnel involved in the ITAAC management processes, and reviewed ITAAC training records from both the licensee and consortium to determine whether ITAAC management processes were being implemented in accordance with approved procedures and NRC regulations. The inspectors also reviewed the licensee's procedures and consortium's procedures related to ITAAC maintenance controls. The inspectors took a sample of ITAACs where the licensee had already sent ICNs to the NRC and evaluated whether the ITAAC maintenance controls that were being implemented for those ITAACs were adequate.

A list of the reviewed documents and personnel contacted is attached.

b. Findings

No findings were identified.

Quality Assurance Implementation, Appendix 16, Inspection of Criterion XVI – Corrective Actions (35007)

1P02 Effectiveness of Corrective Actions

a. Inspection Scope

The inspectors reviewed the licensee's corrective action program (CAP) to determine if the licensee had effectively implemented their approved quality assurance plan as required by 10 CFR Part 50.55. The licensee delegated responsibility for implementing elements of the corrective action program to an engineering, procurement, and construction (EPC) consortium consisting of suppliers CB&I and WEC. The delegation was permitted by the licensee's quality assurance plan; however, the plan also stated that the licensee maintained responsibility for the effectiveness of corrective action measures. Consequently, the inspection scope included a review of programs established by both the licensee and the EPC consortium.

The inspectors reviewed the licensee's and the EPC consortium's implementing procedures and documents, interviewed personnel, and attended meetings to assess the implementation of the CAP by site personnel. The inspectors reviewed issues identified after May 1, 2012, which included an overlapping portion of time since the last NRC CAP inspection in November 2012. The selection of issues ensured an adequate review of issues across the three corrective action programs. The inspectors sampled issues related to conditions adverse to quality (CAQ), significant conditions adverse to quality (SCAQ), and items that were determined to not represent a CAQ.

The samples also included items related to:

- violations of regulatory requirements documented in NRC inspection reports;
- NRC operating experience (e.g. generic communications);
- industry operating experience; and
- self-assessments and audits.

Additionally, the inspectors reviewed issue reports generated as a result of facility personnel's performance in daily plant activities. The inspectors reviewed corrective action documents and a selection of completed root cause and apparent cause investigations. During the reviews, the inspectors determined whether the actions were in compliance with 10 CFR Part 50, Appendix B, Quality Assurance Requirements for Nuclear Facility Applications NQA-1-1994, and the corrective action program requirements applicable to each respective organization:

- SNC: procedure ND-AD-002, Nuclear Development Corrective Action Program, Revision 18
- CB&I Nuclear Quality standard (QS) 16.05, "Corrective Action Program", Revision 002.B-TCN
- WEC: procedure WEC-16.2, Corrective Actions Process, Revision 6

Specifically, the inspectors review was performed to determine if personnel were identifying issues at the proper threshold, entering the issues into the CAP in a timely manner, and assigning the appropriate prioritization for resolution of the issues. The inspectors also determined whether personnel assigned the appropriate investigation

method to ensure the proper determination of root, apparent, and contributing causes. The inspectors evaluated the timeliness and effectiveness of corrective actions (preventing recurrence if required by 10 CFR Part 50, Appendix B) for selected corrective action documents, completed investigations, and NRC findings.

The inspectors reviewed the selected corrective action documents to determine if the licensee and the EPC consortium appropriately followed applicable implementing documents and addressed the following CAP performance attributes, as applicable:

- classification, prioritization, and evaluation for reportability (i.e., 10 CFR 50.55(e)) of conditions adverse to quality;
- complete and accurate identification of the problem in a timely manner commensurate with its significance and ease of discovery;
- screening of items entered into the CAP, as necessary to determine the proper level of evaluation;
- identification and correction of: procurement document errors, deviations from procurement document requirements, defective items; poor workmanship, incorrect vendor instructions, significant recurring deficiencies at both vendor shops and on site, and generic procurement related deficiencies;
- identification and correction of design deficiencies (errors). For significant deficiencies, it includes determining the cause and instituting fixes to the design process and QA program to prevent recurrence of similar deficiencies;
- consideration of extent of condition, generic implications, common cause, and previous occurrences;
- classification and prioritization of the resolution of the problem commensurate with its safety significance;
- identification of root and contributing causes, as well as actions to preclude recurrence for significant conditions adverse to quality;
- identification of corrective actions that are appropriately focused to correct the problem; and
- completion of corrective actions in a timely manner commensurate with the safety significance of the issue. If permanent corrective actions require significant time to implement, then interim corrective actions and/or compensatory actions are identified and implemented to minimize the problem and/or mitigate its effects, until the permanent action can be implemented.

A list of reviewed documents is attached.

b. Assessments

The inspectors concluded that corrective actions for identified deficiencies were generally timely, adequately implemented and commensurate with their safety significance. Problems identified using either root or apparent cause methodologies were resolved in accordance with applicable program and NRC requirements. The inspectors also sampled corrective action assignments for selected NRC documented violations and findings and determined that the actions were generally effective and timely. Corrective actions implemented for significant conditions adverse to quality were appropriately focused on preventing recurrence.

Findings

No findings were identified.

1P03 Effectiveness of Problem Identification

a. Inspection Scope

The inspectors reviewed a sample of SNC surveillance reports and technical evaluations to determine whether items associated with unsatisfactory quality inspection results met the appropriate threshold for screening as conditions adverse to quality. Specifically, the inspectors reviewed these reports to determine whether they were completed in accordance with applicable procedures and whether discrepant items received the appropriate screening for entry into the corrective action program.

In addition, the inspectors reviewed a sample of nonconformance and disposition reports (N&Ds) initiated by CB&I Power to determine whether the conditions were adequately reviewed and accepted, rejected, repaired, or reworked in accordance with the QA program implementing documents for the control of nonconforming material, parts, and components. Specifically, the inspectors compared a sample of CB&I Power N&Ds for conformance to Section 15, "Nonconforming Materials, Parts, or Components," of the CB&I quality assurance program (SWSQAP 1-74A, Rev. B) and CB&I procedure QS 15.1, Nonconformance & Disposition Report, revision 4.

The inspectors reviewed the following N&D evaluations of nonconforming items that CB&I Power rejected, repaired, reworked, or accepted through evaluation:

- SV3-CA20-GNR-000335
- SV3-CA20-GNR-000321
- SV3-CA20-GNR-000308
- SV3-CA20-GNR-000270
- APP-CA20-GNR-850009

During the review of the above N&D reports, the inspectors determined if the reports properly identified the nonconforming items, and if the systems for initiating, processing, and closing non-conformances were adhered to. The inspectors specifically determined if:

- reportability screening and evaluations under 10 CFR Part 21 and 10 CFR 50.55(e) were performed;
- the disposition, such as use-as-is, reject, repair, or rework of nonconforming items were properly identified and documented;
- adequate technical justification for the acceptability of a nonconforming item, dispositioned repair, or use-as-is was appropriately documented;
- non-conformances to design requirements dispositioned use-as-is or repair were subjected to design control measures commensurate with those applied to the original design;
- the as-built records properly reflected the accepted deviation, if applicable;
- controls were implemented to preclude the inadvertent use of nonconforming items and that nonconforming items were marked or tagged and segregated; and

- repaired or reworked items were reexamined in accordance with applicable procedures and with the original acceptance criteria unless the disposition had established alternate acceptance criteria.

To evaluate the effectiveness of problem identification for WEC, the inspectors interviewed WEC staff and reviewed portions of the WEC CAP database to determine if the volume, description, and nature of the identified issues were consistent with an adequate threshold for the identification of issues. The inspectors reviewed the revision history of a sample of procedures to determine if, in general, procedures contained a history of revisions as a result of issues entered into the CAP. The inspectors reviewed the most recent quality assurance self-assessment to determine if identified issues were entered into the CAP consistent with their safety significance.

b. Assessments

In general, problem identification was adequate and at an appropriate threshold. The sample of issues reviewed by the inspectors that were entered into the various CAPs indicated a low threshold across all three organizations. Where corrective actions involved multiple organizations, the integrated corrective actions program, including hand offs of corrective action program tasks between the licensee and the members of the EPC consortium, were effective in ensuring that identified issues were entered into all applicable corrective action programs. Thresholds for identifying CAQs were adequate to ensure that adverse conditions were evaluated and corrected.

Findings

No findings were identified.

1P04 Effectiveness of Prioritization and Evaluation of Issues

a. Inspection Scope

The inspectors reviewed a sample of issues entered into the SNC, CB&I and WEC corrective action programs to determine whether the disposition and evaluation of those issues adequately considered the following aspects: risk, safety significance, consequence of malfunctions or failures, complexity of design and fabrication, needs for special controls or surveillance over activities, the degree to which functional compliance could be demonstrated by inspection or test, the quality history and degree of standardization of items, and the difficulty of repair or replacement. The inspectors also assessed whether these issues were screened and classified in a timely manner, consistent with the applicable corrective action program procedures.

The inspectors also reviewed a sample of issues that were classified by the licensee or their contractors as significant conditions adverse to quality to determine whether the causes were determined and adequate corrective actions were taken to prevent recurrence. The inspectors also reviewed the evaluation of these significant issues to determine whether the extent of conditions, extent of cause, generic implications, and previous occurrences and were reported to appropriate levels of management. The inspectors determined that the cause evaluations for significant conditions adverse to quality were adequately thorough to determine the causes and to identify the appropriate corrective actions. In cases where a formal root cause analysis was conducted, the root

cause team was sufficiently independent of the issue being evaluated. Specifically, the inspectors reviewed the corrective action records listed in the documents reviewed section of this report.

The inspectors observed the following meetings among consortium members:

- ICAP Corrective Action Review Board
- ICAP Management Review Committee
- Construction Management Review Committee
- ND Corrective Action Review Board
- Performance Improvement Corrective Action Program Good Catch Trending Meeting

The purpose of the meetings varied from determining if conditions adverse to quality were being captured outside the corrective action program, to determining significance of corrective action program entries, to management review of root cause analysis and corrective actions to prevent recurrence. Based on these observations, the inspectors determined that the meeting attendees were focused on assuring corrective action reports contained adequate descriptions, proper classifications, assignments of responsible organization, assignment of appropriate levels of causal evaluations, causal analysis reports were thorough and adequate corrective actions were developed. In addition, the inspectors determined that conditions adverse to quality were given the appropriate level of attention, assigned appropriate actions and were reviewed in a timely manner.

b. Assessments

The inspectors determined that the overall performance in prioritization and evaluation of issues was acceptable and in accordance with the respective CAP procedures. The timeliness of initial classifications and the level of classification appeared consistent with the respective CAP procedures. Based on the samples selected, the inspectors determined that the evaluations adequately considered the risk/safety significance, complexity of design and fabrication, and needs for special controls or surveillance over activities. Significant conditions adverse to quality addressed the extent of conditions, extent of cause, generic implications, and previous occurrences and were reported to appropriate levels of management. The inspectors determined that the cause evaluations for significant conditions adverse to quality were adequately thorough to determine the causes and to identify the appropriate corrective actions.

Findings

No findings were identified.

1P05 Assessment Use of Construction Experience

a. Inspection Scope

The inspectors reviewed the SNC, CB&I, and WEC construction experience programs to determine whether the licensee and its EPC contractors were systematically implementing the following:

- relevant internal and external construction and operating experience items were collected;
- collected experience items were adequately evaluated;
- relevant experience items were communicated to affected stakeholders; and
- experience items were used to inform plant design and work processes.

The inspectors reviewed the licensee's construction experience database and corrective action program to determine whether experience items that were classified as applicable were stored in the construction experience database and entered into the corrective action program as specified by procedure. The inspectors reviewed the licensee construction experience database to determine whether the licensee appropriately added NRC related information such as 10 CFR Part 21 notifications and Generic Letters. The inspectors reviewed a sample of CAP documents to determine if SNC, CB&I and WEC were entering applicable industry experience items into the corrective action program and dispositioned the items appropriately.

b. Assessments

The inspectors determined that construction experience items were appropriately screened, stored and evaluated for potential effects on plant systems and work being performed by the licensee and its EPC contractors.

Findings

No findings were identified.

1P06 Assessment of Self-Assessments and Audits

a. Inspection Scope

The inspectors reviewed a sample of audits, self-assessments, and surveillance reports issued by the licensee, CB&I, and WEC. The review was performed to determine whether the licensee and EPC consortium oversight of the corrective action program was sufficient to verify the health of the corrective action program and to identify areas for improvement as needed. The inspectors also compared the results of the audits and self-assessments to the results of the inspection to determine if there were any discrepancies between the results of the inspection and the conclusions of the licensee.

Documents and records reviewed for this assessment are listed in the attachment.

b. Assessments

The inspectors determined that the conduct of audits and self-assessments by the licensee and EPC consortium members were accomplished in accordance with appropriate procedures. The implementation of the oversight and independent verifications provided sufficient assessments of program effectiveness, including the hand offs of corrective action program tasks across organizational boundaries. Where weaknesses were identified, corrective action documents were initiated. Corrective actions to address the identified issues were generally prioritized, evaluated, and completed within applicable procedural requirements.

Findings

No findings were identified.

1P07 Assessment of Safety Conscious Work Environment

a. Inspection Scope

During the course of the inspection, the inspectors observed meetings and activities in the field, as well as focused attention on documentation reviewed to provide insight into whether a safety conscious work environment has been maintained, to confirm that the applicant and contractors are complying with NRC requirements, to provide information related to cross-cutting areas that can be used in the assessment process, and to evaluate management and QA oversight of the corrective action process.

b. Assessments

The inspectors did not observe underlying factors that could produce a "chilling" effect or reluctance to report nuclear safety issues. The inspectors determined that adequate staffing levels exist to preclude excessive overtime and an unwillingness to raise issues that might result in further increases to an already high workload. The inspectors also did not observe repeat issue identification as a result of inadequate corrective action, which if found could cause personnel to be reluctant to identify additional related issues

Findings

No findings were identified.

4. OTHER INSPECTION RESULTS

4OA5 Follow-up of Licensee Reports and NOVs

.1 (Closed) NCV 05200025/2013004-01, "Inadequate Source and Receipt Inspections of Safety Related Embed Plates"

The inspectors performed a review of the licensee's corrective actions specifically related to the ITAAC portions of NRC Non Cited Violation (NCV) 05200025/2013004-01, "Inadequate Source and Receipt Inspections of Safety Related Embed Plates" identified in 05200025/2013004 (ML13312A316). The review was to determine whether the corrective actions taken by the licensee were completed and were sufficient to ensure the acceptance criteria for the related ITAAC could be met. Specifically, this violation was associated with the licensee's failure, through their contractor CB&I, to perform adequate inspections of safety-related embed plates at supplier facilities and failure to perform adequate examinations of these embed plates upon delivery, to assure the plates conformed to the procurement documents. This violation represented an ITAAC finding because it was material to the acceptance criteria of Vogtle Unit 3 ITAAC 3.3.00.02a.i.c (762) and 3.3.00.02a.i.d (763), in that, if left uncorrected, the licensee could not show that the acceptance criteria of these ITAACs were met.

The inspectors reviewed CR 695726 and its associated corrective actions, which were written to address this violation. The inspectors also reviewed SNC CAR 207908 which

documents the apparent cause determination related to this violation. The inspectors also reviewed N&D SV0-CE01-GNR-00012 to determine whether the embed plates in question were dispositioned appropriately.

The inspectors determined the licensee took adequate corrective actions to address the ITAAC aspects of this violation. No additional findings were identified. NCV 05200025/2013004-01 is closed.

4A06 Management Meetings

.1 Exit Meeting Summary

On February 28, 2014 the inspectors presented the inspection results to Mark Rauckhorst, along with other licensee and consortium staff members. The inspectors stated that no proprietary information would be included in the inspection report.

SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensees and Contractor Personnel

P. Albuquerque – SNC ITAAC Manager
N. Bailey – Westinghouse ITAAC
C. Fonseca – CB&I Power Senior ITAAC Project Manager
C. Morrow – SNC Licensing
S. Thomason – SNC ITAAC Supervisor

LIST OF ITEMS OPENED, CLOSED, AND DISCUSSED

<u>Item Number</u>	<u>Type</u>	<u>Status</u>	<u>Description</u>
05200025/2013004-01	NCV	Closed	Inadequate Source and Receipt Inspections of Safety Related Embed Plates (Section 40A5.1)

LIST OF DOCUMENTS REVIEWED

ITAAC Management (IP40600)

Section 1P01

Procedures

ND-TC-VNP-001, "ITAAC Performance and Documentation Plan Review," Version 1.0, dated 5/8/13
ND-TC-VNP-003, "ITAAC Project Plan Development and Execution," Version 7.0, dated 2/6/14
ND-TC-VNP-004, "ITAAC Completion Package and Closure Notification Development Support and Review," Version 2.0, dated 1/7/14
ND-TC-VNP-005, "Corrective Action Program (CAP) Screening for ITAAC Applicability," Version 2.0, dated 10/21/13
ND-TCLI-VNP-001 "ITAAC Maintenance Screening and Reporting," Version 4.0, dated 2/25/14
APP-GW-GAP-117 / DAPIP 5-16, "Implementation and Control of Inspections, Tests, Analyses and Acceptance Criteria," Revision 3, dated 1/24/13
CSI 2-11, "Work Package Planning, Development, Approval and Closure," Revision 28, dated 12/30/13
CSI 2-24-7, "ITAAC Screening Process," dated 12/13/13
QSI 5.4-V-Rev. 005, "QE/QC ITAAC Process," dated 9/23/2013
NCSP 2-7-1, "Post Acceptance Work Control," dated 7/30/12
NCSP 2-19, "Work Package Planning, Development, Approval and Closure,"

ITAAC Training/Qualification Requirements

ND-JPR-TC-001, "ITAAC Performance and Documentation Plan (PDP) Reviews," Version 1.0, 1/13/14
 ND-JPR-TC-002, "Site Specific ITAAC PDP Development," Version 1.0, 1/13/14
 ND-JPR-TC-003, "ITAAC Project Plan Development and Execution," Version 1.0, 1/13/14
 ND-JPR-TC-004, "ITAAC Completion Package and Closure Notification Development Support and Review," Version 1.0, 1/13/14
 ND-JPR-TC-005, "Corrective Action Plan (CAP) Screening for ITAAC Applicability," Version 1.0, 1/13/14
 ND-JPR-TC-006, "Understanding NEI 08-01," Version 1.0, 1/13/14
 ND-JPR-TC-007, "Key Consortium ITAAC Procedures," Version 1.0, 1/15/14
 ND-JPR-TC-008, "Understanding NRC Inspection Plans for ITAAC," Version 1.0, 1/13/14
 ND-TC-009, "ITAAC Maintenance Screening and Reporting," Version 1.0, 1/13/14
 ND-TC-010, "SNC ITAAC Process Overview," Version 1.0, 1/14/14
 ND-TC-011, "ITAAC Determination Report Development," Version 1.0, 1/14/14
 ND-JPR-EN-006, "Vendor Document Acceptance," Version 1.0, 3/10/11
 ND-ITAAC-001 - ITAAC IPT - Initial Training
 ND-ITAAC-002 - ITAAC IPT - Development and Execution
 ND-ITAAC-003 - ITAAC IPT - Screening and Maintenance

ITAAC Project Plans

3.3.00.09-U0-PrjPln, "ITAAC (3.3.00.09) Project Plan - Unit (3&4)", version 1.1, dated 3/18/13
 ITAAC - 2.3.07.08.i Project Plan - Unit 3&4, version 1.1, dated 4/25/13
 ITAAC - E.3.8.05.01.01 Project Plan - Unit 3, dated 2/14/13
 2.1.03.08-U0-PrjPln, "ITAAC 2.1.03.08 Project Plan - Unit 3 & 4", version 1.0, dated 6/24/13
 ITAAC - E.2.5.04.05.05.01 Project Plan - Unit 3, dated 10/15/12

ITAAC Performance and Documentation Plans

APP-1100-ITH-012, "Standard Plant ITAAC 3.3.00.09 Performance and Documentation Plan", Rev. 0
 APP-SFS-ITH-021, "Standard Plant ITAAC 2.3.07.08.i Performance and Documentation Plan," Rev. 0
 SV0-AT01-ITH-001, "Vogtle ITAAC E.3.8.05.01.01 Performance and Documentation Plan," Rev. 1
 APP-RXS-ITH-012, "Standard Plant ITAAC 2.1.03.08 Performance and Documentation Plan," Rev. 0
 SV0-XE01-ITH-001, "Vogtle ITAAC E.2.5.04.05.05.01," Rev. 2

ITAAC Closure Notifications (ICNs)

Letter from Southern Company to USNRC Document Control Desk, "Completion of ITAAC 2.3.07.08.i (Index Number 409)," dated June 28, 2013. (ICN for Spent Fuel Pool Cooling System heat exchanger heat transfer characteristic (UA) - Unit 3)
 Letter from Southern Company to USNRC Document Control Desk, "Completion of ITAAC E.3.8.05.01.01 (Index Number 844)," dated October 1, 2013. (ICN for Waterproof Membrane Coefficient of Friction ITAAC - Unit 3)
 Letter from Southern Company to USNRC Document Control Desk, "Completion of ITAAC 3.3.00.09 (Index Number 814)," dated December 11, 2013. (ICN for Reactor Cavity Sump Concrete Thickness - Unit 3)
 Letter from Southern Company to USNRC Document Control Desk, "Completion of ITAAC 2.1.03.08 (Index Number 80)," dated August 1, 2013. (ICN for throat area of the Direct Vessel Injection (DVI) line nozzle flow limiting venturi - Unit 3)

Letter from Southern Company to USNRC Document Control Desk, "Completion of ITAAC E.2.5.04.05.05.01 (Index Number 874)," dated February 1, 2013. (ICN for backfill compaction - Unit 3)

Letter from Southern Company to USNRC Document Control Desk, "Completion of ITAAC E.2.5.04.05.05.01 (Index Number 874)," dated May 7, 2013. (ICN for backfill compaction – Unit 4)

ITAAC Completion Packages

SVP_SV0_001954, Vogtle Unit 3 ITAAC 2.3.07.08.i (409) Completion Package, dated 6/27/13
SVP_SV0_001867, Vogtle Unit 3 ITAAC E.3.8.05.01.01 (844) Completion Package, dated 7/9/13

SVP_SV0_002198, Vogtle Unit 3 ITAAC 3.3.00.09 (814) Completion Package, dated 11/21/13

SVP_SV0_002004, Vogtle Unit 3 ITAAC 2.1.03.08 (80) Completion Package, dated 7/31/13

SVP_SV0_001487, Vogtle Unit 3 ITAAC E.2.5.04.05.05.01 (874) Completion Package, dated 9/28/12

SVP_SV0_001854, Vogtle Unit 4 ITAAC E.2.5.04.05.05.01 (874) Completion Package

QA/QC ITAAC Audits and Surveillances

S-132175-2014-002 - Surveillance Report - Vogtle Units 3 &4, Waynesboro Warehouse facility receipt, storage and in-storage maintenance of ITAAC related materials

S-132175-2013-040 - Surveillance Report - Vogtle Units 3 &4 ITAAC Program Execution Plan

SNC-ND-2012.07 - Audit - "Site-WEC/Shaw - ITAAC" from July 30-August 14, 2012

ND-S-ITAAC-2013 - Audit - "SNC and Consortium ITAAC Program" from October 18 - November 18, 2013

Miscellaneous

Training Records for Westinghouse ITAAC Staff, current as of 2/24/14

Training Records for CB&I ITAAC Staff, current as of 2/24/14

Training Records for SNC ITAAC Staff, current as of 2/24/14

SV-ME3B-VQQ-001 Rev. 0, Vogtle Unit 3 Spent Fuel System Heat Exchanger Quality Release and Certificate of Conformance

SV3-ME3B-ZRT-001 Rev. 0, Vogtle Unit 3 Receipt Inspection Checklist

SV3-MVO1-VQQ-OO1 Revision 2, Vogtle Unit 3 Quality Release & Certificate of Conformance

WEC Corrective Action Program Issue Report 13-175-M065

Appendix 16, Inspection of Criterion XVI (IP35007)

Section 1P02

CB&I:

Corrective Action Documents

CAR 2013-0940

CAR 2013-0566

CAR 2013-0079

CAR 2013-0145

CAR 2013-0443

CAR 2013-1740

CAR 2013-0788

CAR 2013-0334

CAR 2013-0948

CAR 2013-1823

CAR 2013-1398
 CAR 2013-0205
 CAR 2013-0305
 CAR 2013-0185
 CAR 2013-0454
 CAR 2013-0086
 CAR 2013-0438
 CAR 2013-0225
 CAR 2013-0097

Procedures

CB&I Nuclear Quality standard (QS) 16.05, "Corrective Action Program," Revision 002.B-TCN;
 CB&I Nuclear Corrective Action Procedure (NCAP) 2.1, "Trend Analysis," Revision 0;
 CB&I quality assurance program (SWSQAP 1-74A, Rev. B);
 CB&I procedure QS 15.1, "Nonconformance & Disposition Report," revision 4;

SNC:

Corrective Action Documents

732015, 11/12/13
 728572, 11/4/2013
 726785, 10/31/13
 724561, 10/27/13
 724563, 10/27/13
 708831, 9/26/13
 668604, 7/9/2013
 659167, 6/20/13
 653328, 6/10/13
 650726, 6/5/13
 645065, 3/10/13
 606462, 3/14/13
 577172, 1/22/13
 573771, 1/15/13
 568589, 1/4/13

Meetings Attended

Construction MRC, 2/25/14

Procedures

ND-AD-002, Nuclear Development Corrective Action Program, Revision 18
 ND-CA-VNP-013, "Nuclear Development Quality Surveillance Program," Revision 3

WEC:

Corrective Action Documents

IR 12-103-M041
 IR 12-338-M029
 IR 13-022-M035
 IR 13-056-M037
 IR 13-126-W001
 IR 13-127-M061
 IR 13-157-M058
 IR 13-239-M021

IR 12-199-M023
 IR 13-165-M035
 IR 13-172-M008
 IR 13-029-M078
 IR 13-108-M078
 IR 13-189-M003
 IR 13-171-M024

Drawings

10094D25, PMS Division A Subrack Configuration, Rev. 1
 10094D26, PMS Division B Subrack Configuration, Rev. 1
 10094D27, PMS Division C Subrack Configuration, Rev. 2
 10094D28, PMS Division D Subrack Configuration, Rev. 1
 10098D25, PMS Division A Subrack Configuration, Rev. 1
 10098D26, PMS Division B Subrack Configuration, Rev. 1
 10098D27, PMS Division C Subrack Configuration, Rev. 2
 10098D28, PMS Division D Subrack Configuration, Rev. 1
 10049D33, MCR PDSP Control Assembly, Rev. 6

Procedures

NA 2.8, "Training Oversight," Rev. 0
 NA 18.1, In-Process Software Audits, Rev. 0
 WEC 18.5, External Audits and Regulatory Inspections," Rev. 1
 WNA-PD-00214-GEN, Requirements Management Plan Standard Template," Rev. 2
 WNA-WI-00033-GEN, Common Q Software Hazards Analysis Work Instructions, Rev. 2
 NABU-DP-00014-GEN, "Design Process for Common Q Safety Systems," Rev. 4
 WNA-PV-00009-GEN, "Software Verification and Validation Process for the Common Q Safety Systems," Rev. 7
 WNA-WI-00106-Gen, "Software Requirements Specification Template," Rev. 1
 APP-GW-GAP-106, Corrective Action Interface, Rev. 4
 WEC 16.2, Westinghouse Corrective Action Process, Rev. 6
 APP-OCS-T1P-006, Operation and Control Centers System Operator Consoles and Panels Hardware Manufacturing Test Procedure, Rev. 3
 WEC 3.3.1, Design Reviews, Rev. 5
 WNA-WI-00355-GEN, Protection and Safety Monitoring System Functional Design Review of Software Interpretation of Requirements, Rev. 0

Design Change Documents

DCP APP-GW-GEE-4380, Document Updates for Common Q Systems, Rev. 0
 DCP APP-GW-GEE-3827, SGS Fitting and Piping Reconciliation, Rev. 0
 EDCR APP-ME02-GEF-040, Revise PRHRHX Bolted Connections, Rev. 0
 EDCR APP-ME02-GEF-059, Revise PRHRHX Bolted Connections, Rev. 0
 EDCR APP-ME02-GEF-060, Revise PRHRHX Bolted Connections, Rev. 0
 EDCR APP-ME02-GEF-065, Revise PRHRHX Bolted Connections, Rev. 0
 EDCR APP-MT02-GEF-040, AP1000 Accumulator Shipping Weight, Rev. 1
 EDCR APP-MT02-GEF-046, AP1000 Accumulator Shipping Weight, Rev. 0
 ECO 12-03727, Revise PMS Subrack Configuration Drawings, Rev. 0

Miscellaneous

"Nuclear Automation Licensing Codes and Standards IEEE Standards and Regulatory Guides"
 Training Material

"Westinghouse Corrective Actions Process (WEC 16.2)" Training Material
 "Nuclear Automation Training Oversight Process" Training Material
 Selected WEC Employee Training Records
 LTR-NA-12-29, Nuclear Automation Level 3 Policies and Procedures, Rev. 28," dated 12/7/12
 Nuclear Automation Workflow Handbook
 ASM-MGR-002008, PRHRHX Manufacturing Holds, 12/3/12
 Lessons Learned ID Number 5280965
 WEC 13-58, Internal Audit Report, dated 8/8/13
 APP-MV01-GEM-002, AP1000 Reactor Vessel Long Term Storage Manual, Rev. 1
 APP-OCS-JCR-002, Main Control Area/Remote Shutdown Room Panel/Console Internal
 Electrical Separation Assessment, Rev. 0
 SV3-WEC-MATLSTORAGE-0012, Storage of WEC Supplied Equipment, Rev. 0
 APP-PMS-GHY-002, Protection and Safety Monitoring System Software Design Description for
 Bistable Processor Logic, Rev. 9
 APP-PMS-J4-102, AP1000 Protection and Safety Monitoring System Software Requirements
 Specification, Rev. 10
 APP-PXS-M3C-033, Containment Flood-up Volume Calculation, Rev. 2
 APP-PXS-M3C-034, Containment Flood-up Level, Rev. 3
 APP-MT02-Z0R-001, Detailed Analysis of AP1000 Accumulator Tank, Rev. 6
 APP-MT02-Z0R-101, AP1000 Accumulator Tank Generic Design Report, Rev. 5
 Letter Number QA-2013-036, Revised Response to WEC SCAR 13-029-M078 and 13-073-
 M053

Section 1P03

CB&I:

Nonconformance and Disposition Reports

SV3-CA20-GNR-000335
 SV3-CA20-GNR-000321
 SV3-CA20-GNR-000308
 SV3-CA20-GNR-000270
 APP-CA20-GNR-850009

Procedures

QS 15.1, "Nonconformance & Disposition Report," revision 4

SNC:

Technical Evaluations & Surveillance Reports

TE 744125
 TE 707320
 TE 718200
 TE 714176
 TE 721799
 TE 646745
 TE 646746
 TE 502670
 TE 585483
 TE 589512
 TE 612807
 TE 739013
 TE 660879

TE 660880
 TE 660881
 TE 605672
 TE 606462
 TE 609249
 TE 617610
 TE 720031
 TE 728959

Procedures

ND-CA-VNP-021-001, "Compliance Monitoring Program Technical Evaluations," Revision 3
 ND-CA-VNP-013, "Nuclear Development Quality Surveillance Program," Revision 3
 ND-AD-VNP-001, "Interface of Corrective Action Processes," version 3.0

Section 1P04

Consortium Meetings Attended

Nuclear Development Corrective Action Review Board, 2/18/14
 Construction Management Review Committee, 2/11/14, 2/13/14, & 2/25/14
 ICAP Management Review Committee, 2/11/14
 Performance Improvement Corrective Action Program Good Catch Trending Meeting, 2/14/14
 ICAP Corrective Action Review Board, 2/24/14

Section 1P06

CB&I

Surveillance number S-132175-2014-001, "Corrective Action Program," 1/13/14 – 1/16/14;
 Surveillance number S-132175-2014-007, "Nonconformance and Disposition Tag Verification,"
 1/16/14 – 1/29/14;
 Surveillance number S-132175-2014-006, "Nonconformance and Disposition Tag Verification,"
 1/16/14 – 1/22/14;
 Audit report number 2013-18, "Audit of the Vogtle Units 3 and 4 EPC Site Activities,"
 September 9 – 12, 2013;

SNC

ND-CS-CAP-2013, "Nuclear Development Quality Assurance (NDQA) Performance
 Improvement (PI)/ Correction Action Program (CAP)", 2/15/13
 ND-AD-003-F04, "Problem Identification and Resolution (PI&R) Focused Area Self-
 Assessment", 9/13/13

WEC

WEC 13-58, Internal Audit Report, dated 8/8/13

Section 4OA5

ITAAC 3.3.3.00.02a.i.c (762)

Corrective Action Documents

CR 670487, dated 07/12/2013
 CR 695726, dated 08/29/2013
 SNC CAR 207908, dated 11/20/2013

SV0-CE01-GNR-000012, "DWA minimum bend diameter," Rev. 0, dated 08/29/2013

ITAAC 3.3.3.00.02a.i.d (763)

Corrective Action Documents

CR 670487, dated 07/12/2013

CR 695726, dated 08/29/2013

SNC CAR 207908, dated 11/20/2013

SV0-CE01-GNR-000012, "DWA minimum bend diameter," Rev. 0, dated 08/29/2013

LIST OF ACRONYMS

ADAMS	Agencywide Documents Access & Management System
AP1000	Advanced Passive Pressurized with Water Reactors
CAP	Corrective Action Program
CAQ	Conditions Adverse to Quality
CB&I	Chicago Bridge and Iron
CFR	Code of Federal Regulations
COL	Combined License
EPC	Engineering Procurement and Construction
ICN	ITAAC Closure Notifications
IMC	Inspection Manual Chapter
ITAAC	Inspections, Tests, Analysis, and Inspection Criteria
NCV	Non Cited Violation
N&Ds	Non Conformance & Disposition Reports
NRC	Nuclear Regulatory Commission
QA	Quality Assurance
QAP	Quality Assurance Program
QC	Quality Control
QS	Quality Standard
SCAQ	Significant Conditions Adverse to Quality
SNC	Southern Nuclear Operating Company
WEC	Westinghouse Electric Company, LLC