



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**
REGION II
245 PEACHTREE CENTER AVENUE NE, SUITE 1200
ATLANTA, GEORGIA 30303-1257

September 5, 2014

Mr. Ronald A. Jones
Vice President, New Nuclear Operations
South Carolina Electric and Gas
P.O. Box 88 (Mail Code P40)
Jenkinsville, SC 29065-0088

**SUBJECT: VIRGIL C. SUMMER NUCLEAR STATION UNITS 2 AND 3 – NRC PROGRAM
INSPECTION FOR MANAGEMENT OF INSPECTIONS, TESTS, ANALYSES,
AND ACCEPTANCE CRITERIA AND CORRECTIVE ACTION PROGRAM
IMPLEMENTATION INSPECTION, REPORTS 05200027/2014-012 AND
05200028/2014-012**

Dear Mr. Jones:

On July 25, 2014, the U.S. Nuclear Regulatory Commission (NRC) completed an inspection at your Virgil C. Summer Nuclear Station Units 2 and 3. The enclosed inspection report documents the inspection results which were discussed on July 25, 2014, with Mr. A. Torres 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 Virgil C. Summer Nuclear Station Units 2 and 3 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 Code of Federal Regulations (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.: 5200027, 5200028

Combined Licenses (COL) Nos: NPF-93, NPF-94

Enclosure: NRC Inspection Report (IR)
05200027/20140012, 05200028/20140012
w/attachment: Supplemental Information

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.: 5200027, 5200028

Combined Licenses (COL) Nos: NPF-93, NPF-94

Enclosure: NRC Inspection Report (IR)
05200027/20140012, 05200028/20140012
w/attachment: Supplemental Information

☒ PUBLICLY AVAILABLE ☐ NON-PUBLICLY AVAILABLE ☐ SENSITIVE ☒ NON-SENSITIVE
 ADAMS: ☒ Yes ACCESSION NUMBER: ML14248A428 ☒ SUNSI REVIEW COMPLETE ☒ FORM 665 ATTACHED

OFFICE	RII:DCP	RII:DCP	RII:DCP	RII:DCI	RII:DCI	RII:DCI
SIGNATURE	J. Kent	J. Fuller	D. Failla	A. Ponko	A. Matos	
NAME	JXK1 via e-mail	JDF via e-mail	DMF1 via e-mail	AFP1 via e-mail	PJH for ATM1	
DATE	09/04/2014	09/04/2014	09/04/2014	09/04/2014	09/05/2014	
E-MAIL COPY?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

OFFICIAL RECORD COPY DOCUMENT NAME: OFFICIAL RECORD COPY DOCUMENT NAME:
 G:\CC\DCP\CPB4\PROJECT V C SUMMER\INSPECTION REPORTS\2014-012\IR 05200027-2014-012 VC SUMMER ANNUAL
 ITAAC AND CAP INSPECTION.DOCX

cc w/ encls:

Mr. Jeffrey B. Archie
Sr. Vice President, Nuclear Operations
South Carolina Electric & Gas Company
MC D304
220 Operation Way
Cayce, SC 29033-3172

Chairman
Fairfield County Council
Drawer 60
Winnsboro, SC 29180

Ms. Gidget Stanley-Banks
Director
Allendale County EPA
426 Mullberry Street
Allendale, SC 29810

Email

abynum@scana.com (Al Bynum)
amonroe@scana.com (Amy Monroe)
andy.barbee@scana.com (Andy Barbee)
APAGLIA@Scana.com (Al Paglia)
April.Rice@scana.com (April Rice)
arice@scana.com (April R. Rice)
awc@nei.org (Anne W. Cottingham)
becky@georgiawand.org (Becky D. Rafter)
bedforbj@westinghouse.com (Brian Bedford)
Bill.Jacobs@gdsassociates.com (Bill Jacobs)
charles.baucom@cbi.com (Charles T. Baucom)
christina.barnett@scana.com (Christina Barnett)
collinlj@westinghouse.com (Leslie Collins)
CumminWE@Westinghouse.com (Edward W. Cummins)
cwaltman@roe.com (C. Waltman)
david.lewis@pillsburylaw.com (David Lewis)
DCRM-EDMS@SCANA.COM
delongra@westinghouse.com (Rich DeLong)
dgriffin@scana.com (Donna S. Griffin)
ed.burns@earthlink.net (Ed Burns)
ewingja@westinghouse.com (Jerrod Ewing)
fbelser@regstaff.sc.gov
gary@jonespartners.net (Gary Jones)
George_Stramback@Charter.net (George Stramback)
gsoult@regstaff.sc.gov (Gene G. Soult)
jarchie@scana.com (Jeffrey B. Archie)
jenkinse@dhec.sc.gov (Susan Jenkins)
jflitter@regstaff.sc.gov
Joseph_Hegner@dom.com (Joseph Hegner)
karlg@att.net (Karl Gross)
kinneyrw@dhec.sc.gov (Ronald Kinney)
KSutton@morganlewis.com (Kathryn M. Sutton)
kwaugh@impact-net.org (Kenneth O. Waugh)
lchandler@morganlewis.com (Lawrence J. Chandler)
majames@regstaff.sc.gov (Anthony James)
maria.webb@pillsburylaw.com (Maria Webb)
mcintyba@westinghouse.com (Brian McIntyre)
media@nei.org (Scott Peterson)
MSF@nei.org (Marvin Fertel)
nirsnet@nirs.org (Michael Mariotte)
Nuclaw@mindspring.com (Robert Temple)
patriciaL.campbell@ge.com (Patricia L. Campbell)
paul.mothena@scana.com (Paul Mothena)
Paul@beyondnuclear.org (Paul Gunter)

pbessette@morganlewis.com (Paul Bessette)
porterhj@dhec.sc.gov (Henry Porter)
randall@nexusamllc.com (Randall Li)
RJB@NEI.org (Russell Bell)
Ronald.Jones@scana.com (Ronald Jones)
russpa@westinghouse.com (Paul Russ)
rwink@ameren.com (Roger Wink)
sabinski@suddenlink.net (Steve A. Bennett)
sburdick@morganlewis.com (Stephen Burdick)
sbyrne@scana.com (Stephen A. Byrne)
sfrantz@morganlewis.com (Stephen P. Frantz)
shudson@regstaff.sc.gov (Shannon Hudson)
solleyda@dhec.sc.gov (David Solley)
stephan.moen@ge.com (Stephan Moen)
TGATLIN@scana.com (Thomas Gatlin)
threatsj@dhec.sc.gov (Sandra Threatt)
tom.miller@hq.doe.gov (Tom Miller)
TomClements329@cs.com (Tom Clements)
Vanessa.quinn@dhs.gov (Vanessa Quinn)
vcsnrc@scana.com (NRC Senior Resident Inspector)
Wanda.K.Marshall@dom.com (Wanda K. Marshall)
weave1dw@westinghouse.com (Doug Weaver)
William.Cherry@scana.com (William Cherry)
wmcherry@santeecooper.com (Marion Cherry)

Letter to R. Jones from Michael E. Ernstes dated September 5, 2014

SUBJECT: VIRGIL C. SUMMER NUCLEAR STATION UNITS 2 AND 3 – NRC PROGRAM
INSPECTION FOR MANAGEMENT OF INSPECTIONS, TESTS, ANALYSES,
AND ACCEPTANCE CRITERIA AND CORRECTIVE ACTION PROGRAM
IMPLEMENTATION INSPECTION, REPORTS 05200027/2014-012 AND
05200028/2014-012

Distribution w/encl:

Region II Regional Coordinator, OEDO

T. Fredette, NRO

T. Kozak, NRO

L. Burkhardt, NRO

D. McGovern, NRO

F. Brown, RII

W. Jones, RII

J. Yerokun, RII

S. Coffin, RII

M. Ernstes, RII

R. Musser, RII

L. Suggs, RII

A. Masters, RII

S. Vias, RII

P. Heher, RII

J. Kent, RII

R. Jackson, RII

P. Donnelly, RII

D. Failla, RII

T. Chandler, RII

ConE_Resouce@nrc.gov

NRO_cROPResource@nrc.gov

Summer_Construction_Support@nrc.gov

PUBLIC

**U.S. NUCLEAR REGULATORY COMMISSION
Region II**

Docket Numbers: 5200027
5200028

License Numbers: NPF-93
NPF-94

Report Numbers: 05200027/2014012
05200028/2014012

Licensee: South Carolina Electric & Gas

Facility: Virgil C. Summer Nuclear Station Unit 2
Virgil C. Summer Nuclear Station Unit 3

Location: Jenkinsville, SC

Inspection Dates: July 21, 2014 through July 25, 2014

Inspectors: A. Ponko, Senior Construction Inspector, DCI
J. Kent, Construction Project Inspector, DCP
J. Fuller, Senior Resident Inspector, DCP
D. Failla, Resident Inspector, DCP
A. Matos-Marin, Construction Inspector, DCI

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

Enclosure

SUMMARY OF FINDINGS

Inspection Report 05200027/2014012, 05200028/2014012; 07/21/2014 through 07/25/2014; Virgil C. Summer Nuclear Station Unit 2, Virgil C. Summer Nuclear Station Unit 3, 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 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 Virgil C. Summer Nuclear Station Units 2 and 3 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. The inspectors did not identify any trends that were not already being addressed in the corrective action program. Based on the independent assessment of safety culture results, interviews conducted during the inspection, and a review of the employee concerns 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, analyses and acceptance criteria (ITAAC) 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, South Carolina Electric and Gas (SCE&G), 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 ITAAC; 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 that 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.

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 was effectively implementing 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 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, 2013, which included an overlapping portion of time since the last NRC CAP inspection in August 2013. 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 site 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:

- SCE&G Procedure NND-AP-0002, "Corrective Action and Trending Program," Revision 14
- SCE&G Procedure NND-AP-0015, "Cause Determination," Revision 6
- CB&I Nuclear Quality Standard (QS) 16.05, "Corrective Action Program," Revision 03.00
- WEC Policy/Procedure WEC-16.2, "Westinghouse Corrective Action Program," Revision 7.0

Specifically, the inspectors determined 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;
- 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.

Additionally, the inspectors reviewed selected issues entered into the SCE&G, 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 reviewed a sample of licensee corrective actions associated with recently issued NRC non-cited violations (NCVs) to determine whether these NCVs were

accurately entered into the corrective action program and the licensee's actions taken to correct the condition adverse to quality were adequate. Specifically, the inspectors reviewed licensee corrective actions associated with NCV 05200027/2013003-01, "Failure to Document and Process a Nonconformance," and NCV 05200027/2013003-02, "Failure to Correct Conditions Adverse to Quality." The inspectors reviewed CR-NND-13-00448 and CR-NND-13-00765, which were related to NCV 2013003-01. The inspectors also reviewed CR-NND-13-00575 and CR-NND-13-00766, which were associated with NCV 2013003-02. The inspectors noted that these NCVs were open and closed in the inspection report.

The inspectors attended several weekly management review committee meetings at the site and held discussions with licensee and EPC consortium personnel responsible for the screening and correction of the issues to determine if:

- the licensee and the EPC consortium were identifying equipment, human performance, and program issues at an appropriate threshold and were entering the issues into their respective corrective action programs;
- the licensee and the EPC consortium appropriately classified the issues and took appropriate short-term corrective actions;
- conditions adverse to quality were controlled in accordance with each company's quality assurance program; and whether potential adverse trends were appropriately identified and corrected by the licensee or their contractors.

Specifically, the inspectors observed the following meetings among consortium members:

- CB&I V.C. Summer CAP Screening Committee Meeting; and
- V.C. Summer New Nuclear Development (NND) Management Team (MRT) Meeting

The inspectors reviewed a sample of SCE&G 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. Additionally, the inspectors reviewed the training and qualification records for the licensee personnel who performed the surveillances, and verified that the training and qualification was performed in accordance with step 6.9, "Training," of procedure NND-QS-0005.

The inspectors reviewed a sample of recent trend reports for conformance to NND-AP-0002, "Corrective Action and Trending Program," revision 14. The inspectors reviewed these trend reports to determine whether the trend reports were issued within the time frames established by section 6.13, "Trending," of this procedure. Furthermore, the inspectors verified that the content of the trend reports contained information and analysis of licensee and contractor performance improvement activities. The inspectors also verified that condition reports were generated for any identified adverse trends or

recommendations as required by steps 6.13.3 and 6.13.4 of this procedure. Specifically, the inspectors reviewed the following trend reports:

- First Quarter 2014 Trend Report, dated 5/29/2014;
- Fourth Quarter 2013 Trend Report, dated 2/28/2014; and
- Third Quarter 2013 Trend Report, dated 12/17/2013.

The inspectors reviewed NND Administrative Procedure NND-AP-0018, "Observation Program," revision 4; to determine whether the procedure provided adequate guidance to licensee personnel regarding actions to be taken when a condition adverse to quality was identified during their oversight of contractors and subcontractors. The inspectors reviewed a sample of licensee observation records to independently determine whether conditions adverse to quality, when identified during observation activities, were appropriately entered into the licensee's corrective action program, as required by Section 6.6, "Corrective Actions and Trending," of NND-AP-0018. Moreover, the inspectors reviewed a sample of the licensee's monthly reviews of observation report records to determine whether this monthly review was performed in accordance with this section of the procedure.

The inspectors reviewed a sample of licensee surveillance reports that were conducted by Quality Systems personnel to determine whether these surveillances were performed and documented in accordance with licensee procedure NND-QS-0005, "Surveillances," revisions 0, 1, and 2. The inspectors independently reviewed a sample of surveillance reports to determine whether the licensee adequately documented the results of the surveillance and initiated appropriate corrective action documents to identify and correct any conditions adverse to quality that were observed during the conduct of the surveillance. For any surveillance activities that resulted in the identification of a condition adverse to quality, the inspectors reviewed the applicable corrective action document to determine whether the document adequately captured the condition described in the surveillance report and if the condition adverse to quality was corrected in a manner commensurate with its safety significance. Specifically, the inspectors reviewed the following surveillance reports and associated corrective action documents:

- NND-SUR-2013-0008, "Unit 2 NI Basemat Pre-Placement – first Nuclear Concrete Pour Activities,"
- NND-SUR-2013-031, "Surveillance of Storage of Safety Related Material,"
- NND-SUR-2013-0038, "CB&I Services – Unit 3 (Layer 1) rebar Installation,"
- NND-SUR-2013-059, "Welding Procedure Qualification,"
- NND-SUR-2013-071, "NRC Inspection Report 2012-004 Follow-up,"
- NND-SUR-2013-079, "Unit 3 Containment Vessel Bottom Head,"
- NND-SUR-2013-090, "Welding and NDE Activity for CA20 Modules,"
- NND-SUR-2013-091, "MAB Weld Sheet / Hold Points and Inspections,"
- NND-SUR-2013-099, "Consortium's Engineering and Design Coordination Reports (E&DCR) Process,"

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 CB&I procedure QS 15.1, Nonconformance & Disposition Report, revision 5.

The inspectors reviewed the N&D reports listed in the attachments that CB&I Power rejected, repaired, reworked, or accepted through evaluation.

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 nonconformances 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;
- nonconformances 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.

The inspectors reviewed CB&I Quality Control (QC) Inspection Reports to determine whether unsatisfactory QC inspection results were dispositioned in accordance with procedures.

A list of reviewed documents is attached.

b. Assessment

(1) Effectiveness of Problem Identification

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 programs, 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.

(2) Effectiveness of Prioritization and Evaluation of Issues

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.

(3) Effectiveness of Corrective Actions

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.

c. Findings

No findings were identified.

1P03 Assessment Use of Construction Experience

a. Inspection Scope

The inspectors reviewed the SCE&G, 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 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 SCE&G, CB&I and WEC were entering applicable industry experience items into the corrective action program and dispositioning the items appropriately.

b. Assessment

The inspectors performed an assessment of the licensee's use of internally and externally identified construction and operating experience to ensure that the licensee adequately screened and evaluated this experience for applicability to their project. The inspectors noted that the licensee routinely entered this information in their corrective action program for evaluation. The inspectors reviewed a sample of condition reports that were initiated in order to capture and evaluate relevant external and internal construction experience. The inspectors also reviewed a recent self-assessment that the licensee performed of their construction and operating experience program. The inspectors noted that the licensee self-identified several issues with their implementation of this program, but had adequately entered the issues in their corrective action program. At the time of the inspection the corrective action documents were still open; therefore, the inspectors were unable to assess the effectiveness of those corrective actions. However, the inspectors determined that the licensee had established adequate measures to identify and evaluate construction and operating experience, and reviewed specific examples these evaluations.

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.

c. Findings

No findings were identified.

1P04 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 of the conclusions of the licensee.

The inspectors reviewed a sample of licensee internal assessments associated with ongoing construction activities and QA program implementation, including an assessment of the implementation of the corrective action program. The inspectors reviewed the assessment reports to determine whether the assessment was performed and documented in accordance with the quality assurance program and procedure number NND-AP-0024, "Assessment Program," revision 2. Moreover, the inspectors verified that the licensee's self-assessments were consistent with the NRC's review of CAP implementation. Specifically, the inspectors reviewed the following assessment reports:

- SA-13-CON-02, "CA04 Module – IFC Drawing Assessment for Licensing and Regulatory Compliance," dated May 3 – 6, 2013;
- SA-14-NND-OD-05S, "Determination of Proper CR Action Levels in CMMS,"

- dated March 24 – April 1, 2014;
- SA14-NND-00-08S, “Preparations for NRC CAP Inspection,” dated May 12 – 23;
- SA14-NND-OD-06S, “Discrepancy Issue Request System,” dated April 7 – 17, 2014 ;
- SA-13-ODP-06, “Snapshot Assessment of Condition Report Closure Quality,” dated December 4 – 13, 2013; and
- SA-13-ODP-04, “Management Review Meeting Compliance with NND-AP-002, Revision 13,” dated October 29 – November 26, 2013.

The inspectors also reviewed the licensee’s audit report numbers NND-AUD-201310-0 and NND-AUD-201405-0 to determine whether the conditions adverse to quality described in the audit reports were properly entered into the licensee and contractor’s corrective action programs. Moreover, the inspectors reviewed the associated corrective action records for conformance to the licensee and contractors corrective action program procedures. Specifically, the inspectors reviewed the following audit reports:

- Audit report number NND-AUD-201310-0, “Design Control Audit,” dated October 15 – November 17, 2013
- NND-AUD-201405-0, “ITAAC Related Construction Activities Audit, 2014,” dated June 30, 2014

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

b. Assessment

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.

c. Findings

No findings were identified.

1P05 Assessment of Safety Conscious Work Environment

a. Inspection Scope

During the course of the inspection, the inspectors observed meetings and activities in the field, and focused attention on documentation reviewed to provide insight into whether a safety conscious work environment (SCWE) 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. Assessment

During the inspectors' review of the licensee's corrective action documents, the inspectors noted that the threshold for entering issues in the corrective action program was sufficient. Moreover, during discussions with licensee staff, the inspectors noted that personnel felt comfortable entering issues in the CAP and had the confidence that the issue would be addressed.

The inspectors did not observe underlying factors that could produce a "chilling" effect or a 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.

c. Findings

No findings were identified.

4. OTHER INSPECTION RESULTS

4OA6 Meetings, Including Exit

.1 Exit Meeting.

On July 25, 2014, the inspectors presented the inspection results to Mr. A. Torres, SCE&G General Manager for Nuclear Plant Construction, 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

SCE&G

R. Thompson, ITAAC Supervisor

WEC

P. Gould, VC Summer Installation Manager

M. Burley, Principal Quality Eng

D. Chapman, Principal QA Eng

J. Ewing, Licensing

R. Love, NND Training

LIST OF DOCUMENTS REVIEWED

ITAAC Management (IP 40600)

Section 1P01:

SCE&G

Assessments

SA14-NND-CON-02, ITAAC Program Snapshot Self-Assessment, Apr 2014

ICNs

NND-14-0016, V.C. Summer Nuclear Station Unit 2 ITAAC Closure Notification for Item 2.1.03.08, Jan 2014

NND-14-0017, V.C. Summer Nuclear Station Unit 2 ITAAC Closure Notification for Item 2.1.03.11, May 2014

NND-14-0018, V.C. Summer Nuclear Station Unit 2 ITAAC Closure Notification for Item 3.3.00.09, Jan 2014

NND-14-0142, V.C. Summer Nuclear Station Unit 2 ITAAC Closure Notification for Item 2.4.02.03.i, Apr 2014

NND-14-0143, V.C. Summer Nuclear Station Unit 3 ITAAC Closure Notification for Item 2.4.02.03.i, Apr 2014

NND-14-0195, V.C. Summer Nuclear Station Unit 2 ITAAC Closure Notification for Item 2.3.07.08.i, Apr 2014

Procedures

NND-AP-0032, Implementation of Inspections, Tests, Analyses and Acceptance Criteria (ITAAC), Rev. 4

NND-SUR-2013-102, Reactor Vessel and Spent Fuel Pool ITAAC Completion Packages, Feb 2014

NNDG-CS-0010, ITAAC Oversight Package Preparation, Rev. 0

WEC

Certificates of Conformance

VS2-MV01-VQQ-001, V.C. Summer Reactor Vessel Quality Release & Certificate of Conformance, Rev. 1

Data Sheets

APP-PLS-J4-007, Advanced Passive Pressurized with Water Reactors (AP100) Plant Control System and Data Display System - System Design Specification, Rev. 4

APP-PLS-J4-025, AP1000 TCPS System Design Specification (SyDS) for Toshiba Turbine, Rev. 0

APP-PLS-J4-026, AP1000 Interface Specification for TCPS Interfaces, Rev. 0

APP-TOS-VD-002, EHS (TOS) Data Sheet, Rev. 0

E&DCRs

VS2-KQ11-GEF-000005, KQ11 - ITAAC Requirements, Rev. 0

ICN Transmittals

VSL-VSG-000129, Transmittal of Updated V.C. Summer Unit 2 ITAAC 2.1.03.08, 2.1.03.11, and 3.3.00.09 Completion Package, Jan 2014
 VSL-VSG-000150, Transmittal of Updated V.C. Summer Unit 2 ITAAC 2.3.07.08.i Completion Package, Apr 2014
 VSL-VSG-000155, Transmittal of Updated V.C. Summer Unit 2 and Unit 3 ITAAC 2.4.02.03.i Completion Packages, Apr 2017
 VSL-VSG-000162, Transmittal of Updated V.C. Summer Unit 2 ITAAC 2.1.03.11 Completion Package, May 2014

Miscellaneous

WEC 3.3.1, Design Reviews, Rev. 5.0

Reports

APP-PLS-GGR-007, AP1000 Plant Control System/Data Display & Processing System (FDR-09-29) Final Design Review Report, Rev. 2
 VS2-ME3B-VQQ-001, Quality Release and Certificate of Conformance, Rev. 1
 VS2-MV01-Z0R-101, V.C. Summer Unit 2 AP1000 Reactor Vessel ASME Code Design Report, Rev. 0
 VSG-ME3B-VDR-001, AP1000 ME3B SFS Heat Exchanger Design Report, Rev. 1

*CB&I*Drawings

CSI 3-24-6, Site-Specific Field Surveying Instructions, Jan 2014

Instructions

CSI 3-24-6, Site-Specific Field Surveying Instructions, Jan 2014

*Doosan Heavy Industries & Construction*Miscellaneous

D-AC-11104-M01, AP1000 Reactor Vessel V.C. Summer #2 Vessel As-Built, Rev. 0

Appendix 16, Inspection of Criterion XVI (IP 35007)**Section 1P02:***CB&I:*Corrective Action Documents

CAR 2013-1016, "Shop Drawings for layers 1 & 2 concrete reinforcement bars detailed incorrectly by the supplier were reviewed and approved by WEC and CB&I Engineering. Further, bars were fabricated, received and installed," June 7, 2013
 CAR 2013-1470, "Loss of Traceability of Reinforcing Steel," August 27, 2013
 CAR 2013-1532, "Numerous issues related to the AMEC cement and aggregate testing program indicating an adverse trend," September 6, 2013
 CAR 2013-1545, "Material Found without a QC Reject Tag," August 28, 2013
 CAR 2013-1397, "VS2-SS01-GNR-000075 tag found on site when N&D was already closed," July 31, 2013

CAR 2013-1484, "QC Hold Points were not established by Quality Engineering," August 15, 2013
 CAR 2013-1720, "Design Requirements were not Properly Communicated for CB65 and Incorrect Tack Welds Applied," October 9, 2013
 CAR 2013-1648, "Site Quality Material Tagging," September 27, 2013
 CAR 2014-0068, "Embed Plate Number APP-12103-CE-PW942 made it to the Field for Installation Prior to Inspections being complete," January 9, 2014
 CAR 2014-0183, "Construction Proceeding Prior to Resolving QC Unsat Issues," February 3, 2014
 CAR 2014-0627, "Weld Repair Performed Prior to N&D Issuance to Field," April 21, 2014

Procedures

QS 14.02, "Inspection Report System," rev.1
 QS 15.01, "CB&I Nonconformance & Disposition Report," rev.5
 QS 16.05, "CB&I Corrective Action Program," rev.3

Nonconformance & Disposition Reports

APP-CA20-GNR-850128, "VS2-CA20-19 Missing CMTR Heat Number 1506113," rev.0
 VS3-CR01-GNR-000001, "Development Length of Layer 1/2 Fabrication," rev.0
 VS2-CA04-GNR-000009, "QC hold points were not identified on a weld data sheet for module CA04-03," rev.0
 VS2-CA04-GNR-000011, "CA04_03 QC Fit-up inspection not performed on horizontal stiffener," rev.0
 VS2-CR01-GNR-000082, "Unit 2 Drawing Discrepancies," rev.0
 VS2-CC01-GNR-000068, "Debris in Construction Joint," rev.0
 VS2-CR01-GNR-000083, "Unit 2 Drawing Discrepancy," rev.0
 VS3-CR01-GNR-000023, "FNC KB13 Clear Cover," rev.0
 VS2-FS02-GNR-000001, "Fuel Rack Storage Nonconformance," rev.0
 VS2-CR01-GNR-000103, "CL 7.3 Shield Wall Rebar Intersection," rev.0
 VS2-CR01-GNR-000109, "Minor Rebar Damage under Containment Vessel," rev.0
 VS2-CR01-GNR-000111, "Minor Rebar Damage on I Line Face of Basemat Pour," rev.0
 VS2-CA20-GNR-000152, "CA20_19 Pipe Support Weld Underlength," rev.0
 VS2-CE01-GNR-000062, "Embeds Failed UT Thickness," rev.0

Quality Control Inspection Reports

S561-14-0032, "Weld Inspection of CA20_18 for VS2-CA20-GNR-000238," February 26, 2014s
 S561-14-0082, "CA01_25 Structural Welding Enhanced Inspection," April 9, 2014
 S540-14-0051, "CA01_25 Stud Welding Enhanced Inspection," April 9, 2014
 Q445-14-0316, "Module: VS2-CA20-SA3-200 (Lifting Attachment Plates)," March 11, 2014
 Q445-14-0131, "Module CA20 Overlay Plates (Embeds) Load 8," February 10, 2014
 C112-14-0362, "Concrete Pre-Placement Inspection," June 23, 2014
 C113-14-0013, "Structural Grout Placement – Unit 2 Equipment Base Surface Prep.," March 13, 2014

SCE&G

Corrective Action Documents

CR-NND-13-00285
 CR-NND-13-00045
 CR-NND-13-00163

CR-NND-13-01227
CR-NND-13-01232
CR-NND-13-01235
CR-NND-13-01236
CR-NND-13-00471
CR-NND-14-00008
CR-NND-14-00578
CR-NND-14-00705
CR-NND-12-00426
CR-NND-13-01251
CR-NND-13-00114
CR-NND-13-00606
CR-NND-13-00517
CR-NND-13-00519
CR-NND-13-00573
CR-NND-13-00688
CR-NND-13-00784
CR-NND-13-00800
CR-NND-13-00811
CR-NND-13-00867
CR-NND-13-00873
CR-NND-13-00874
CR-NND-13-00880
CR-NND-13-00882
CR-NND-13-00990
CR-NND-13-01048
CR-NND-13-00288
CR-NND-14-00136
CR-NND-12-00232
CR-NND-13-00907
CR-NND-12-00620
CR-NND-12-00784
CR-NND-12-00798
CR-NND-13-00206
CR-NND-13-00254
CR-NND-13-00381
CR-NND-13-00809
CR-NND-13-00684

Procedures

NND-AP-0801, "Corrective Action Interface," revision 2;
NND-AP-0015, "Cause Determination," revision 6;
NND-AP-0002, "Corrective Action and Trending Program," revision 14;
NND-AP-0018, "Observation Program," revision 4;
NND-QS-0005, "Surveillances," revisions 0, 1, and 2;
NND-AP-0024, "Assessment Program," revision 2;
NND-QS-0006, "NND QS Audit and QAPD Review Programs," Revisions 0 and 1;
NND-ES-0009, "Engineering and Design Coordination Report Review," revision 1;
V.C. Summer Corrective Action Program Interface Charter, Revision 0;
V.C. Summer Units 2 and 3 Project Oversight Strategy Plan," revision 1;

Observation Report Records

OBV-VCSNND-2013-54370
 OBV-VCSNND-2013-64559
 OBV-VCSNND-2013-65937
 OBV-VCSNND-2014-77628
 OBV-VCSNND-2013-54568
 OBV-VCSNND-2013-59835
 OBV-VCSNND-2013-65268
 OBV-VCSNND-2013-55706
 OBV-VCSNND-2013-63196
 OBV-VCSNND-2013-61987
 OBV-VCSNND-2013-59843
 OBV-VCSNND-2014-67877
 OBV-VCSNND-2014-69047
 OBV-VCSNND-2014-78291
 OBV-VCSNND-2012-44694
 OBV-VCSNND-2012-50343
 OBV-VCSNND-2013-52167
 OBV-VCSNND-2013-52353
 OBV-VCSNND-2013-54154
 OBV-VCSNND-2013-55118
 OBV-VCSNND-2014-67954
 OBV-VCSNND-2014-68555

Monthly Observation Report Reviews

CR-NND-13-00917
 CR-NND-13-01074
 CR-NND-13-01186
 CR-NND-13-01329
 CR-NND-14-00037
 CR-NND-14-00212

Licensee QC Surveillance Reports

NND-SUR-2013-0008, "Unit 2 NI Basemat Pre-Placement – first Nuclear Concrete Pour Activities,"
 NND-SUR-2013-031, "Surveillance of Storage of Safety Related Material,"
 NND-SUR-2013-0038, "CB&I Services – Unit 3 (Layer 1) rebar Installation,"
 NND-SUR-2013-059, "Welding Procedure Qualification,"
 NND-SUR-2013-071, "NRC Inspection Report 2012-004 Follow-up,"
 NND-SUR-2013-079, "Unit 3 Containment Vessel Bottom Head,"
 NND-SUR-2013-090, "Welding and NDE Activity for CA20 Modules,"
 NND-SUR-2013-091, "MAB Weld Sheet / Hold Points and Inspections,"
 NND-SUR-2013-099, "Consortium's Engineering and Design Coordination Reports (E&DCR) Process,"

Licensee Trend Reports

- First Quarter 2014 Trend Report, dated 5/29/2014;
- Fourth Quarter 2013 Trend Report, dated 2/28/2014; and
- Third Quarter 2013 Trend Report, dated 12/17/2013.

WEC

Corrective Action Documents

- IR 13-142-C004 "Incorrect Plant Applicability listed in the TDC" Initiated: 22/May/2013
- IR 13-148-M020 "E&DCR APP-CB46-GEF-001W Rev.1" not sent to VC Summer SDC" Initiated: 28/May/2013
- IR 13-161-M039 "Adequacy of Part 21 Evaluation" Initiated: 10/Jun/2013
- IR 13-212-M042, "CAP13-001-C004.01 Closure Lacks Reference to Open IR and Commitments"; Initiated: 31/Jul/2013
- IR 13-232-M022 "E&DCR APP-1100-GEF-056 Rev.0 "Procedural Non-Compliance to APP-GW-GAP-420 Rev.7"; Initiated: 20/Aug/2013
- IR 13-304-M014 "Coating Issues with Subcontractor Forms Meeting Industry Standards"; Initiated: 31/Oct/2013
- IR 13-232-M010 "E&DCR APP-1210-GEF-176 RNO Procedural Non-Compliance to APP-GW-GAP-420 Rev.7"; Initiated: 20/Aug/2013
- IR 13-276-M005 "Wrong Revision of Procedure in Use Resulting in NRC Minor Violation"; Initiated: 3/Oct/2013
- IR 13-276-M005 "Wrong revision of procedure due in use resulting in NRC minor violation"; Closed: 17/Oct/2013
- IR 13-304-M040 "VC Summer FNC Inspection Minor Violation & DCR VS3-1000-GEF-000034 drawing note too general"; Initiated: 31/Oct/2013
- IR 14-006-C006 "Incomplete Level II Certification of Qualification Record Closed"; Dated: 10/Feb/2014
- IR 14-006-C009 "Discrepancy with Surveillance Reports"; Closed: 11/Mar/2014
- IR 14-006-C015 "CAPs IR Closed on Future Action"; Closed: 25/Feb/2014
- IR 14-006-C017 "SFI: ITAAC CAP's should include documentation of Licensing Evaluation"; Closed: January 22, 2014
- IR 14-068-M001 "Emergent Need for a Separate Electrical Isolation Panel to Satisfy Electrical Penetration Assembly Electrical Protection"; Closed: 11/Mar/2014
- IR 14-084-M021 "Inadequate Instrument Accuracy Assumed for Containment Bulk Average Temperature Elements"; Closed: 02/Apr/2014
- DI 100014657 "Customer Identified Condition Related to WECs Failure to Effectively Implement Corrective Action"; Created: 11/Dec/2013
- DI 100001611 "Operating Experience NRC IN 2014-04 (Containment Penetrations)"; Screened: April 1, 2014.
- DI 100010008 "Potential conflict between ASME sect III and ITAAC wording"
- DI 100010320 "Emergent need for new electrical fuse panels to satisfy AP1000 EPA electrical"
- DI 100012974 (IR 13-148-M020) "APP-CB46-GEF-001W Rev1 not sent to VC summer SDC"; Created: 28/May/2014
- DI 100014657 "Customer ID condition related to WFCs Failure to effectively implement co"
- DI 100014843 "CAP IRs Transferred to DIR without Documented Justification"; Created: 06/Jan/2014
- DI 100014844 "Inaccurate Documentation of Document Numbers"; Created: 06/Jan/2014
- DI 100016388 "NRC identified inadequate justification in VS2-CA04-GNR-000004"; Created: 3/24/2014
- DI 100017143 "Clash between JE61 instrument and pipe"
- DI 100017210 "Failure to translate design basis for the Aux Bldg. pre-cast panels"
- DI 100032378 "Casual Analysis not meeting timelines expectations"; Created: 7/23/2014

Miscellaneous

Form: F-16.2-1 Rev.3 "Corrective Action Program Issue"; Effective: March 24, 2014

List of Trained "CAPAL Issue Screeners"

List of Trained and Qualified Apparent Cause investigations; Dated: 7/21/2014

Training and Qualification records for selected "apparent cause Investigators"

Training records for selected "Issue Owners"

Procedures

WEC 16.3 "Policy/ Procedure Corrective Action Review Board"; Dated: 31/Mar/2014

WEC 16.2 Rev. 6 "Westinghouse Corrective Action Process"; Effective: November 15, 2013

WEC 16.2 Rev. 7 "Westinghouse Corrective Action Program"; Effective: March 31, 2014

Section 1P03:

CB&I

Construction Experience & Operating Experience

VCS-2014-CE-048, "V.C. Summer Unit 3 Pedestal Placement," July 16, 2014

VCS-2014-CE-050, "V.C. Summer Unit 3 CVBH Set, July 23," 2014

SCE&G

Corrective Action Documents

CR-NND-12-00886

CR-NND-13-00883

CR-NND-13-00900

CR-NND-13-00998

WEC

Procedures

BMS-CI-5 Rev1 "Operating Experience Guidelines"; Effective: May7, 2014

Section 1P04:

CB&I

Audits

2014-25, "Audit of VC Summer Units 2&3 and Vogtle Units 3&4 ASME Section III Program and EPC Site Activities," March 22, 2014

Surveillance Reports

S-132177-2014-003, "Rejected safety/non-safety related material and components management," February 24, 2014.

S-132177-2014-009, "Verification of corrective/preventive action for Corrective Action Reports (CARs) resulting from internal site audits," March 4, 2014

S-132177-2014-014, "Review of Mistras NDE Services," April 3, 2014

S-132177-2014-032, "Preventive Maintenance Program Review," June 5, 2014

S-132177-2014-045, "Review of Corrective Actions Resulting from CAR 2014-0177," July 11, 2014

S-132177-2014-028, "Unit 3 Containment Vessel Bottom Head (CVBH) Rigging & Lifting Activities," May 30, 2014

Section 1P05:

SCE&G

Audit report number NND-AUD-201310-0, "Design Control Audit," dated October 15 – November 17, 2013

NND-AUD-201405-0, "ITAAC Related Construction Activities Audit, 2014," dated June 30, 2014

SA-14-ODP-01, "NND Construction and Operating Experience Assessment," dated March 17 – 21, 2014

SA-13-CON-02, "CA04 Module – IFC Drawing Assessment for Licensing and Regulatory Compliance," dated May 3 – 6, 2013;

SA-14-NND-OD-05S, "Determination of Proper CR Action Levels in CMMS," dated March 24 – April 1, 2014;

SA14-NND-00-08S, "Preparations for NRC CAP Inspection," dated May 12 – 23;

SA14-NND-OD-06S, "Discrepancy Issue Request System," dated April 7 – 17, 2014 ;

SA-13-ODP-06, "Snapshot Assessment of Condition Report Closure Quality," dated December 4 – 13, 2013; and

SA-13-ODP-04, "Management Review Meeting Compliance with NND-AP-002, Revision 13," dated October 29 – November 26, 2013.

WEC

Procedures

WEC-16-62 "Westinghouse Internal Audit Report" Dec/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
ITAAC	Inspections, Tests, Analysis, and Inspection Criteria
MRT	Management Team
NCV	Non Cited Violation
N&Ds	Non Conformance & Disposition Reports
NND	New Nuclear Development
NRC	Nuclear Regulatory Commission
PARS	Publicly Available Records
QA	Quality Assurance
QC	Quality Control
QS	Quality Standard
SCAQ	Significant Conditions Adverse to Quality

SCE&G	South Carolina Electric and Gas
SNC	Southern Nuclear Operating Company
WEC	Westinghouse Electric Company, LLC