



**UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II**

245 PEACHTREE CENTER AVENUE NE, SUITE 1200
ATLANTA, GEORGIA 30303-1257

July 29, 2015

Mr. Joseph W. Shea
Vice President, Nuclear Licensing
Tennessee Valley Authority
1101 Market Street, LP 3D-C
Chattanooga, TN 37402-2801

**SUBJECT: SEQUOYAH NUCLEAR PLANT – NRC PROBLEM IDENTIFICATION AND
RESOLUTION INSPECTION REPORT 05000327/2015009, 05000328/2015009**

Dear Mr. Shea:

On June 25, 2015, the U. S. Nuclear Regulatory Commission (NRC) completed an inspection at your Sequoyah Nuclear Plant Units 1 and 2. The enclosed report documents the inspection findings, which were discussed on June 25, 2015, with Mr. Preston Pratt and other members of your staff. A re-exit was conducted with Mrs. Erin Henderson via telephone on July 24, 2015, to discuss the final results of the inspection.

Based on the inspection samples, the inspectors determined that your staff's implementation of the corrective action program supported nuclear safety. In reviewing your corrective action program, the inspectors assessed how well your staff identified problems at a low threshold, your staff's implementation of the station's process for prioritizing and evaluating these problems, and the effectiveness of corrective actions taken by the station to resolve these problems. In each of these areas, the inspectors determined that your staff's performance was adequate to support nuclear safety.

The inspectors also evaluated other processes your staff used to identify issues for resolution. These included your use of audits and self-assessments to identify latent problems and your incorporation of lessons learned from industry operating experience into station programs, processes, and procedures. The inspectors determined that your station's performance in each of these areas supported nuclear safety.

Finally, the inspectors determined that your station's management maintains a safety-conscious work environment adequate to support nuclear safety. Based on the inspectors' observations, your employees are willing to raise concerns related to nuclear safety through at least one of the several means available.

The NRC inspectors did not identify any findings or violations of more than minor significance. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of the NRC's document system (ADAMS). Adams is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

/RA/

Anthony D. Masters, Chief
Reactor Projects Branch 7
Division of Reactor Projects

Docket Nos. 50-327, 50-328
License Nos. DPR-77, DPR-79

Enclosure: IR 05000327/2015009 and
05000328/2015009 w/Attachment:
Supplemental Information

J. Shea

2

The NRC inspectors did not identify any findings or violations of more than minor significance. In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records (PARS) component of the NRC's document system (ADAMS). Adams is accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

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☒ PUBLICLY AVAILABLE ☐ NON-PUBLICLY AVAILABLE ☐ SENSITIVE ☒ NON-SENSITIVE
ADAMS: ☒ Yes ACCESSION NUMBER: ML15211A452 ☒ SUNSI REVIEW COMPLETE ☐ FORM 665 ATTACHED

OFFICE	RII:DRP	RII:DRP	RII:DRS	RII:DRP	RII:DRP	RII:DRP	
SIGNATURE	REW1	RCT1	Via Email/RA/BCC2	Via Email/RA/WXD1	ADM2	Via Email/RA/AJB3	
NAME	R. Williams	R. Taylor	B. Collins	W. Deschaine	A. Masters	A. Blamey	
DATE	7/27/2015	7/29/2015	7/27/2015	7/27/2015	7/27/2015	7/24/2015	
E-MAIL COPY?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES

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U.S. NUCLEAR REGULATORY COMMISSION

REGION II

Docket Nos.: 05000327, 05000328

License Nos.: DPR-77, DRP-79

Report Nos.: 05000327/2015009 and 05000328/2015009

Licensee: Tennessee Valley Authority (TVA)

Facility: Sequoyah Nuclear Plant, Units 1 and 2

Location: Sequoyah Access Road
Soddy-Daisy, TN 37379

Dates: June 8 - 12, 2015
June 22 - 25, 2015

Inspectors: R. Williams, Senior Reactor Inspector, Team Leader
R. Taylor, Senior Project Inspector
B. Collins, Reactor Inspector
W. Deschaine, Resident Inspector

Approved by: Anthony D. Masters, Chief
Reactor Projects Branch 7
Division of Reactor Projects

Enclosure

SUMMARY OF FINDINGS

IR 05000327/2015009 and 05000328/2015009; June 8 – 25, 2015; Sequoyah Nuclear Plant, Units 1 and 2; Biennial Inspection of the Problem Identification and Resolution Program.

The inspection was conducted by a senior reactor inspector, a senior project inspector, a reactor inspector, and a resident inspector. No findings of significance were identified. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 5.

Identification and Resolution of Problems

The inspectors concluded that, in general, problems were properly identified, evaluated, prioritized, and corrected. The licensee was effective at identifying problems and entering them into the corrective action program (CAP) for resolution, as evidenced by the relatively few number of deficiencies identified by external organizations (including the NRC) that had not been previously identified by the licensee, during the review period. Generally, prioritization and evaluation of issues were adequate, formal root cause evaluations for significant problems were adequate, and corrective actions specified for problems were acceptable. Overall, corrective actions developed and implemented for issues were generally effective and implemented in a timely manner.

The inspectors determined that overall, audits and self-assessments were adequate in identifying deficiencies and areas for improvement in the CAP, and appropriate corrective actions were developed to address the issues identified. Operating experience usage was found to be generally acceptable and integrated into the licensee's processes for performing and managing work, and plant operations.

Based on discussions and interviews conducted with plant employees from various departments, the inspectors determined that personnel at the site felt free to raise safety concerns to management and use the CAP to resolve those concerns.

The NRC inspectors did not identify any findings or violations of more than minor significance.

REPORT DETAILS

4OA2 Problem Identification and Resolution

1. Corrective Action Program Effectiveness

a. Inspection Scope

The team reviewed the licensee's Corrective Action Program (CAP) procedures which described the administrative process for initiating and resolving problems primarily through the use of condition reports (CRs). To verify that problems were being properly identified, appropriately characterized, and entered into the CAP, the inspectors reviewed CRs that had been issued between July 2013 and May 2015, including a detailed review of selected CRs associated with the following risk-significant systems: Control Air, Heating Ventilation and Air Conditioning (HVAC), and Essential Raw Cooling Water (ERCW) systems. Where possible, the team independently verified that the corrective actions were implemented as intended. The team also reviewed selected common causes and generic concerns associated with root cause evaluations (RCE) to determine if they had been appropriately addressed. To help ensure that samples were reviewed across all cornerstones of safety identified in the Reactor Oversight Process (ROP), the team selected a representative number of CRs that were identified and assigned to the major plant departments, including quality assurance, health physics, chemistry, emergency preparedness and security. These CRs were reviewed to assess each department's threshold for identifying and documenting plant problems, thoroughness of evaluations, and adequacy of corrective actions. The team reviewed selected CRs, verified corrective actions were implemented, and attended meetings where CRs were evaluated for significance to determine whether the licensee was identifying, accurately characterizing, and entering problems into the CAP at an appropriate threshold.

Plant walkdowns of equipment within the selected systems listed above and other plant areas were conducted by inspectors to assess the material condition and to identify deficiencies that had not been previously entered into the CAP. The inspectors reviewed CRs, maintenance history, corrective actions (CAs), completed work orders (WOs) for the systems, and reviewed associated system health reports. These reviews were performed to verify that problems were being properly identified, appropriately characterized, and entered into the CAP. Items reviewed generally covered a two-year period of time; however, in accordance with the inspection procedure, a five-year review was performed for selected systems for age-related issues.

The main control room (MCR) deficiency list was assessed to ascertain if deficiencies were entered into the CAP and tracked to resolution. Operator workarounds (OWA) and operator burden screenings were reviewed, and the inspectors verified compensatory measures for deficient equipment which were being implemented in the field. The inspectors conducted a detailed review of selected CRs to assess the adequacy of the root cause and apparent cause evaluations of the problems identified. The inspectors reviewed these evaluations against the descriptions of the problem described in the CRs

and the guidance in licensee procedure NPG-SPP-22.306, "Level 1 Evaluation" and NPG-SPP-22.305, "Level 2 Evaluation." The inspectors assessed if the licensee had adequately determined the cause(s) of identified problems, and had adequately addressed operability, reportability, common cause, generic concerns, extent-of-condition, and extent-of-cause. The review also assessed if the licensee had appropriately identified and prioritized corrective actions to prevent recurrence.

The inspectors reviewed selected industry operating experience (OE) items, including NRC generic communications, to verify that they had been appropriately evaluated for applicability and that issues identified through these reviews had been entered into the CAP.

The inspectors reviewed site trend reports, to determine if the licensee effectively trended identified issues and initiated appropriate corrective actions when adverse trends were identified.

The inspectors reviewed licensee audits and self-assessments, including those which focused on problem identification and resolution programs and processes, to verify that findings were entered into the CAP and to verify that these audits and assessments were consistent with the NRC's assessment of the licensee's CAP. The inspectors attended various plant meetings to observe management oversight functions of the corrective action process. These included the PER Screening Committee (PSC) and Management Review Committee (MRC) meetings.

Documents reviewed are listed in the Attachment.

b. Assessment

Problem Identification

The inspectors determined that the licensee was generally effective in identifying problems and entering them into the CAP and there was an appropriately low threshold for entering issues into the CAP. This conclusion was based on a review of the requirements for initiating CRs as described in licensee procedure NPG-SPP-22.300, "Corrective Action Program," and management's expectation that employees were encouraged to initiate CRs for any reason. Trending was generally effective in monitoring equipment performance. Site management was actively involved in the CAP and focused appropriate attention on significant plant issues. Based on reviews and walkdowns of accessible portions of the selected systems, the inspectors determined that system deficiencies were being identified and placed in the CAP.

However, the inspectors identified one minor violation of 10 CFR 50 Appendix B, Criterion V for the site's failure to establish appropriate quantitative or qualitative acceptance criteria for ERCW pump leakage. During the walkdown of the ERCW system and through subsequent interviews with the system engineer, it was noted that no procedure or instruction was identified that governed the acceptable leakage for the ERCW pumps.

10 CFR 50 Appendix B, Criterion V requires, in part, that, "Instructions, procedures, or drawings shall include appropriate quantitative or qualitative acceptance criteria for determining that important activities have been satisfactorily accomplished." Contrary to this, the licensee noted that no quantitative acceptance criteria existed for the ERCW pump packing gland leak-off, and that it was up to the observer performing walkdowns and plant expectations of what was acceptable. The inspectors determined that this acceptability line and a consistent level of plant expectations was not adequately demonstrated by the licensee. The inspectors evaluated this issue in accordance with NRC Inspection Manual Chapter (IMC) 0612 and found the issue to be of minor significance due to current pump performance and equipment condition, and that there was no current evidence that the operability of the system had been challenged due to ERCW pump packing gland leakage. This issue was entered into the licensee's CAP as CR 1042782.

Problem Prioritization and Evaluation

Based on the review of CRs sampled by the inspection team during the onsite period, the inspectors concluded that problems were generally prioritized and evaluated in accordance with the licensee's CAP procedures as described in NPG-SPP-22.302, "Corrective Action Program Screening." Each CR was assigned a priority level at the CR screening meeting, and adequate consideration was given to system or component operability and associated plant risk.

The inspectors determined that station personnel had conducted root cause and apparent cause analyses in compliance with the licensee's CAP procedures and assigned cause determinations were appropriate, considering the significance of the issues being evaluated. A variety of formal causal-analysis techniques were used depending on the type and complexity of the issue consistent with licensee procedures NPG-SPP-22.306, "Level 1 Evaluation" and NPG-SPP-22.305, "Level 2 Evaluation."

Effectiveness of Corrective Actions

Based on a review of corrective action documents, interviews with licensee staff, and verification of completed corrective actions, the inspectors determined that overall, corrective actions were timely, commensurate with the safety significance of the issues, and effective, in that conditions adverse to quality were corrected and non-recurring. For significant conditions adverse to quality, the corrective actions directly addressed the cause and effectively prevented recurrence in that a review of performance indicators, CRs, and effectiveness reviews demonstrated that the significant conditions adverse to quality had not recurred. Effectiveness reviews for corrective actions to prevent recurrence (CAPRs) were sufficient to ensure corrective actions were properly implemented and were effective.

However, the inspectors identified one minor violation of 10 CFR 50 Appendix B, Criterion V for the site's failure to follow procedures for performing Effectiveness Reviews to ensure that corrective actions taken to prevent recurrence of a significant condition adverse to quality were actually effective to preclude repetition. Procedure NPG-SPP-22.300, "Corrective Action Program," Rev. 2, requires that corrective actions

designed to preclude repetition of “significant conditions adverse to quality” be evaluated for effectiveness in accordance with procedure NPG-SPP-22.001, “Effectiveness Reviews” and NPGSPP-22.308, “CAP Health.”

10 CFR 50 Appendix B, Criterion V requires, in part, that, “Activities affecting quality shall be prescribed by documented instructions, procedures, or drawings, of a type appropriate to the circumstances and shall be accomplished in accordance with these instructions, procedures, or drawings.” Contrary to this, for root cause evaluation 861748, “QA Level 2 Escalation of Procedure Use and Adherence Issues,” an effectiveness review of the corrective actions taken had been scheduled but had failed to be performed, and at the time of discovery was two months overdue. The inspectors evaluated this issue in accordance with IMC 0612 and found the issue to be of minor significance as this issue was determined to be an administrative oversight and the licensee’s subsequent evaluation of the CAPRs for RCE 861748 determined that they were effective in preventing recurrence. The issue was entered into the licensee’s CAP as CR 1043414.

c. Findings

No findings of significance were identified.

2. Use of Operating Experience

a. Inspection Scope

The team examined the licensee’s use of industry OE to assess the effectiveness of how external and internal operating experience information was used to prevent similar or recurring problems at the plant. In addition, the team selected operating experience documents (e.g., NRC generic communications, 10 CFR Part 21 reports, licensee event reports, vendor notifications, and plant internal operating experience items, etc.), which had been issued since July 2013, to verify whether the licensee had appropriately evaluated each notification for applicability to the Sequoyah Nuclear Plant, and whether issues identified through these reviews were entered into the CAP.

b. Assessment

Based on a review of selected documentation related to operating experience issues, the inspectors determined that the licensee was generally effective in screening operating experience for applicability to the plant. Industry OE was evaluated at either the corporate or plant level depending on the source and type of the document. Relevant information was then forwarded to the applicable department for further action or informational purposes. OE issues requiring action were entered into the CAP for tracking and closure. In addition, operating experience was included in all apparent cause and root cause evaluations in accordance with licensee procedure NPG-SPP-22.500, “Operating Experience Program.”

c. Findings

No findings of significance were identified.

3. Self-Assessments and Audits

a. Inspection Scope

The team reviewed audit reports and self-assessment reports, including those which focused on problem identification and resolution, to assess the thoroughness and self-criticism of the licensee's audits and self-assessments. Additionally, the team verified that problems identified through those activities were appropriately prioritized and entered into the CAP for resolution in accordance with licensee procedure NPG-SPP-22.102, "NPG Self-Assessment and Benchmarking Program."

b. Assessment

The team determined that the scopes of assessments and audits were adequate. Self-assessments were generally detailed and critical, as evidenced by findings consistent with the inspectors' independent reviews. The team verified that CRs were created to document areas for improvement and findings resulting from the self-assessments, and verified that actions had been completed consistent with those recommendations. Generally, the licensee performed evaluations that were technically accurate.

c. Findings

No findings of significance were identified.

4. Safety-Conscious Work Environment

a. Inspection Scope

During the course of the inspection, the team assessed the station's safety-conscious work environment (SCWE) through review of the station's Employee Concerns Program (ECP) and interviews with various departmental personnel. The team reviewed a sample of ECP issues to verify that concerns were being properly reviewed and identified deficiencies were being resolved and entered into the CAP when appropriate.

b. Assessment

Based on the interviews conducted and the CRs reviewed, the inspectors determined that licensee management emphasized the need for all employees to identify and report problems using the appropriate methods established within the administrative programs, including the CAP and ECP. These methods were readily accessible to all employees. Based on discussions conducted with a sample of plant employees from various departments, the inspectors determined that employees felt free to raise issues, and that

management encouraged employees to place issues into the CAP for resolution. The inspectors did not identify any reluctance on the part of the licensee staff to report safety concerns.

c. Findings

No findings of significance were identified.

4OA6 Exit

Exit Meeting Summary

On June 25, 2015, the inspectors presented the inspection results to Mr. Preston Pratt and other members of the site staff. The inspectors confirmed that proprietary information was not provided or examined during the inspection. A re-exit was conducted with Mrs. Erin Henderson via telephone on July 24, 2015, to discuss the final results of the inspection.

ATTACHMENT: SUPPLEMENTAL INFORMATION

SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensee personnel:

D. Babylon, Performance Improvement Manager (acting)
B. Basham, Performance Improvement
D. Fults, Employee Concerns Manager (acting)
E. Henderson, Licensing Manager
M. Randolph, Performance Improvement
M. Rankin, ERCW System Engineer
R. Smartt, Engineering Support Technician
R. Travis, Licensing Engineer

NRC personnel:

G. Smith, Senior Resident Inspector

LIST OF REPORT ITEMS

Opened, Closed, and Discussed

None

LIST OF DOCUMENTS REVIEWED

Procedures

0-GO-15, Containment Closure Control, Rev. 39
0-TI-SXX-000-016.0, Breaching of the Shield Building, ABSCE, ECRPB, or External Flood Protection Barriers, Rev. 32
1-SI-OPS-088-006.0, Containment Building Ventilation Isolation (18 Month/100 Hours/7 Days), Rev. 0029
NPG-SPP-01.7, Nuclear Safety Culture, Rev. 2
NPG-SPP-01.7, Nuclear Safety Culture, Rev. 2
NPG-SPP-01.7.1, Employee Concerns Program, Rev. 0
NPG-SPP-09.16.1, System, Component and Program Health, Rev. 5
NPG-SPP-10.2, Clearance Procedure to Safely Control Energy, Rev. 8, 9 and 13
NPG-SPP-22.000, Performance Improvement Program, Rev. 2
NPG-SPP-22.001, Effectiveness Reviews, Rev. 0
NPG-SPP-22.102, NPG Self-Assessment and Benchmarking Programs, Rev. 0
NPG-SPP-22.300, Corrective Action Program, Rev. 2
NPG-SPP-22.301, Service Request Initiation, Rev. 4
NPG-SPP-22.302, Corrective Action Program Screening, Rev. 5
NPG-SPP-22.303, PER Actions, Closures and Approvals, Rev. 5
NPG-SPP-22.304, PER Trending, Rev. 3
NPG-SPP-22.305, Level 2 Evaluation, Rev. 4
NPG-SPP-22.306, Level 1 Evaluation, Rev. 4
NPG-SPP-22.308, CAP Health Monitor, Rev. 3

NPG-SPP-22.500, Operating Experience Program, Rev. 0
 SMI-0-317-18, Appendix R – Casualty Procedures [C.1], Rev. 16
 Standing Order: SO-14-006, Subject: Clearance Risk Review, Date signed: 2/23/2014
 Standing Order: SO-14-007, Subject: Fleet Clearance Actions, Date signed 3/13/14
 TI-4, Maintenance Rule Performance Indicator Monitoring, Trending, and Reporting –
 10CFR50.65, Rev. 27

Condition Reports

SR0561248	SR0876771	752420	845913
SR0633490	SR0877591	752427	845919
SR0644619	SR0881182	752428	845931
SR0683145	SR0881554	753171	845951
SR0688013	SR0884050	753308	846017
SR0713847	SR0889400	753504	846030
SR0717323	SR0890197	753855	847420
SR0752299	SR0903444	753858	847428
SR0753308	SR0917761	753926	847449
SR0753504	SR0954887	753934	847462
SR0756316	SR0959976	754985	847948
SR0758465	SR0961346	755385	848580
SR0759798	SR0973478	755397	848756
SR0762697	SR0984618	755432	849220
SR0762795	SR0986752	756285	850331
SR0763331	SR0989772	756316	857039
SR0763751	SR0993743	758465	861348
SR0763818	SR1005065	759798	861401
SR0766398	SR1011864	762697	861748
SR0772193	SR1015767	762795	861781
SR0776593	SR1017301	763331	862305
SR0782399	SR1022254	763751	862409
SR0788571	561248	763818	863075
SR0791058	633490	766398	863076
SR0794541	644619	772193	863077
SR0799852	683145	776593	863659
SR0817808	688013	780598	863664
SR0817860	713847	782399	863670
SR0823207	717323	788571	863679
SR0839467	747461	791058	864201
SR0845931	747475	794541	864212
SR0846030	747984	799852	864213
SR0847420	748012	801829	866979
SR0847428	748995	802308	867269
SR0847449	750620	817808	875748
SR0847462	750632	817860	875749
SR0857039	750635	822596	876771
SR0867269	752299	823207	877591
SR0875749	752405	839467	878321

879708	890197	906587	959976
881182	890197	906950	960317
882640	891431	906954	961346
884050	891509	907958	967823
886668	894110	908077	973478
886723	894539	908079	984618
886805	895080	910215	986752
886970	895095	911442	989772
888579	895187	911960	993743
888946	900540	911960	997605
889400	901052	912834	1005065
889890	901953	912872	1008119
890159	903444	912901	1011864
890187	905693	917761	1015767
890190	905709	918774	1017301
890191	906135	954887	1022254

Condition Reports Generated

- 1037920, Discrepancy in the amount of CRs coded for certain plant systems versus the amount of CRs written for those particular systems
- 1038400, ERCW pumping station dissimilar metal corrosion on stainless steel to carbon steel piping
- 1039118, Source note in NPG-SPP-10.2 for CAPR from CR 850331 does not match the action in Maximo
- 1040248, NRC observations (RCA report not signed by team lead, names not printed, including revised calculation pages in CR attachments)
- 1041324, The CAPR for CR 850331, clearance error on station air compressor, not sufficiently detailed
- 1041336, CR 850331-007 not completed as directed or appropriate approvals documented
- 1041341, CR 850331 effectiveness review criteria listed in revision 1 of Root Cause Report, but missing in revision 3
- 1041461, CR 875749 unclear about when fire watch issues will be discussed in fleet fire protection meetings
- 1042062, CR 847462-003 was closed to CR 876771, but action taken statement did not specify which action in 876771 was being credited for the completion of 847462-003
- 1042740, The CAPR in CR 993743 does not align to the root cause
- 1042782, Acceptable packing leakage for the ERCW pumps are not governed by a procedure
- 1043106, Latest version of requested documents not provided to NRC during PI&R inspection
- 1043170, Multiple extended actions identified in CR 561248 potentially leading to additional events
- 1043374, Unclear revision log in DCN 22547 FPPCRR revised as a result of CR 875749-001
- 1043414, No effectiveness review performed for Root Cause Analysis on CR 861748
- 1043634, CRs 903444 and CR 917761 were not identified as ASME code
- 1043824, NRC observations (CAPRs not aligning with root cause, wrong revision levels in Maximo for RCA reports, and corrective action wording not aligning with actions taken)
- 1043954, NRC findings and Licensee identified violations were missing from PI&R Inspection Request for Information
- 1044136, Rework investigation not attached to CR 780598

Work Orders

114734554	115241100	115241117	116559782
114863717	115241101	115241118	116561647
114871179	115241106	116313820	116651151
114892841	115241110	116432261	
115241099	115241114	116450991	

Self-Assessments

SQN-PI-S-13-006, CAP Development and Approver Standard
 SQN-BO-S-13-001, Gaps to Excellence Plans
 SQN-PI-S-13-004, Timeliness and Quality (ACE and RCA) – 3rd and 4th quarter
 CRP-ENG-F-13-014, TVA Focused Self-Assessment Report – Sequoyah Maintenance Rule Program
 CRP-OPS-SSA-15-001, Nuclear Safety Culture Monitoring Compliance
 SQN-PI-SSA-15-001, PI will perform a Snap Shot SA of Cause analysis Products for OE Applicability in 6 mos
 SQN-PI-SSA-15-002, Review of Snapshot Self Assessments and Informal Benchmark

Other Documents

QA-SQ-13-002, Sequoyah Nuclear Plant Quality Assurance Assessment: License Renewal Application, dated April 2, 2013
 QA-SQ-13-021, Sequoyah Nuclear Plant Quality Assurance Assessment: Engineering Programs, dated January 30, 2014
 QA-SQ-14-007, Sequoyah Nuclear Plant Quality Assurance Assessment: U2R19 Outage, dated July 11, 2014
 QA-SQ-14-008, Sequoyah Nuclear Plant Quality Assurance Assessment: Work Management, dated December 17, 2014
 QA-SQ-15-005, Sequoyah Nuclear Plant Quality Assurance Assessment: Appendix R/NFPA 805 and Operator Manual Actions, dated April 12, 2015
 System Health Report for control air (system 032) from 10/1/2014-1/31/2015
 RCA for SQN CR 850331, Revision 1, 2, 3
 Nuclear Performance Report for Clearance and Tagging KPI, May 2015
 SQN-CEB-N2-32-IC1-A, Alternate Analysis System Calculation, Revision 13