P.O. BOX 529100, MIAMI, FL 33152

FLORIDA POWER & LIGHT COMPANY

July 12, 1979
L-79- 188

Mr. James P. O'Reilly, Director, Region II
Office of Inspection and Enforcement
U. S. Nuclear Regulatory Commission
101 Marietta Street, Suite 3100
Atlanta, Georgia 30303

Dear Mr. O'Reilly:

Re: RII:PKJ
50-250/79-11
50-251/79-11

Florida Power and Light Company has reviewed the subject inspection report and our response is attached. There is no proprietary information in the report.

Since the inspection, and following the management meeting with NRC Region II officials, FPL top management had a meeting to review NRC concerns and to review FPL actions taken or planned to prevent recurrence of the noncompliances identified by the inspection. In addition, Management Audits will be performed to assure that the corrective actions described in this letter are effective in preventing recurrence. Results of these audits will be presented to our Quality Assurance Committee.

In order to improve the effectiveness of the Quality Assurance Program our plant audit program is being revised and strengthened. Additional emphasis is being given to QA Activity Audits. These limited scope in-depth audits will augment the periodic quality system compliance reviews of the Management Audits. Activity Audits will be planned and directed to specific areas of highest potential for noncompliance. Quality Control surveillances have been reviewed and strengthened in response to specific findings of this inspection.

Additional evaluations will be made of audit findings to identify adverse trends. This information will be used as another management tool to make the audit program more effective. The frequency and emphasis of audits and surveillances will be adjusted based on the results achieved.

Very truly yours,

Robert E. Uhrig

Robert E. Uhrig
Vice President

REU/JMB/bt
Attachment

cc: Robert Lowenstein, Esquire

ATTACHMENT

Re: RII:PJK
50-250/79-11
50-251/79-11

Finding A

As required by 10 CFR 50, Appendix B, Criterion V, "Activities affecting quality shall be prescribed by documented . . . procedures . . . and shall be accomplished in accordance with these . . . procedures . . ." The accepted Quality Assurance Program, Paragraph 5.1 requires "Activities affecting quality . . . shall be prescribed by documented procedures . . . and shall be accomplished in accordance with these . . . procedures . . ."

Finding A.1

Quality Procedure (QP) 2.4, Paragraph 5.1 requires quality instructions to be developed when it is necessary to delineate actions and responsibilities that involve activities within a department and/or organization and are unique to that activity.

Contrary to the above, no instruction exists which indicates the source documents to be utilized in the determination of quality requirements for safety-related structures systems and components.

Response A.1

The following actions are planned to correct this condition. QP 4.1 and Plant Administrative Procedure 0190.4 will be revised to provide guidance on the use of source documents, such as the equipment specification, Q-List, Spin-List and FSAR in determining quality requirements.

Full compliance on this item will be achieved by December 20, 1979.

Finding A.2

The accepted Quality Assurance Program Paragraph 2.2.4 requires the Quality Assurance Department to be responsible for the control of the QA Program.

Contrary to the above, the Quality Assurance Department has no formal method of control over the designation of safety-related items as contained in the "Q"-List and Westinghouse Spin List.

Response A.2

In accordance with the FPL QA Program, the Power Plant Engineering Department is responsible for determining what structures, systems and components are safety related.

Response A.2 (cont'd)

Paragraph 4.0 of QP 2.7 states the following: "The Chief Engineer - Power Plant Engineering is responsible for the classification of material, components, equipment, systems and structures. He may delegate his responsibility to an Architect-Engineer/Consultant. In all cases, the ultimate responsibility for quality grouping and seismic classification will be the FPL Power Plant Engineering Department's."

We believe that it is an Engineering rather than a Quality Assurance decision as to whether or not an item performs a safety-related function.

The following actions are planned to assure adequate Engineering review of Q-List and Westinghouse Spin List and control of these documents in accordance with the FPL Quality Assurance Program.

(1) A revised QP approved by Quality Assurance will be issued describing the development of the Q-List and review and approval of the Q-List and Spin List by FPL Power Plant Engineering.

(2) After review and approval of the Q-List and Spin List by FPL Power Plant Engineering, these documents will be issued as controlled documents in accordance with the Quality Assurance Program.

(3) The use of the Q-List and Spin List will be described in plant procedures, reviewed by Quality Assurance.

(4) The applicable plant and quality procedures will be audited by Quality Assurance to assure adequacy of implementation.

Full compliance on this item will be achieved by December 20, 1979.

Finding A.3

The accepted Quality Assurance Program, Appendix C, commits to Regulatory Guide 1.38 which endorses ANSI N45.2.2-1972. ANSI N45.2.2 Section 7.4 requires a program be established for inspection of hoisting and rigging equipment.

Contrary to the above, procedures do not exist to implement the requirements of Section 7.4 of ANSI N45.2.2-1972.

Response A.3

It is FPL's practice at Turkey Point Plant to have individual users determine the equipment acceptability prior to its use. This practice will preclude the need for a system to indicate the acceptability of rigging and handling equipment. Based on this FPL provides a documented apprentice training program to a sufficient number of personnel to assure that rigging and handling equipment is inspected prior to use on safety related material or over installed safety related systems when those systems are required for the safe operation of the plant. The long term corrective action will consist of:

Response A.3 (cont'd)

(1) The submittal of an exception to the FPL Topical Quality Assurance Report by July 20, 1979 to describe this program.

(2) Inclusion of this program into Corporate Quality Procedures and Turkey Point Administrative Procedures within 30 days after approval of the Topical Quality Assurance Report revision.

(3) Full compliance will be achieved upon revision of these procedures.

Finding A.4

The accepted Quality Assurance Program, Appendix C, commits to Regulatory Guide 1.33 which endorses ANSI N18.7-1972. ANSI N18.7 Section 5.3.6 requires procedures to be provided for periodic testing and calibration of safety-related plant instrumentation.

Contrary to the above, procedures do not exist to implement the calibration of all gauges and instruments utilized in activities affecting quality. Examples of gauges and instruments for which procedures do not exist are battery hydrometers, thermometers, Fuel Oil Day Tank and Lube Oil Pressure.

Response A.4

As corrective action to prevent recurrence, we will evaluate the instrumentation on nuclear safety related equipment which is not already covered by our calibration program and we will expand the program to include such instrumentation which is used in activities affecting quality. This evaluation will be completed by September 30, 1979, and will result in full compliance being achieved as of that date.

Finding A.5

Quality Procedure (QP) 18.1, Revision 2 dated December 15, 1975, Paragraph 5.3 requires that audit reports include names of persons contacted during pre-audit activities and a statement evaluating the effectiveness of the quality assurance program in audited areas.

Contrary to the above, none of the audits reviewed by the inspector for the period January 1, 1978, through March 1, 1979, for both Corporate Office and Turkey Point Site QA audits contained the required statement of evaluation and none of the Turkey Point Site QA audits reviewed contained a list of pre-audit attendees.

Response A.5

Prior to the completion of the inspection, a change was made to QP 18.1 which clarified the requirement to include a statement evaluating the effectiveness of the quality assurance program in audited areas. The procedure change was approved on March 13, 1979, and all subsequent audits have included an evaluation statement. Based on the steps taken to prevent recurrence, compliance was achieved on March 13, 1979.

Response A.5 (cont'd)

With regards to pre-audit conferences for site QA audits, an exception to this requirement was submitted to the QA Branch of NRR on March 16, 1979.

Finding A.6

Quality Procedure (QP) 17.1, Revision 2 dated November 15, 1978, Paragraph 5.3.2 requires that QA records be stored in either records storage vaults which are either specially constructed storage rooms or fire resistant file cabinets with at least a one hour Underwriter's rating. Some strip charts were identified as Quality Assurance Records.

Contrary to the above, none of the Turkey Point Plant quality assurance records in the form of strip charts which are greater than one year old are stored as required.

Response A.6

As a result of the volume of QA records exceeding the available authorized storage space, personnel responsible for FPL's corporate records provided what they believed was a suitable and adequate storage location in the General Office Building for these strip charts. Since neither of the two alternatives of QP 17.1 for storing the only copy of QA record was used, this noncompliance existed.

To provide the needed storage space and yet remain in compliance with our accepted QA Program, QP 17.1 is being revised to allow additional alternatives for QA records storage. This revision will be issued by August 6, 1979.

Modification to the room in the General Office Building in which the strip charts are stored, to be in compliance with the revisions to QP 17.1, will be completed by September 14, 1979.

Finding A.7

Quality Procedure (QA) 17.1, Paragraph 5.3.1.1 requires written storage instruction including the designation of a custodian, a description of the storage area, type of filing system, rules governing access and control of the files, record removal and a method for filing supplemental material.

Contrary to the above, Quality Assurance records were being stored in the Electrical Shop and Quality Control offices without the required procedures. Examples of these records are completed Plant Work Orders and Personnel Qualification Records.

Response A.7

In order to prevent recurrence, we will develop procedural guidance meeting the requirements in the Quality Procedure for the quality assurance records stored in the Electrical Shop and the Quality Control Department. These procedural provisions will be reviewed by the Plant Nuclear Safety Committee no later than August 31, 1979.

Finding B

As required by 10 CFR 50, Appendix B, Criterion X "A program for inspection of activities affecting quality shall be established and executed by or for the organization performing the activity to verify conformance with the documented instruction, procedure and drawings for accomplishing the activity". The accepted Quality Assurance Program TQR 10.0 states in part "A program for inspection shall be established and executed by or for FPL to verify conformance with the documented instructions, procedures, and drawings for accomplishing the activity.

Contrary to the above, a program for inspection had not been established in the following areas:

Finding B.1

Plant Work Orders (PWO) accomplished without a procedure were not inspected or reviewed by the Quality Control Department.

Response B.1

In order to prevent recurrence, we will initiate a program of Quality Control Department review of Plant Work Orders accomplished without a procedure on nuclear safety related equipment. This program will be in effect by September 7, 1979, at which time full compliance will have been achieved.

Finding B.2

ANSI N45.2.2-1972 requires inspection and examinations on a periodic basis to assure the integrity of items in storage. None of the items in storage received a periodic inspection or examination.

Response B.2

In order to prevent recurrence, we will initiate periodic inspections of areas in which QC required spare parts are stored. The inspections will be initiated by August 1, 1979, at which time full compliance will be achieved.

Finding B.3

QP 10.3 requires QC inspections of housekeeping. No QC inspection has been performed in this area.

Response B.3

On March 21, 1979, a program of periodic QC surveillances of housekeeping was initiated. Full compliance was achieved as of that date.

In order to prevent recurrence, Administrative Procedure 0190.73, QA Surveillance of Nuclear Safety Related Plant Activities, was revised on March 30, 1979, to require periodic QC surveillance of housekeeping.

Finding C

As required by Section 4.4.5 of the Technical Specifications the Residual Heat Removal System is to be tested annually and that the leak rate shall be less than 2 gallons per hour.

Contrary to the above, the required testing was accomplished under OP 3206.2 on 11/24/77 and the leak rate was greater than 2 gallons per hour. The leaks were identified to be at the Unit 2B RHR Pump seal (3 gph) and at the RHR B heat exchanger (1 gph). The repairs to the 3B RHR pump were completed on 12 February 1978. However, no test was performed to demonstrate operability following repairs.

Applicable to Unit 3 only.

Response C

Following completion of the repairs discussed in the finding, the RHR system was placed back in service and was observed and monitored by plant operators as part of their shift routine. If the system leakage had not been acceptable, the system would have been removed from service and further repairs made. We feel this action provided assurance that the system leakage met the acceptance criteria and thus met the intent of a formal retest. Full compliance was achieved on March 1, 1978.

In order to prevent recurrence, Administrative Procedure 0103.4, In Plant Equipment Clearance Orders, will be revised to upgrade the retest after maintenance program to provide a more positive means of assuring appropriate retesting is accomplished.

Finding D

As required by Section 4.4.5 of the Technical Specifications, the Residual Heat Removal System portion that is down stream of the first isolation valve outside

Finding D (cont'd)

of containment shall be tested either by use in normal operation or hydrostatically tested at 350 psig and shall be conducted on a twelve month interval.

Contrary to the above, the required testing of Unit 3 Residual Heat Removal System was not performed for the period 11/24/77 to 2/24/79.

Applicable to Unit 3 only.

Response D

As corrective action, the annual test of the RHR system was satisfactorily accomplished on February 24, 1979. Full compliance was achieved as of that date.

In order to prevent recurrence, we will:

(1) Revise the appropriate plant startup procedure and the appropriate plant shutdown procedure to remind the plant operators to accomplish the RHR system test, and
(2) Submit a proposed change to Technical Specifications which would change the required minimum test frequency from annual to every refueling outage.

Finding E

As required by 10 CFR 50.59(2)(b), "The licensee shall maintain records of changes in the facility . . . These records shall include a written safety evaluation which provides the bases for the determination that the change . . . does not involve an unreviewed safety question . . ."

Contrary to the above, six of the eighteen Plant Change/Modification (PCM's) packages reviewed did not contain a safety evaluation which provided the bases for the determination that an unreviewed safety question was or was not involved. These PCM's are: 79-05 (Manipulation Crane Limit Switch and Relay Installation), 78-52 (Removal of Part Length Rods), 78-23 (Install OMS Test Switch), 78-16 (Redundant Air or N Supply to POV's), 78-61 (ECFS Plenum Air Flow Indicator), and 78-20 (Sampling System Modification).

Response E

Written safety evaluations that provide the bases for the determination that the change does not involve an unreviewed safety question are summarized below:

PCM 7905 (Manipulation Crane Limit Switch and Relay Installation) - The bases for there being no unreviewed safety question as stated in the PCM package as follows:

"The probability of occurrence or consequences of previously evaluated accidents have not been increased. All statements made in FSAR 14.2.1 on fuel handling remain valid. Only FSAR 9.5.2, "Fuel Handling System Design and Operation", as affected (re-wording to describe operation with the change) by this change per Enclosure #8 of this PC/M, but does not increase the probability of an accident. No new accident possibility is created. There are no Tech Spec requirements for Fuel Handling Equipment and the margin of safety as defined in the basis for any Tech Spec has not been reduced. Therefore, no unreviewed safety question exists."

PCM 78-52 (Removal of Part Length Rods) - The bases for conclusion that no unreviewed safety question was involved was stated by the contractor and agreed with by FPL reviewers with one exception. Correspondence was exchanged concerning anti-rotation conoseal devices and FPL reviewer indicated satisfactory resolution. However, the final contractor safety review document was not in the package at audit. That was requested, prepared and received from contractor during the audit (3/16/79).

PCM 78-23 (Install OMS Test Switch) - The unreviewed safety question determination and bases as stated in the PCM package follows:

"The probability of occurrence or the consequences of design bases accidents or malfuncaiton of equipment inportant to safety previously evaluated in the FSAR has not been increased. No change has been made to the operation or function of the OMS or to the required separation and redundancy criteria. This modification merely provides for easier and quicker testing of the OMS and is less prone to human error. There is no possibility of accident or malfuncaion different than those previously evaluated. No margin of safety as defined in the basis for any Tech Spec is reduced. Testability requirements expressed in the FPL to NRC letter L-77-324 dated 10/17/78 are met by this modification."

PCM 78-16 (Redundant Air or N Supply to POV's) - The no unreviewed safety question evaluations of the original PCM which was revised prior to the audit are summarized as follows:

"1. With regard to the probability and consequences of accident and equipment malfunctions previously evaluated in the FSAR, the PORV Backup N_2 System will have no impact on any analyses presented in Chapter 14. The system, as designed, serves only as a backup to the present instrument air supply to the PORV's, and will not affect operation of those valves, except to allow them to operate during a seismic event.

2. The system does not create any new or different types of accidents not previously evaluated in the FSAR.

Response E (cont'd)

3. The system does not decrease the margin of safety as defined in the bases of the Turkey Point Technical Specification."

"I have reviewed the above revisions to these PC/M's and have determined that the original safety evaluation and unreviewed safety question review have not been affected."

PCM 78-61 (ECFS Plenum Air Flow Indicator) - The no unreviewed safety question determination and bases are stated and reviewed "in accordance with EPP-QI-3.3" (Quality Instructions on PCM's):

"The replacement of Unit #3 & 4 ECFS plenum air flow differential pressure Magnehelic indicators (4 per plenum) with a selectively valved manometer (1 per plenum, does not involve an unreviewed safety question because:

1. a. This modification will not change the probability of occurrence of an accidental release of radioacive fluids.

   b. The consequences of an accident will be the same as before the modification.

   c. The probability of equipment malfuncation will be reduced because the modification will allow higher precision in filter ΔP indication; higher degree of reliability of instrument design; fewer instrument parts to malfunction.

   d. The consequences of equipment malfunction will be the same as before the modification.

2. a. No new accident which is not evaluated in the FSAR is involved as the system will remain essentially unchanged; a single, selectively valved manometer is replacing four diaphram actuated instruments on each of six ECFS Plenums.

   b. Fewer types of malfunctions are likely with the proposed manometers;

      1. One manometer vs. four Magnehelics (per plenum)

      2. Three moving parts (red gauge oil and two bail valve elements) vs. four sets of eight moving parts (diaphram, diaphram spring, motion reed-magnet, flux linked spiral rotor, pointer, adjustment bar and stud)

      3. Fewer types of material:
         Acrylic polymer, red gauge oil, stainless steel vs. (Buna-N rubber), brass, carbon steel, paint, cast aluminum alloy, silicone rubber, C-11 plastic, sapphire (bearings)

Response E (cont'd)

3. a. The margin of safety as defined in the Technical Specification is unchanged."

PCM 78-20 (Sample System Modification) - The basis for a conclusion of no unreviewed safety question is stated in accordance with QI 3.3, Section 5.3:

"A) The probability of occurrance or the consequences of design basis accident or malfunction of equipment important to safety previously evaluated in the FSAR is not increased for the following reasons:

1. The containment boundary valves that are tested with the new arrangement are located on both sides of the containment ensuring better isolation capabilities.

2. The new testing arrangement allows compliance with 10CFR50, Appendix J enabling testing of the isolation boundary valves in the same direction as that when the valve would be required to perform its safety function.

B) The possibility for an accident or malfunction of a different type than any evaluated previously in the FSAR can not be created since the change is only a modification of an existing system.

C) The margin of safety as defined in the basis for a Technical Specification is not reduced. Review of Technical Specification basis B4.3 (Bases for Reactor Coolant System Integrity) and B4.4 (Basis for Containment Test) indicates that this modification will not influence the margin of safety defined."

Item E Summary

The noted PCM's contain a stated determination that "no unreviewed safety question" is involved and provide reasons and qualitative bases either in the Power Plant Engineering (EPP) safety evaluation or in the originator's procedure AP 0190.15 safety evaluation section. In the PCM packages "bases" are specified by reference to "Chapter 14" design basis accidents analysis or other involved chapters of the FSAR or to the applicable part of "10CFR50, Appendix J". The extent to which explicit bases statements are documented or references to applicable reviewed documents are suitable depends upon the complexity of the revision or addition and on the importance to safety of the change.

In response to the finding, the summaries in PCM's 79-05, 78-23, 78-16, 78-61 and 78 appear adequate to support "no unreviewed safety question" resolution, considering the peripheral nature of the hardware improvements, with the noted exception of PCM 78-52. The PCM 78-52 basis omission was recognized and brought up-to-date during th audit.

Item E Summary (cont'd)

With regard to PCM 78-52, to prevent recurrence of an undocumented "no unreviewed safety question" evaluation, a memo will be prepared and distributed by July 30, 1979 to Engineers in EPP stressing the importance of documented follow-up to their design verification comments, as required by EPP-QI 3.3, Section 5.3(5).

Finding F

As required by 10 CFR 50, Appendix B, Criterion III: "The design control measures shall provide for verifying or checking the adequacy of design . . ." as required by FPL's accepted Quality Assurance Program (TQR 3.1), measures shall be applied to verify the adequacy of design . . ." ANSI N45.2.11-1974, as committed to by that Program states in part, "Design verification is the process of reviewing, confirming, or substantiating the design by one or more methods to provide assurance that the design meets the specific design inputs . . ."

Contrary to the above, five of the eighteen Plant Change/Modification (PCM) packages reviewed contained design reviews which did not verify the adequacy of the design in that no assurance was presented to assure that the design met the specific design inputs. These PCM's were 79-05 (Manipulator Crane Limit Switch and Relay Installation), 78-23 (Install OMS Test Switch), 78-13 (Replace Existing Heat Tracing Circuits), 78-61 (ECFS Plemun Air Flow Indicator), 78-20 (Sampling System Modification).

Response F

The reviewer qualification and the adequacy of design verification to confirm or substantiate the design change by one or more methods which provides "assurance that the design meets the specific design inputs . . ." are reviewed for the following five PCM's:

PCM 79-05 (Manipulating Crane Limit Switch and Relay Installation) - The independent design reviewer made use of the design verification checklist including consideration of assumptions, inputs and requirements and summarized the design adequacy as follows:

> "I have reviewed the PC/M using engineering judgement and EPP-QI 3.1, Section 5.11 as applicable and determined that the design change is appropriate and adequate to perform its intended function. Although several existing limit switches (local mounting) are replaced by the GEMCO geared limit, no single failure can jeopardize operation of the fuel handling equipment or cause an accident."

PCM 78-23 (Install OMS Test Switch) - The independent design reviewer checked compliance with the specific design inputs listed in L-77-324 (although only part of that reference was included in the EPP package), and summarized the adequacy evaluation as follows:

Response F (cont'd)

"The design complies with the FSAR (separation and redundancy) and FPL letter to NRC L-77-324 dated 10/17/78, there are no Tech. Spec. requirements, and the design is adequate to perform the intended function."

PCM 78-13 (Replace Existing Heat Tracing Circuits) - The independent design reviewer inspected the source references concerning specific design inputs, verified design adequacy and summarized the conclusion as follows:

"The design complies with the FSAR (9.2.1 & 9.2.2), meets the requirements of the Tech Specs. (3.2.1; 3.6.b, c, & d; and B3.6) and is adequate to perform the intended function."

An addition to the PCM involving parallel conduits through a floor and wall was independently evaluated and summarized as follows"

"The proposed change to PCM 78-13 will have no effect on the original analysis performed for the #4 Charging Pump Room Floor and for the Boric Acid Transfer Pump Room South Wall. The proposed 2" holes will not affect the structural integrity of the floor or walls."

PCM 78-61 (DCFS Plenum Air Flow Indication) - The independent review was performed in accordance with EPP-QI-3.3 (PCM's) and the design concept was concurred with - i.e., replacment of Magnehelics with manometers for more stable and more accurate differential pressure indication. The original PCM description sheet specifics (AP 0190.15, Section f) that "Design Inputs and Sources (from 5610-M-39-40-1) are unchanged."

PCM 78-20 (Sampling System Modification) - Independent reviews were performed in accordance with EPP-QI 3.3 (PCM's) and summarized their verification as follows:

"Reviewed the PCM package and the referenced letter (R. C. Crosby to Chairman PNSC, dated 1/23/78). Reviewed original piping specification and FSAR Section 9.4 (Sampling System) and Section 5 (Structures) to determine original design codes, materials, system operation, and need for seismic qualification . . . This arrangement is more satisfactory from a containment isolation standpoint and allows testing the containment isolation boundary valves in accordance with 10CFR50, Appendix F.

All materials and components to be used for the addition meet or exceed the quality of the original equipment and are in compliance with the original system design criteria."

Item F Summary

All the referenced PCM's are verified to assure adequate design by EPP engineers with expertise in the appropriate engineering disciplines. These verifications are performed independently of the design change originator, and in accordance with the intent of ANSI 45.2.11-1974. The PCM's contain review

Item F Summary (cont'd)

statements referring to FSAR sections, to specifications or system descriptions that were used by the independent reviewer concluding that the revised elements will perform its intended function. The EPP Quality Instruction 3.3 states that ". . . the technical basis for the conclusion is concisely documented in the PCM package", which was done.

In response to the finding, PCM's 78-13, 78-20, 78-23 and 79-05 state evidence of review of specific design inputs. The specifications referenced in PCM 78-61 apparently do not provide design bases for the differential pressure instrumentation. This information will be located and added to the PCM package by August 15, 1979. To prevent recurrence of such omissions, a memo will be prepared and distributed by August 15 to EPP engineers. Attention will be directed to the quality instructions design inputs requirements in EPP-QI-3.1, Section 5.11(2)(a) and 6.2(1) concerning the design verification checklist and the PCM design package contents. It shall be stressed that documentation show the rationale for the design meeting specific design inputs rather than references if those references do not specify the equipment design bases.

Finding G

As required by Section 6.8.2 of the Technical Specification, "Each procedure and administrative policy of 6.8.1 . . ., and changes thereto, shall be reviewed by the PNSC . . ."

Contrary to the above, the implementation procedure for PC/M 78-51, Unit 3 and 78-52, Unit 4, "Installation of Part Length CRDS Anti-rotation Device was modified during installation and was not authorized by the Plant Nuclear Safety Committee (PNSC). Step 9.6.5 was modified by a letter dated 9/11/78 from Nuclear Service Division (FS-J4-095) to revise the method of torquing the set screws the required 12-15 ft-LBS; PNSC did not approve the change to the procedure.

Response G

The corrective action taken was to evaluate the nuclear safety significance and technical adequacy of the change discussed in the Westinghouse letter of September 11, 1978. This was accomplished prior to implementation of the affected section of the procedure and again during your inspection. Both evaluations found that nuclear safety was not adversely affected by the change and that the change was technically sound. The change, which was made on the recommendation of Westinghouse, was made because the original version of the procedure as written by Westinghouse physically could not be completed. At the time of the implementation of the procedure, the change discussed in the Westinghouse letter was viewed as a clarification of the original procedure as opposed to a change.

In order to prevent recurrence, a letter will be sent to plant personnel to inform them that matters of this nature should be handled as On the Spot Changes to Procedures. This will be accomplished by July 31, 1979, at which time full compliance will be achieved.

Finding H

As required by 10 CFR 50, Appendix B, Criterion XVII, "Sufficient records shall be maintained to furnish evidence of activities affecting quality. Additionally, . . . the applicant shall establish requirements concerning record retention, such as duration, location and assigned responsibility. The accepted Quality Assurance Program TQR 17.1 states in part: "Sufficient records shall be maintained to furnish documented evidence of the quality of safety related structures, systems, and components, and of activities affecting their quality." and ". . . The requirements and responsibilities for quality assurance record control . . . shall be established and documented . . ."

Contrary to the above, sufficient records were not maintained as indicated below:

Finding H.1

Nine of nine Plant Work Orders and Work Reports involving maintenance on safety-related equipment that were on file in Document Control did not have the QC inspector signature recorded on six of the same nine work reports did not have the Supervisor's signature recorded.

Response to H.1

This finding has two parts: a) that the QC inspector block on PWO was not signed and b) that the Nuclear Supervisor block on PWOs was not signed.

Response to H.1.a

In order to prevent recurrence, the program discussed under finding B.1 above will include requirements that the Quality Control Department review of Plant Work Orders be documented as required by the Quality Assurance Program. Full compliance will be achieved as of the date committed to in the above response to finding B.1.

Response to H.1.b

The failure to have the Nuclear Supervisor block signed was an area identified by your inspectors in 1978. Corrective action was taken and resulted in full compliance being achieved. Corrective action to prevent recurrence was also taken in response to the previous findings. Because the PWOs reviewed in this inspection were written prior to the older findings, no further action is necessary.

Finding H.2

Document control/retention requirements had not been established for maintaining vendor instruction manuals used in the performance of safety-related maintenance.

Response H.2

In order to prevent recurrence, we will expand the scope of our existing document control program to include vendor technical manuals which are used to perform maintenance on nuclear safety related equipment. Because of the scope of the effort required to accomplish this expansion, we are unable to provide a completion date at the present time. We will, by July 31, 1979, establish a target date for completion of this program expansion.

Finding H.3

The data reports required by PO #76019-65231 could not be retrieved.

Response H.3

As corrective action for this finding, we have evaluated the circumstances surrounding the missing test data reports. We have determined that we have on file sufficient documentation to provide assurance that the purchased material met the purchase order requirements. Our evaluation also revealed that the individual who was most likely responsible for misplacing the test data reports has since been transferred to another job. We feel the transfer of the individual provides reasonable assurance there will be no further recurrences of this item of noncompliance. Full compliance was achieved as of March 21, 1979.

Finding H.4

The heat treat verification required by PO #73523-23721C could not be retrieved.

Response H.4

A review of the documentation requirements specified in PO #73523-23721C revealed that the material had been ordered to a more stringent specification than was necessary. Engineering review indicated that heat treat certs were not actually required by the applicable specification. This determination and supporting documentation was reviewed and discussed with the Principal Inspector prior to the exit meeting. Concurrent with performing the above review, contact with the vendor produced the missing heat treat certification two days after the exit.

Both the heat treat certification and documentation supporting the engineering determination are on file at PTP.

Extensive review of Nonconformance Reports (NCR's) generated during the applicable Plant Change/Modification (PCM), indicated this problem was an isolated instance.

Finding I

As required by 10 CFR 50, Appendix B, Criterion XIII which states in part: "Measures shall be established to control the handling, storage, shipping, cleaning and preservation of material and equipment in accordance with work and inspection instructions to prevent damage or deterioration". The accepted Quality Assurance Program, Appendix C and D to FPL TQAR 1-76A commits to Regulatory Guide 1.38, dated March 16, 1973, which endorses ANSI N45.2.2-1972 as the baseline guidance for FPL's QA Manual and the QA Program commitments. Paragraph 2.2 of ANSI N45.2.2-1972 states in part: "Procedures and instructions shall be generated, used, and maintained current; these shall contain sufficient detail to provide a basis for packaging, design, shipping requirements, receiving, storage and handling procedures, implementations thereof, and inspection . . ." FPL QA Procedure QP 13.1, "Handling, Storage and Shipping of Material, Parts and Equipment During Plant Operation" specifies the measures and responsibilities for controlling the subject areas. Turkey Point Administrative Procedure AP 0190.72, Paragraph 5.7 requires that storage facilities to be utilized by plant departments for storage of safety-related materials, not purchased through stores, be designated in writing.

Contrary to the above, the electric department had not implemented, on March 21, 1979, Paragraph 5.7 of AP 0190.72.

Response I

The corrective action taken was to revise Administrative Procedure 0190.72, Receipt Inspection, Identification, and Control of Nuclear Safety Related Parts, Materials, and Components. As discussed and agreed to by the inspector, the corrective action was to delete the requirement for the storage areas to be designated in writing. The procedure was revised on March 15, 1979, at which time full compliance was achieved.

Finding J

As required by 10 CFR 50, Appendix B, Criterion XVI, "Measures shall be established to assure that conditions adverse to quality, such as . . . nonconformances are promptly identified and corrected . . . "The accepted Quality Assurance Program, Paragraph 16.1, requires" . . . measures shall be used to assure that conditions adverse to quality such as . . . deficiencies, . . . and nonconformances, are promptly identified and corrected as soon as practicable."

Contrary to the above, measures had not been established to assure that conditions adverse to quality were corrected as soon as practicable in that:

Finding J.1

The lack of as-built Circuit Wiring Diagrams for certain safety-related equipment relay circuitry was identified as a nonconformance in Item II of Audit QAA-SP-74-2 conducted December 3 and 5, 1974, and all of the required diagrams had not been updated to as-built conditions as of March 14, 1979.

Response J.1

The five remaining drawings have been superceded through the FPL Turkey Point Drawing Update Program.

Finding J.2

The lack of documentation of the current drawing control practices in procedures QP 6.4 was identified as a nonconformance in Item II.C of audit QAA-HA-76-2 which was issued June 28, 1976, and the procedure still had not been updated as of March 14, 1979.

Response J.2

Revised QP 6.4, "FPL Drawing Control" - will be issued by August 22, 1979.

Finding J.3

The lack of documentation with respect to design interfaces was identified in Item I of audit QAA-EPP-77-1 issued April 28, 1977, and the required revision of QP 3.2 had not been accomplished as of March 14, 1979.

Response J.3

Revised QP 3.2, "Identification and Control of Design Interfaces" - was issued on June 6, 1979.

Finding J.4

Various inadequacies with receipt, control and inspection of safety-related material arriving at the Turkey Point site through channels other than routine Stores Department orders were identified in Items I, II and III of site Quality Assurance audit QAO-PTP-78-05-171. A response was due on June 29, 1978, and none was received until October 16, 1978. In addition corrective action was not obtained until January 22, 1979.

Response J.4

Corrective action on Findings I, II and III of audit QAO-PTP-78-05-171 was completed on January 22, 1979. Therefore appropriate immediate corrective action has been completed.

Item J Summary

To prevent recurrence of similar noncompliances, the Quality Assurance Department's Quality Instruction QI 16 QAD 4 "Corrective Action Follow-up for QA Department Open Items" was revised and issued on March 30, 1979 to require a semi-annual review of all open audit findings to identify management attention needed to assure that corrective action is taken as soon as practicable.

Finding K

As required by 10 CFR 50, Appendix B, Criterion XVIII, ". . . Followup action . . . shall be taken where indicated." The accepted Quality Assurance Program, Paragraph 18.1 requires that "Followup action . . . shall be taken where necessary." Quality Procedure (QP) 16.1, Revision 1 dated March 31, 1978, Paragraph 5.4.1.3 states" "If a response is not received, is inadequate, or subsequent corrective action in not satisfactory, the cognizant Assistant Manager of QA shall contact the department or plant managment, in writing, and inform him of the inadequacies, and request a commitment or other appropriate action."

Contrary to the above, followup action was not taken where indicated in that:

Finding K.1

Finding I of audit QA-LEP-78-1 received an inadequate response on August 25, 1978, that provided no immediate corrective action for the cited nonconformance (failure to have an approved procedure) and the condition of inadequacy was not brought to the attention of the cognizant Assistant Manager of QA, no followup action was taken, and the condition remained uncorrected as of March 14, 1979.

Response K.1

The finding and the response have been reconciled and compliance has been achieved.

Finding K.2

Findings I and II of audit QAA-NAN-78-2 dealing with design verification and collection and storage of QA Records had a response due date of December 17, 1978. When no response was received, the cognizant Assistant Manager of QA was not informed by the auditor. The auditor, not the Assistant Manager took followup action and that was orally and not in writing.

Response K.2

A response to the audit finding I and II of audit QAA-NAN-78-2 has been received and corrective action on Finding I of audit QAO-PTP-78-04-170 has been completed. Therefore immediate corrective action is sufficient on these specific examples.

Finding K.3

Finding I of audit QAO-PTP-78-04-170 dealing with failure to follow procedures had a response due date of June 17, 1978. No response was received until October 12, 1978. Although followup action was initiated by the auditor on July 21, August 11, August 22 and September 26, 1978, the action was not taken by the cognizant Assistant Manager, nor was it in writing as required and it was not effective in obtaining the corrective action which was not completed until November 22, 1978.

Response K. 3

Same as Response K.2.

Item K Summary

To prevent recurrence of similar noncompliances, Quality Procedure 16.1, "Corrective Action" was revised and issued, on April 21, 1979, to provide more efficient measures for controlling and achieving corrective action on audit findings.

Finding L

As required by 10 CFR 50, Appendix B, Criterion XVIII, "A comprehensive system of planned and periodic audits shall be carried out to verify compliance with all aspects of the quality assurance program and to determine the effectiveness of the program . . ." The accepted Quality Assurance Program, Paragraph 18.1 requires. "A comprehensive system of planned and periodic audits shall be carried out to verify compliance with all aspects of the quality assurance program and to determine the effectiveness of the program. . ." Appendix C of the accepted Program commits Florida Power & Light to follow Regulatory Guide 1.64, Revision 1 which endorses and applies ANSI N45.2.11-1974.

Contrary to the above, a comprehensive system of audits was not carried out as required in that the six audits conducted which dealt with the Plant Change/Modification (PCM) area did not verify compliance of that activity with the accepted Program's commitment to ANSI N45.2.11-1974 in that the specific audit requirements of Section 11.4 of the Standard to evaluate the design quality assurance practices, policies, procedures and instructions and actions taken to correct deficiencies in the program were not covered.

Response L

The design quality assurance practices, policies, procedures and instructions cited in the noncompliance have been evaluated by the FPL Quality Assurance Department. Rather than being accomplished through audits, these evaluations are performed during the development and revision process in order to provide more timely contribution to these practices, policies, procedures and instructions. This alternative to the requirement in Section 11.4 of ANSI N45.2.11-1974 was submitted to NRR on July 11, 1979.

Action to correct deficiencies in the program (and its implementation) have previously been included in audits of our specific procedures on corrective action and nonconformances rather than during audits of any specific function, such as design change control (Plant Change/Modification). However, to assure that a comprehensive evaluation of the actions taken to correct deficiencies, in the design QA program, is performed, cognizant personnel have been instructed to emphasize this area in future audits of nonconformances and corrective action which will be completed in 1979.

Finding M

As required by 10 CFR 50, Appendix B, Criterion VI, "Measures shall be established to control the issuance of documents . . . including changes thereto, which prescribe all activities affecting quality . . ." The accepted Quality Assurance Program, Paragraph 6.2.1 states that "Quality Procedures shall delineate the control measures for controlled documents including direction for . . . verification that changes are promptly incorporated. These control measures shall apply to . . . . . c. quality program manuals, procedures . . . f. plant Safety Analysis Reports . . ." "Quality Procedure (QP 6.2, Revision 2 dated November 15, 1977, Paragraph 5.2.2 states that "A reference center document may be checked out of the reference center by completing an entry in the reference check-out book . . ."

Contrary to the above, currently established measures did not control the issuance of documents as required in that:

1. Two of five Quality Manuals (copies 143 and 044) reviewed at the General Offices on March 13, 1979, contained copies of Quality Procedures (QP) 16.2 and 16.3 both of which had been superseded and made obsolete on March 31, 1978;

2. Audit reports issued by the site Quality Assurance organization showed that QP 16.3 was still referenced as the document to be followed in audit reports up to and including one issued on June 27, 1978, three months after QP 16.3 had been superceded;

3. The reference center copy of the Turkey Point Final Safety Analysis Report had been returned to the reference center by one engineer without filling in the reference center check-out book and had been taken out of the reference center by another engineer on March 20, 1979, without filling in a checkout entry in the reference center checkout book.

Response M

Both immediate corrective action and action to prevent recurrence were completed and verified prior to completion of the inspection. Based on the inspection transmittal letter and the inspection details Item 10.e no further response was requested.

Finding N

As required by 10 CFR 50, Appendix B, Criterion XIV "Measures shall be established to indicate, by the use of markings such as startups, tags, labels, routing cards, or other suitable means, the status of inspections and tests performed upon individual items of the nuclear power plants" The accepted Quality Assurance Program TQR 12.2.1 requires labeling. The committed standard ANSI N45.2.4-1972 requires labeling of instrumentation to show the date of the next calibration.

Contrary to the above, safety related instrumentation mounted on panels were not labeled.

Response N

In order to prevent recurrence, we will submit to NRC Licensing a proposed exception to the labeling requirement in ANSI N45.2.4. The exception request will show that our existing administrative control program for installed instrumentation provides a satisfactory alternative to labeling each instrument.

Full compliance will be achieved when the exception request is approved by NRC Licensing.

Finding O

As required by 10 CFR 50, Appendix B, Criterion IV, "Measures shall be established to assure that applicable regualtory requirements, design bases, and other requirements which are necessary to assure adequate quality are suitable included or referenced in the documents for procurement of material equipment and services . . ." The accepted Quality Assurance Program as implemented by TQR 4, Paragraph 4.2.1 and TQR 15, Paragraph 15.2.4 require measures to be established which require reporting of nonconformances, during supplier activities to the purchases.

Contrary to the above, all sixteen purchase orders reviewed did not contain provisions which required reporting of supplier nonconformances to the purchaser.

Response O

A revision to the referenced document (SQAD 1001) is being processed and will include a requirement for reporting supplier nonconformances to the purchaser. This revision will be completed and included in all appropriate purchase orders by September 28, 1979.