ACCELERATED DISTRIBUTION DEMONSTRATION SYSTEM

REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR:8905150122 DOC.DATE: 89/05/04 NOTARIZED: NO DOCKET #
FACIL:50-250 Turkey Point Plant, Unit 3, Florida Power and Light C 05000250
50-251 Turkey Point Plant, Unit 4, Florida Power and Light C 05000251
AUTH.NAME AUTHOR AFFILIATION
CONWAY,W.F. Florida Power & Light Co.
RECIP.NAME RECIPIENT AFFILIATION
Document Control Branch (Document Control Desk)

SUBJECT: Responds to violations noted in Insp Repts 50-250/88-32 & 50-251/88-32.

DISTRIBUTION CODE: IE01D COPIES RECEIVED:LTR 1 ENCL 1 SIZE: 10
TITLE: General (50 Dkt)-Insp Rept/Notice of Violation Response

NOTES:

	RECIPIENT ID CODE/NAME	COPIES LTTR	COPIES ENCL	RECIPIENT ID CODE/NAME	COPIES LTTR	COPIES ENCL
	PD2-2 PD	1	1	EDISON,G	1	1
INTERNAL:	AEOD	1	1	AEOD/DEIIB	1	1
	AEOD/TPAD	1	1	DEDRO	1	1
	NRR SHANKMAN,S	1	1	NRR/DEST DIR	1	1
	NRR/DLPQ/PEB 11	1	1	NRR/DLPQ/QAB 10	1	1
	NRR/DOEA DIR 11	1	1	NRR/DREP/EPB 10	1	1
	NRR/DREP/RPB 10	2	2	NRR/DRIS DIR 9A	1	1
	NRR/PMAS/ILRB12	1	1	NUDOCS-ABSTRACT	1	1
	OE LIEBERMAN,J	1	1	OGC/HDS2	1	1
	REG FILE 02	1	1	RGN2 FILE 01	1	1
EXTERNAL:	LPDR	1	1	NRC PDR	1	1
	NSIC	1	1			

R I D S / A D D S

R I D S / A D D S

NOTE TO ALL "RIDS" RECIPIENTS:

PLEASE HELP US TO REDUCE WASTE! CONTACT THE DOCUMENT CONTROL DESK, ROOM P1-37 (EXT. 20079) TO ELIMINATE YOUR NAME FROM DISTRIBUTION LISTS FOR DOCUMENTS YOU DON'T NEED!

TOTAL NUMBER OF COPIES REQUIRED: LTTR 24 ENCL 24

FPL

P.O. Box 14000, Juno Beach, FL 33408-0420

MAY 4 1989

L-89-178
10 CFR 2.201

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, D. C. 20555

Gentlemen:

Re: Turkey Point Units 3 and 4
Docket Nos. 50-250 and 50-251
Reply to Notice of Violation
Inspection Report 88-32

Florida Power & Light Company has reviewed the subject inspection report and pursuant to 10 CFR 2.201 the response is attached.

Very truly yours,

W. F. Conway
Senior Vice President - Nuclear

WFC/JRH/gp

Attachment

cc: Stewart D. Ebneter, Regional Administrator, Region II, USNRC
Senior Resident Inspector, USNRC, Turkey Point Plant

IE01
1/1

ATTACHMENT

RE: Turkey Point Units 3 and 4
Docket Numbers 50-250 and 50-251
NRC Inspection Report 88-32

FINDING A:

10 CFR 50, Appendix B, Criterion XVI, and the licensee's accepted Quality Assurance Program, FPL TQAR 1-76A, Section 16.1, require that deficiencies be promptly corrected.

Contrary to the above, longstanding deficiencies in equipment identification have not been promptly corrected. The licensee has acknowledged equipment identification deficiencies and has had a program in place for their correction for several years. Such a program was referred to in the 1987 Systematic Assessment of Licensee Performance and in the Turkey Point Performance Enhancement Program, Project 2, Task 4 (reference September 30, 1987 letter from Florida Power and Light Company to the NRC). As evidence of failure of prompt correction, in December 1988 the following identification labeling deficiencies were identified as a result of NRC inspection:

(1) Unit 2 Residual Heat Removal suction isolation valves from the Reactor Coolant cold leg were observed with the following identification deficiencies:

> Valve ink marked 750, but identification tagged 751
> Valve ink marked 751 with no identification tag
> (ink-marked numbers were correct, however, the acceptable method for identification is by tagging.)

(2) An unlabeled pressure indicator (PI) was mistakenly assumed to be PI 1545 (Emergency Containment Cooler CCW Outlet Pressure) by a planner and, as result a deficient condition for PI 1545 was not recognized and corrected when initially reported.

Response A:

1. FPL concurs with the finding.

2. The reason for both examples was failure to adhere to established procedures, in that component identification discrepancies were not documented as required by Administrative Procedure 0-ADM-209, "Equipment Tagging".

   a) Unit 3 Residual Heat Removal Suction Isolation Valves MOV-3-750 and MOV-3-751 were labeled by the Operations Labeling Group in April 1985 and independently verified to be labeled correctly.

Subsequent maintenance activities performed on both valves by the plant Electrical and Construction Departments did not result in the identification of equipment tagging discrepancies. These tags were probably removed during maintenance activities and not documented as required by procedure 0-ADM-209.

b) The second example was the result of the planner's failure to document this equipment tagging deficiency, as required by procedure 0-ADM-209.

3. Corrective steps which have been taken and the results achieved include:

a) Valves MOV-3-750 and MOV-3-751 were relabeled with more durable permanent tags, and verified on April 19, 1989.

b) A walkdown of the Unit 3 CCW System on April 21, 1989 did not identify any unlabeled pressure indicators. Due to the ongoing effort to relabel plant components with more durable permanent tags, any unlabeled pressure instruments may have been tagged subsequent to the NRC inspection.

c) Unit 4 containment valves and instruments were relabeled with more durable permanent tags on April 25, 1989. In addition, increased emphasis has been placed on the use of more durable permanent tags, rather than the use and maintenance of interim labels with a low life expectancy.

d) Procedure 0-ADM-209, "Equipment Tagging", was revised on January 31, 1989 to enhance the process for maintaining the plant equipment tagging program. It now requires maintenance personnel to ensure that labels/tags are intact, correct and readily visible on components on which maintenance is being performed.

e) Monthly system walkdowns of select safety systems are performed to identify potential labeling discrepancies before they create an operator/operational problem. This program was initiated on January 1, 1989.

f) The Procedure Upgrade Program (PUP) Procedure Review/Periodic Review Checklist was revised on April 26, 1989. This will ensure the integration of component labeling verification into operations system alignment procedures during the periodic review process.

4. The corrective steps which will be taken to avoid further violations include:

- Maintenance procedures will be reviewed to determine the need for the addition of controls to ensure that plant equipment tagging is maintained in accordance with O-ADM-209.

5. Full compliance will be achieved by July 15, 1989, with the completion of the action discussed in 4. above.

FINDING B:

10 CFR 50, Appendix B, Criterion V, and the licensee's approved Quality Assurance Program, FPL TQAR 1-76A, Section 5, require that activities affecting quality shall be prescribed by and accomplished in accordance with appropriate instructions or procedures. Technical Specification (TS) 6.4.1. requires a program for periodic retraining of Health Physics technicians. TS 6.8.1, through reference to Regulatory Guide 1.33, requires procedures for breathing air quality testing be established and implemented.

Contrary to the above, the licensee did not have adequate procedural requirements or did not comply with requirements from procedures in the following examples:

(1) A work order issued to repair pressure indicator 1545 (Emergency Containment Cooler CCW Outlet Pressure), which was reading off scale high, was coded out (cancelled) without referring the condition back to the originator as required by Procedure 0-ADM-701.

(2) During November and December 1988 data entry technicians were not including all of the journeyman's work order work write-up entries in the work order computerized data base as required by Procedure 0-ADM-701.

(3) A procedure for diesel generator maintenance contained erroneous requirements.

- Procedure 0-PMM-022.3 (10/24/88) was deficient in that it contained requirements regarding chromate water which were no longer applicable, as well as major modifications (power pack assembly, cylinder liner installation and measurement, cylinder head installation, and lube cooler) which will not be required for several subsequent 18 month intervals.

(4) There were no procedural requirements for periodic retraining of contract Health Physics technicians and said retraining was not being performed.

(5) Breathing air quality testing was not procedurally addressed.

RESPONSE B:

Example (1)

1. FPL concurs with the finding.

2. The reason for the finding was personnel error. When no problem

could be found on what was believed by the planner to be PI-3-1545 (which was actually the unlabeled pressure indicator discussed in Finding A), he coded out (closed out) the work order instead of cancelling the work order as invalid. Only invalid work orders are returned to the originator for cancellation.

3. Corrective steps which have been taken and the results achieved include:

   a) The planning supervisors from Electrical, Mechanical and I&C were informed in a meeting that plant work orders shall not be coded out (closed out) if no work is performed. Such plant work orders will be processed for cancellation.

   b) Administrative Procedure 0-ADM-701 was revised on January 26, 1989. Step 5.8.8 now states that plant work orders not worked shall not be coded out (closed out). Such plant work orders will be processed for cancellation.

4. No additional corrective actions are necessary.

5. Full compliance has been achieved.

Example (2)

1. FPL concurs with the finding.

2. The reason for the finding was procedural ambiguity. It was not the intention of Administrative Procedure 0-ADM-701, "Plant Work Order Preparation", for all of the journeyman's work report data to be entered in the work order computerized data base. The intent of the procedure was that relevant information from the journeyman's work report would be entered in the work order computerized data base as a source of maintenance history.

3. Corrective steps which have been taken and the results achieved include:

   - Administrative Procedure 0-ADM-701 was revised on January 26, 1989. Step 5.8.6 now states that relevant journeyman's work report data will be entered by a designated data entry individual.

4. No additional corrective actions are necessary.

5. Full compliance has been achieved.

Example (3)

1. FPL concurs with the finding.

2. The reason for the finding is twofold:

   a) The requirements regarding chromate water were not deleted from

procedure 0-PMM-022.3 after implementation of PC/M 87-408 due to an inadequate procedure. Although procedure AP-0190.15, "Plant Changes and Modifications", required the identification of procedures requiring change due to a modification, the "System Acceptance/Turnover Sheet" (Figure J), contained therein, did not ensure that affected procedures not required for acceptance/turnover were listed for future revision.

b) The reason procedure 0-PMM-022.3 contained surveillances which would not be performed for several subsequent 18 month intervals was due to a decision to coordinate and consolidate inspection tasks. Those surveillances will be performed using 0-PMM-022.3 but are staggered surveillances.

3. Corrective steps which have been taken and the results achieved include:

a) Procedure 0-PMM-022.3 was revised on December 15, 1988 to delete requirements related to chromate water and add requirements related to NALCO 2000.

b) Figure J, "System Acceptance/Turnover Sheet", of procedure AP-0190.15 was revised on February 1, 1989. Figure J now requires that all procedures not required for acceptance/turnover but requiring revision be listed on page 2 of Figure J. The Technical Staff System Engineer is then responsible for ensuring subsequent procedure revisions are completed.

4. The corrective steps which will be taken to avoid further violations include:

- Procedure 0-PMM-022.3 will be revised to clearly identify those surveillance tasks contained therein which are not required to be performed each 18 month cycle.

5. Full compliance will be achieved by August 15, 1989 with the completion of the action described in 4. above.

Example (4)

1. FPL concurs with the finding.

2. The reason for the finding was that Health Physics contractor personnel were not considered part of the facility staff although they did augment the facility staff.

3. Corrective steps which have been taken and the results achieved include:

- A Corporate Recommended Practice regarding guidelines for training and qualification of ANSI Contract Health Physics Technicians was prepared on March 8, 1989.

4. The corrective steps which will be taken to avoid further violations include:

   a) Health Physics Administrative Procedure HP-80, "Qualification of Health Physics Personnel", will be revised to require that ANSI Contract Health Physics Technicians who remain onsite for more than six months be included in the continuing training program for RPMs (Radiation Protection Manager). These technicians shall receive training on those portions of the continuing training program for RPMs deemed appropriate.

   b) Current ANSI Contract Health Physics Technicians who have been onsite and/or are expected to remain onsite for more than six months will complete appropriate portions of continuing training for RPMs.

5. Full compliance will be achieved by:

   a) Completion of the action described in 4. a) by May 31, 1989.

   b) Completion of the action described in 4. b) by June 30, 1989.

Example (5)

1. FPL concurs with the finding.

2. The reason for the finding was personnel error in that the requirement to establish a procedure for testing breathing air quality was not recognized.

3. Corrective steps which have been taken and the results achieved include:

   - Plant maintenance instruction MI101001 was approved on January 3, 1989 to procedurally address testing breathing air quality on an interim basis.

4. The corrective steps which will be taken to avoid further violations include:

   - A plant maintenance procedure will be issued to replace the temporary guidelines for testing breathing air quality contained in MI101001.

5. Full compliance will be achieved by August 31, 1989 with the completion of the action described in 4. above.

FINDING C:

10 CFR 50, Appendix B, Criterion V and the Licensee's approved Quality Assurance Program, FPL TQAR 1-76A, Section 5, requires that activities affecting quality be accomplished in accordance with the documented requirements of the applicable procedures and instructions.

Contrary to the above, receipt inspections prescribed and documented on Receipt Inspection Reports (RIRs) R87-7772 and R86-3842 were not performed as required by the RIRs. A reinspection of the parts included on these RIRs, which was conducted at NRC request on 12/16/88, found that cleanliness and physical condition was not acceptable though the inspection record indicated that they were. Unacceptable results from reinspection were documented in General Inspection Report G-88-159.

RESPONSE C:

1. FPL concurs with the finding.

2. Two significant contributing factors led to this finding.

    a) The Receipt Inspection Checklist indicated use of Technique Sheet 7.1 as the accept/reject criteria for cleanliness. However, Technique Sheet 7.1 did not contain any reference to or any particular cleanliness criteria.

    b) The use of sampling was previously permitted during Receipt Inspections.

3. Corrective steps which have been taken and the results achieved include:

    - Nonconformance Report (NCR) C0632-88 was written on December 16, 1988 against the parts inspected by the subject Receipt Inspections. These parts will remain on QC Hold until the NCR is dispositioned by plant engineering.

4. The corrective steps which will be taken to avoid further violations include:

    - Plant Quality Control Department Instruction (QCDI) 7.1 and Technique Sheet 7.1 (Construction Instruction) will be revised to reference ANSI N45.2.2-1972 as the inspector's cleanliness standard when no specific criteria is available or indicated in the Inspection Plan. Additionally, this revision will state that the use of sampling shall not be used as an inspection technique for cleanliness on uniquely engineered ASME parts or components, 10CFR21 orders, or Environmentally Qualified (EQ) orders.

5. Full compliance will be achieved by June 1, 1989 with the completion of the action described in 4. above.

FINDING D:

10 CFR 50, Appendix B, Criterion XVII, and the licensee's approved Quality Assurance Program, FPL TQAR 1-76A, Section 17, require storage of quality assurance records to assure they are protected from deterioration and are readily retrievable.

Contrary to the above, the following examples of quality assurance records were not stored such that they would be protected from deterioration or would be readily retrievable in accordance with licensee requirements:

(1) Temperature and humidity daily records for the Class B storage warehouse were not maintained as QA records as required by Corporate QA Manual Procedures QP 13.1 and 17.1.

(2) Procedure, 0-HPA-003, Control of Health Physics Records revision dated July 5, 1988, section 5.1.5 requires completed quality assurance records be turned over to the health physics records custodian to file in an approved Quality Assurance cabinet for storage until the records are stored in the plant quality assurance record storage area.

During the week ended December 2, 1988, it was found that qualification records for contract Health Physics personnel were not stored in an approved cabinet, filed by a health physics records custodian, or readily retrievable. Further, these health physics quality assurance records had not been transmitted to the plant quality assurance record storage area. They had been stored by several individuals at various locations.

RESPONSE D:

Example (1)

1. FPL concurs with the finding.

2. The reason for the finding was misinterpretation of the wording in the Corporate QA Manual. Although temperature and humidity records for the Class B warehouse were being kept, they were not recognized as being QA records.

3. Corrective steps which have been taken and the results achieved include:

   - The Nuclear Stores QA Records List was revised on May 1, 1989 to include Class B Warehouse temperature and humidity records as lifetime QA records.

4. No additional corrective actions are necessary.

5. Full compliance has been achieved.

Example (2)

1. FPL concurs with the finding.

2. The reason for the finding was an inadequate procedure, in that HP-80, "Qualification of Health Physics Personnel", did not contain a method to ensure that all completed contractor qualification records were turned over to HP Records.

3. Corrective steps which have been taken and the results achieved include:

   - Completed original contractor qualification records have been turned over to HP Records for microfilming. Originals waiting turn over to QA and copies of completed originals are being maintained in proper storage files. This action was completed by December 16, 1988.

4. The corrective steps which will be taken to avoid further violations include:

   - Health Physics Procedure HP-80 will be revised to include instructions to ensure that completed contractor qualification records are turned over to HP Records.

5. Full compliance will be achieved by May 31, 1989 with the completion of the action described in 4. above.