



Commonwealth Edison

One First National Plaza, Chicago, Illinois

Address Reply to: Post Office Box 767

Chicago, Illinois 60690

August 7, 1981

Mr. James G. Keppler, Director
Directorate of Inspection and
Enforcement - Region III
U.S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, IL 60137

Subject: LaSalle County Station Units 1 and 2
Response to NRC Inspection Report
Nos. 50-373/81-22 and 50-374/81-12
NRC Docket Nos. 50-373/374

Reference (a): C. E. Norelius letter to Cordell Reed
dated July 8, 1981

Dear Mr. Keppler:

The following is in response to the inspection conducted by Messrs. K. A. Connaughton, K. R. Baker, R. D. Schulz, M. L. Gilder, M. M. Holzmer and J. M. Peschel on April 6-10, April 13-17, April 27-May 1, and May 26-29, 1981 of activities on LaSalle County Station. Reference (a) indicated that certain activities appeared to be in noncompliance with NRC requirements. The Commonwealth Edison response to this notice of violation is provided in the enclosure.

To the best of my knowledge and belief, the statements contained herein and in the enclosure are true and correct. In some respects these statements are not based upon my personal knowledge but upon information furnished by other Commonwealth Edison and contractor employees. Such information has been reviewed in accordance with Company practice and I believe it to be reliable.

If you have any questions in this regard, please direct them to this office.

Very truly yours,

L. O. DelGeorge

Director of Nuclear Licensing

Enclosure

cc: NRC Resident Inspector - LSCS

SUBSCRIBED and SWORN to
before me this 7th
day of August, 1981

Notary Public

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Enclosure
Response to Notice of Violation

The response to the items of apparent noncompliance identified in Appendix A of Reference (1) is provided in the following paragraphs.

- Item 1. The inspection showed that action had been taken to correct the noncompliance identified as Item No. 1. Consequently no reply was required.
- Item 2. 10 CFR 50, Appendix B, Criteria 11, states in part, "The applicant shall establish at the earliest practical time, consistent with the schedule for accomplishing the activities, a quality assurance program which complies with requirements of this appendix. This program shall be documented by written policies, procedures, or instructions and shall be carried out throughout plant life in accordance with these policies, procedures, or instructions."

Commonwealth Edison Company states in part in their Quality Assurance Program Topical Report CE-1-A, revision 15, Section 2, "Certification records will be maintained by the Quality Assurance Department as well as the department wherein the employee performs his activities.

Qualification and certifications will be maintained in a current status and will be established to meet the applicable requirements of ASME Code and ANSI Standard N45.2.6." Additionally, Section 2, commits to ANSI N18.7-1976 which endorses ANSI N45.2.6-1973 in Paragraph 5.2.7.

Contrary to the above, Quality Control personnel, who are performing receipt inspections, do not document certifications required by ANSI N45.2.6-1973, Paragraph 2.2.4.

This is a Severity Level VI violation (Supplement 11).

RESPONSE:

1. Corrective Action taken and Results Achieved

It is the understanding of the licensee, from discussion with the NRC Inspector, that the qualifications of the Quality Control Inspectors were not in question, but the violation was for lack of a written program for certification of the qualifications. Based on this understanding, no corrective action is required for the previous receipt inspections performed by the Quality Control Department.

2. Corrective Action Taken to Avoid Future Non-Compliances

LaSalle Station has initiated an Administrative Procedure, LAP 1700-2 "Personnel Qualification and Certification Program for Quality Control Personnel to Mecc the Intent of ANSI N45.2.5." This procedure is based on the Administrative Procedure form Quad Cities Station which the inspector has previously found acceptable.

3. Date of Full Compliance

Full compliance will be achieved by September 15, 1981.

- 1' . 10 CFR 50, Appendix B, Criterion V, states, "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. Instructions, procedures, or drawings shall include appropriate quantitative or qualitative acceptance criteria for determining that important activities have been satisfactorily accomplished."

The Station Quality Assurance Manual states, in part, that the Maintenance Assistant Superintendent or the Master Mechanic shall review each Work Request and direct their staff to prepare a Maintenance/Modification Procedure, Figure 9 of the Station QA Manual, as applicable, which together with the Work Request and all other documentation constitute the Maintenance/Modification work package.

Quality Procedure 3-52 states, in part, that the Maintenance Assistant Superintendent or Master Mechanic shall have prepared and approved Maintenance/Modification Procedure for safety, code and plant reliability related maintenance.

LAP-1300-1 states, in part, that the Maintenance Assistant Superintendent shall sign and date the Maintenance/Modification Procedure cover sheet for maintenance procedures which have not been previously approved by onsite review.

Contrary to the above, repairs were made to Unit 2 Diesel Generator A on April 10, under Work Request L08505 without the use of an approved procedure.

This is a severity Level V violation (Supplement 11).

RESPONSE:

1. Corrective Action Taken and Results Achieved

The work performed on Unit 2A Diesel Generator was done under the direction of the original equipment supplier field representative. The instruction sheet that was attached to the work request was intended as an outline of the major steps to be accomplished and not as a procedure.

The work was performed in accordance with the applicable vendor manuals which list acceptance criteria and torque values. The vendor manual has now received onsite review using the Maintenance/Modification cover sheet Figure 9. In addition, the engine was test run and found to be satisfactory.

2. Corrective Action to Avoid Future Non-Compliances

In the future all work of this nature will be performed using travelers, procedures, or vendor manuals that have been approved by onsite review. Mechanical Maintenance personnel have been instructed to use this method for all future work.

3. Date of Full Compliance

Full compliance with the above has been achieved.

Item 4. 10 CFR, Appendix B, Criterion XVI states, "Measures shall be established to assure that conditions adverse to quality, such as failures, malfunctions, deficiencies, deviations, defective material and equipment, and nonconformances are promptly identified and corrected. In the case of significant conditions adverse to quality, the measures shall assure that the cause of the condition is determined and corrective action taken to preclude repetition. The identification of the significant condition adverse to quality, the cause of the condition, and the corrective action taken shall be documented and reported to appropriate levels of management.

QP 11-2 states that when in preoperational testing it becomes necessary to rework equipment, the action will be accomplished in accordance with controlled procedures and a table of apparent deficiencies will be documented.

LSU 200-2 states that any deficient condition encountered prior to the completion of preoperational testing will be added to the deficiency list and will be processed according to Step 3 and Attachment A.

Contrary to the above, during the conduct of Preoperational Test PT-DG-201A a deficiency where lockout relays 86D60, 86D61A, and 82D62A of Diesel Generators 0, 1A, and 2A differed in their as-built condition and also did not agree with their respective schematic diagrams 1E-04412AH, 1E-1-4009AH and 1E-2-4009AH was identified on October 16, 1980, and a Deficiency Report was not written.

This is a Severity Level VI violation (Supplement 11).

RESPONSE:

1. Corrective Action taken and Results Achieved

The problem identified in noncompliance 50-373/81-22-20 was found during the preoperational test and not known at the time of turnover.

A deficiency was not written at the time of discovery because two individuals were involved and each thought the other was writing the deficiency.

Deficiency report PT-DG-101A-603 was written to identify and track this deficiency.

2. Corrective Action Taken to Avoid Future Non-compliance

It is and has been the policy of all groups involved in turnover (OAD, Startup, Construction and QA) to write deficiencies for known problems. The circumstances surrounding this incident involved a breakdown in communication due to a personnel termination that is uncommon. It is judged that this isolated occurrence will not recur due to the existing program training and procedures. No further corrective action is judged necessary at this time.

3. Date of Full Compliance

Full compliance has been achieved.

Item 5. 10 CFR 50, Appendix B, Criterion XVII, states in part, "Consistent with applicable regulatory requirements, the applicant requirements concerning record retention, such as duration, location and assigned responsibility."

Commonwealth Edison Company has committed to the requirements and guidelines of ANSI N45.2.9-1974 through Regulatory Guide 1.88 (Revision 2) as stated in the Quality Assurance Program

Topical Report CE-1-A, Revision 15. Page B.1-108 of Appendix B to the LSCS FSAR states, "The Station fire protection afforded the records storage area conforms to NFPA 232 Criteria...and "We comply with the objectives set forth in the referenced revision of this regulatory guide." (RG 1.88, Revision 2, October, 1976).

ANSI N45.2.9 states, "Permanent and temporary record storage facilities shall be constructed or located as to protect contents from possible destruction by causes such as fire...

Contrary to the above:

- A. Quality Assurance records were stored in a nonfire rated room in the basement of the Service Building for periods up to six months.
- B. The Central File room in the Service Building does not conform to the fire protection criteria of NFPA-232, 1975 edition in that:
 - 1) Walls are nonfire rated.
 - 2) Doors are nonfire rated.
 - 3) Walls do not extend to the true ceiling.

This is a Severity Level VI violation (Supplement 11).

RESPONSE:

1. Corrective Action Taken and Results Achieved

In response to Noncompliance 50-37. /81-22-13, the room located on the mezzanine level of the service building is a room in which microfilming operations are currently in progress. This room is not intended to be a permanent storage facility. Specifically, the strip charts and radiographs noted in this item of noncompliance have been relocated to the Archives for permanent storage. The "quality" records located in this room are processed in a timely manner through the microfilming operation and will not reside in this area for any significant period of time.

Central File is not intended to be a permanent record storage facility as addressed on Page B.1-108 of Appendix B to the FSAR and as defined in NFPA 232. It is a record center defined in NFPA 232 AM and meets the fire protection guidelines of this document. Central File is located on the second floor of the Service Building and is protected by a fully preoperationally tested Halon fire protection system which alarms both locally and in the Control Room. In addition, the Central File area is

frequently patrolled by Security personnel during nonworking hours, holidays, and weekends.

2. Date of Full Compliance

Full compliance will have been achieved by August 7, 1981.

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