

TENNESSEE VALLEY AUTHORITY

CHATTANOOGA, TENNESSEE 37401

NRC REGION II
ATLANTA, GEORGIA

400 Chestnut Street Tower II

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June 10, 1982

U.S. Nuclear Regulatory Commission
Region II
ATTN: James P. O'Reilly, Regional Administrator
101 Marietta Street, Suite 3100
Atlanta, Georgia 30303

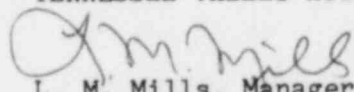
Dear Mr. O'Reilly:

This is in response to R. C. Lewis' April 29, 1982 letter to H. G. Parris, Report Nos. 50-259/82-10, -260/82-10, and -296/82-10, concerning activities at the Browns Ferry Nuclear Plant which appeared to violate NRC requirements. Enclosed is our response to Appendix A, Notice of Violation. As discussed with NRC-OIE Inspector Ross Butcher on June 1 and June 9, 1982, an eight-day extension was granted on the submittal of this response. If you have any questions, please call Jim Domer at FTS 858-2725.

To the best of my knowledge, I declare the statements contained herein are complete and true.

Very truly yours,

TENNESSEE VALLEY AUTHORITY


L. M. Mills, Manager
Nuclear Licensing

Enclosure

RESPONSE - NRC INSPECTION REPORT NOS.
50-259/82-10, 50-260/82-10, AND 50-296/82-10
F. J. LONG'S LETTER TO H. G. PARRIS
DATED APRIL 29, 1982

Item A (259, 260, 296/82-10-01)

10 CFR 50, Appendix B Criterion XVI and the accepted QA Program Section 17.2.16 require that measures be established to assure that conditions adverse to quality are promptly corrected.

Contrary to the above, measures have not been established to assure that conditions adverse to quality are promptly corrected in that nonconforming conditions placed in the Correction Report (CAR) system from 1978 through 1981 have not been resolved. Examples include the following CARs: 78-43-OT, 79-41-OT, 81-35-OT, 81-66-OT, 81-74-OT and 81-83-OT. These examples are representative of the problem and are not intended to be all-inclusive.

This is a Severity Level IV Violation (Supplement I).

1. Admission or Denial of the Alleged Violation

TVA admits the violation occurred as stated.

2. Reasons for the Violation if Admitted

Neither the Operational Quality Assurance Manual (OQAM) nor the Browns Ferry standard practice established a maximum time period for the closure of corrective action reports after the initial 30 days for response period.

3. Corrective Steps Which Have Been Taken and the Results Achieved

Memorandums have been sent to each plant section from the Browns Ferry quality assurance (QA) section with a list of open corrective action reports and requesting that all open corrective action reports be resolved as soon as possible.

4. Corrective Steps Which Will Be Taken To Avoid Further Violations

A revision to the OQAM is in the final stages of preparation that will give definite time periods for resolution when corrective action responses cannot be agreed upon. In addition, this revision will require a monthly report to responsible supervision which identifies past due corrective action reports and the responsible organization(s).

At the time that this OQAM revision becomes effective, all corrective action reports for which the corrective action has not been completed by the assigned date will be assigned new completion dates and will be processed in accordance with the revised OQAM requirements.

Surveys will be performed by the Browns Ferry QA section on the corrective action report program to determine if any corrective action reports have not been processed within the specified time limits.

5. Date When Full Compliance Will Be Achieved

Browns Ferry will be in full compliance within 90 days of issuance of the OQAM change on corrective action reports. The OQAM revision will be issued by August 2, 1982.

Item B (259, 260, 296/82-10-02)

10 CFR 50, Appendix B Criterion V and the accepted QA Program Section 17.2.5 require that activities affecting quality be accomplished in accordance with documented procedures. Implementing procedures QAAS-QAP-3.1, Quality Audit Program, Revision 8, and ANSI N45.2-12, Draft 3, Revision 4, committed to by the accepted QA Program require the audited organization to provide the date when corrective action will be completed.

Contrary to the above, in three out of six audits reviewed by the inspector, the audited organization's response did not provide the expected completion date for each proposed correction action nor did the auditing organization request a supplemental response to provide this missing information. The deficient responses involved the following audits: OPQAA-BF-81TS-02, Findings A1, A2, A6; OPQAA-BF-81TS-05, Finding OPQAA2; and OPQAA-CH-8100-05, Finding A15, and A16.

This is a Severity Level IV Violation (Supplement I).

1. Admission or Denial of the Alleged Violation

TVA admits the violation occurred as stated.

2. Reasons for the Violation if Admitted

The plant failed to promptly identify and incorporate the June 30, 1981 revision to OQAM Part III, Section 5.1 concerning assignment of corrective action into either a plant standard practice or administrative instruction implementing procedure, although the OQAM gave sufficient detail to identify the requirement for assigning due dates. The Division of Nuclear Power Central Office (NCO), which performs response verification functions associated with such audits, failed to place adequate enforcement emphasis on assignment of due dates associated with Office of Power Quality Assurance and Audit Staff (OPQA&AS) audits. Requests were not made by OPQA&AS for supplemental responses requiring due dates, due to failure of OPQA&AS personnel to enforce their guiding documents. At the time of the violation, both the plant and the NCO were already in the process of reviewing all audit findings, including OPQA&AS, and incorporating administrative due dates where target or commitment dates were missing. In addition, interface between OPQA&AS and NCO had already been established to address this concern.

3. Corrective Steps Which Have Been Taken and the Results Achieved

As an interim measure, the plant issued on March 30, 1982 Standard Practice BF 15.17, establishing a standard format for responding to OPQA&AS audit findings. This change to the standard practice to correct this deficiency had been initiated before this inspection recognized the inconsistency in past responses to OPQA&AS audits. The plant has completed making administrative assignments for all outstanding OPQA&AS actions having site responsibility. The NCO will complete making administrative assignments to all auditing areas by September 1, '82.

Several OPQA&AS training sessions have been held covering acceptable responses per OP-QAP-3.1, with due dates being a prime requirement.

4. Corrective Steps Which Will Be Taken To Avoid Further Violations

To establish a division-level policy for correctly and consistently responding to all categories of audit responses Division Procedures Manual (DPM) N82A3, Compliance Management, will be revised by August 15, 1982 to include the required content, format, and reporting requirements that all organizations will follow in responding to auditing organizations including OPQA&AS, Nuclear Safety Review Staff, and NRC inspections.

The NCO will establish the required division policy and schedule for implementing the policy regarding program matrices by October 1, 1982. Program matrices will directly tie the requirement document (in this instance the OQAM) with the implementing document (in this instance the DPM and standard practice) such that minimum requirements associated with requirement documents will be correctly identified, interpreted, and incorporated into this implementing document.

5. Date When Full Compliance Will Be Achieved

Full compliance for this item was achieved on March 30, 1982 when revision to Standard Practice BF 15.17 to correct this deficiency was implemented.

Item C (259, 260, 296/82-10-03)

10 CFR 50, Appendix B Criterion II and the accepted QA Program Section 17.2.2 require that the accepted QA Program be carried out throughout plant life in accordance with written procedures. Section 17.2.10 of the program requires that material receiving inspectors be assigned to the Supervisor, Plant Quality Assurance Staff. This requirement is addressed in the N-OQAM, Part III, Section 2.2 revised March 31, 1981.

Contrary to the above, Section 17.2.10 of the accepted QA Program and Section 2.2, Part III of the N-OQAM are not being carried out in that the implementing site procedure, Standard Practice BF 16.4 revised February 12, 1982, assigns the receipt inspection responsibility to the Power Stores supervisors.

This is a Severity Level V Violation (Supplement I).

1. Admission or Denial of the Alleged Violation

TVA admits the violation occurred as stated.

2. Reasons for the Violation if Admitted

The reason Part III, Section 2.2 of the OQAM had not been implemented was that Part III, Section 5.3A, Inspector Training, is not due for final implementation until July 1, 1982. This was incorrectly assumed to be the date required for implementation of Part III, Section 2.2.

3. Corrective Steps Which Have Been Taken And the Results Achieved

Standard Practice BF 16.4 has been revised to implement Part III, Section 2.2 of the OQAM. Certified quality control (QC) receipt inspectors are now doing the receipt inspections required by Part III, Section 2.2, of the OQAM.

4. Corrective Steps Which Will Be Taken To Avoid Further Violations

No further action required, full compliance has been achieved.

5. Date When Full Compliance Will Be Achieved

Full compliance was achieved April 26, 1982 when Standard Practice BF 16.4 was revised to correct this deficiency.

Item D (259, 260, 296/82-10-04)

Technical Specification 6.B.6 requires that copies of PORC meeting minutes be sent to the Director of Nuclear Power.

Contrary to the above, as of March 23, 1982, copies of PORC meeting minutes were not being sent to the Director of Nuclear Power.

This is a Severity Level V Violation (Supplement I).

1. Admission or Denial of the Alleged Violation

TVA admits the violation occurred as stated.

2. Reasons for the Violation if Admitted

At the time of the violation, there was no plant level procedure identifying the Director of Nuclear Power as being a recipient of PORC meeting minutes. This was due to an administrative breakdown in the recognition of the need to change supporting documents when changing the technical specifications.

3. Corrective Steps Which Have Been Taken And The Results Achieved

As stated in the inspection report, N-OQAM, Part I, Section 6.2, was revised on March 25, 1982 to include the Director of Nuclear Power on the distribution list for PORC meeting minutes. PORC minutes are now being sent to the Director of Nuclear Power. On May 5, 1982, a change was initiated to Standard Practice BF 1.10 to implement this change to the OQAM at the plant level.

4. Corrective Steps Which Will Be Taken To Avoid Further Violations

TVA is preparing a division procedure to implement a program matrix concept which will identify source documents and related implementing documents. This concept will allow for identification, review, and change of related implementing documents when a source document has been changed. This should provide a system for minimizing administrative oversight in initiating necessary document changes. The target date for establishing this program is October 1, 1982.

5. Date When Full Compliance Will Be Achieved

Full compliance was achieved on March 25, 1982 when the plant began sending PORC meeting minutes to the Director of Nuclear Power.