



FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO
INCIDENT REPORT FOLLOW-UP

IR NO. 90-0

PAGE 1 OF 1

FSVS FORM 11

TYPE OF INCIDENT <u>Unauthorized Person in Protected Area</u>	DATE <u>4-3-90</u>	TIME (MILITARY) <u>1245</u>
REPORTED BY (Print Name) <u>K. Scheidman</u>	POSITION <u>CAPT/LSO</u>	LOCATION OF INCIDENT <u>Acid TANK</u>
NARRATIVE: (Type or Type)		

At 1245 hours - I reported to CAS that I was with [redacted] - Auth Code N211 who was without his badge. He said he had left it in the "RAD WASTE" TRAILER - ON THE EAST SIDE OF THE LARGE COOLING TOWERS. AT 1246 - LT. HANSEN had inactivated the badge. AT 1247 we had located his badge and insured proper I.D. per Security Instructions. LT. HANSEN reactivated the badge at 1247 hours and I reissued the badge. There was NO UNAUTHORIZED use of the badge.

9501060144 940411
PDR FOIA
O'MALLEY93-600 PDR

REVIEW (Signatures)	
REPORT COMPLETED BY <u>Scheidman</u>	DATE <u>4-3-90</u>
SUPERVISORY APPROVAL	DATE

FOLLOW-UP (Print Names)	
ATTENTION <u>W.E. Woodard</u>	DEPARTMENT <u>N211</u>
ATTENTION	DEPARTMENT
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Follow-Up Required <input type="checkbox"/> YES <input type="checkbox"/> NO Follow-Up Required	

* FORWARD COMPLETED INCIDENT REPORT FOLLOW-UP TO PSCO SECURITY SUPERVISOR.

PSCO SECURITY USE ONLY	PSCO REVIEW (Includes I.R. Supplementals If Appl cable)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Maintenance Related <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NRC Reportable Event <u>4-3-90</u> <u>1313</u> <u>4-3-90</u>	SIGNATURE <u>[Signature]</u> DATE <u>4/4/90</u>

To Be Completed By Site Managers

Employee
 Location
 Pay Rate

SSN

First Day Worked

Position

Last Day Worked

REASON FOR SEPARATION

VOLUNTARY QUIT

- 01 Quit Without Notice
- 02 Quit for Other Employment
- 03 Quit - No Call / No Show
- 04 Quit - Dissatisfied with Job
- 05 Quit - Go To School
- 06 Quit - Moved / Left Area
- 07 Quit - Married / Domestic Reasons
- 08 Quit - Medical Reasons
- 09 Quit - Personal / Transportation Problem
- 10 Failed to Return from Leave
- 11 Other (Explain)

DISCHARGE

- 12 Absenteeism - Warnings? Y / N
- 13 Tardiness - Warnings? Y / N
- 14 Violation of Company Policy (Give Warning Dates & Policy)*
- 15 Insubordination (Explain)
- 16 Discharge - Other Reasons
- 17 Inability / Unsatisfactory Job Performance
- 18 Deliberate Unsatisfactory Performance
- 19 Under the Influence of Intoxicant (Give Symptom, Witnesses & Details)*
- 20 Theft / Dishonest Acts (Give Details)

VOLUNTARY QUIT

DISCHARGE

Code

Code

Layoff: Permanent Temporary

LEAVE OF ABSENCE FROM

TO

Retirement: Voluntary Compulsory

*Describe the circumstances (Dates, Rules violated, Triggering event)

Preparer's Signature

TECHNICAL OBSERVATION - CONTINUOUS OBSERVATION

Unsat* Sat Good Y Good Excel*

Attendance					
Cooperation					
Initiative					
Job Knowledge					
Work Quality					
Leadership					
Attitude					
Behavior					

Site Manager

Date

Supervisor

Date

RECOMMENDED FOR REHIRE? ☒ YES ☐ NO

*Remarks required for Unsatisfactory or Excellent

is a very pleasant hard worker
 individual and I appreciate the job
 he is doing for us. Bill D. Doherty

PAYROLL INFORMATION - Last Check Sent To:

Phone

SITE CHECKOUT

Dosimetry exposure estimate in hand (carry to next job)

Termination Whole Body Count

Turn-in company property (hard hat, safety glasses, uniforms, etc.)

Discuss job placement with Corporate office / Submit Resume Update (See back page)

Travel voucher completed

Failure to complete the portions of the checkout market with an () may result in a delay of your final paycheck until we verify your status with the plant.

I certify that I have completed the above required checkout.

Employee Signature

Information in this record was deleted
 in accordance with the Freedom of Information
 Act, exemptions 7(E)
 FOIA- 93-600/610

EX 7C portions

W/2



FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO
UNESCORTED ACCESS DELETION

FSVS FORM 3

The individual(s) listed below is (are) to be denied unescorted access to Fort St. Vrain as of 1600 hours on 3/21/91.

BADGE #	NAME	NRC "L"
[REDACTED]	[REDACTED]	N/A

Access is no longer required due to:

- () Termination for cause effective _____ hours on ____/____/____.
- () LSO _____ was verbally notified of this situation, in advance, at _____ hours on ____/____/____.
- OR
- () Verbal notification was received from _____ at _____ hours on ____/____/____.
- () reduction in force or layoff
- () resignation/retirement
- () still employed but no longer requires access
- () medical leave of absence
- () non-medical leave of absence
- ☒ investigation in progress
- () failure to complete G.E.T, PPC-
- () other, specify _____

William E Woodard William E Woodard 3/21/91
(printed name) (signature) (date)

TO BE COMPLETED BY LSO

This form or verbal notification received prior to required time of access deletion. (☒) yes () no. If no, enter Incident Report # _____.

Badge(s) inactivated, removed from the Badge Cube or otherwise controlled at 1313 hours on 3/21/91.

Security Clearance Index checked and termination briefings arranged.
() yes (☒) no Comments: _____

NONE

Access Lists corrected, FSVS FORM 59's pulled, FSB Access Forms pulled, Visitor Access Requests pulled.

VANATIA [Signature] 3/21/91
(LSO printed name) (signature) (date)

EX 7C Dorton

Interoffice Memo



Public Service

Public Service Company of Colorado

AC-91-0146

DATE: April 1, 1991

TO: Mr. L. R. Sutton, Supervisor, QA Auditing, Fort St. Vrain

FROM: P. F. Moore, Supervisor, QA Technical Support, Fort St. Vrain

SUBJ: QA MONITORING CONDUCTED IN AUDIT AREA: ERCN

QA monitoring activity, QAMP-RAP-08-91-03 (Radiation Work Permits), was performed during March 1991. This monitoring activity:

☐ Identified problem(s) in area(s): _____

for which corrective action was initiated. Refer to
CARs/QDRs: _____

☐ Identified minor inconsistencies and/or requires follow-up,
in area(s): _____

for which corrective action was not deemed necessary.

☒ Indicated compliance/conformance to monitored area's
requirements.

☐ Indicated outstanding/exemplary conformance to monitored
area's requirements.

The subject monitoring report is available for your review in the QA Monitoring File, maintained by QA Clerical. If you have any questions regarding this or other QA Monitoring activities, please let me know.

P. F. Moore

P. F. Moore

cc: QAMP-RAP-08-91-03 File

Information in this record was deleted
in accordance with the Freedom of Information

QA MONITORING PROGRAM REPORT

QAMP - RAP-08-91 - 03
Monitoring Category - Area Number

TITLE: RADIATION WORK PERMITS (RWPs)

Prepared by Paul C. Miles Date 3-11-91

Reviewed by [Signature] Date 3-11-91

Performed by Paul C. Miles Date 3-14-91 / 3-29-91

Date _____

Date _____

1.0 PURPOSE

The purpose of this monitoring is to review and evaluate the following plant activity or functional area activity to determine the effectiveness of the activity.

Verify by performance based monitoring that the guidelines
for establishing Radiation Work Permits and the applicable
procedures governing Radiation Work Permits are adhered
to and properly implemented.

2.0 SCOPE

This monitoring activity will include direct observation and/or review of the following specific items/attributes (e.g., work performance, procedures, technical specifications, radiation protection, QC) of the subject area.

Review of active RWPs.

Observation of persons entering, working in, and exiting

the RWP area to verify compliance to:

- Adherence to RWP instructions

- Standard HP practices

- Standard safety practices

3.0 METHODS

The following methods were utilized for development and/or performance of this monitoring activity:

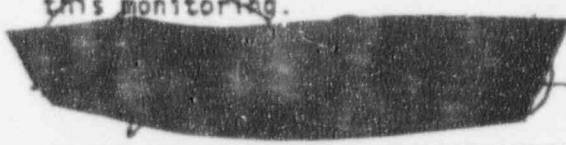
3.1 A review of the following previously completed QAMP(s) was performed to determine trends or recurring deficiencies.

None

3.2 ☒ A standard checklist (attached), or

☐ The specially developed checklist (attached) was utilized for direction and guidance for performance of this monitoring.

3.3 The following personnel were contacted in conjunction with this monitoring.



Bill E. Badard

7C

7C1-161

4.0 REFERENCES

The following documents were utilized during development or performance of this monitoring (List applicable issue number or rev.)

NPAP-10, issue 5

RWPA 11579

11573

11574 -

5.0 CONCLUSIONS

It is the conclusion of this monitoring activity that the RWPs observed were effectively implemented and properly closed.

A concern identity aid was pursued under QAMP-RAP-15-91-02.

Signature

Paul C. Miles

Date 3/3/91

6.0 FOLLOW-UP

6.1 Follow-up Required: Yes ___ No ☒; If Yes, by Date _____

6.2 Corrective Action Initiated (QDRs/CARs/NCRs):

N/A

Approved by Adams Date 4-2-91

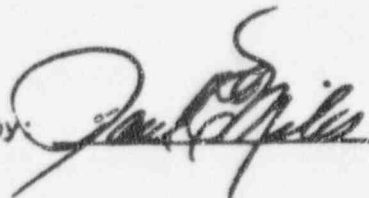
Approved by [Signature] Date 4/4/91

Approved by _____ Date _____

RADIATION WORK PERMIT (RWP)

COMMENT				
YES	NO	N/A	No.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is the RWP form properly filled in? (NPAP-10, 4.1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are the protective clothing requirements clearly marked? (NPAP-10, 4.1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If applicable, are any special instructions clear and easily understood? (NPAP-10, 4.1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Is the protective clothing specified by the RWP being properly worn by the personnel in the RWP area? (NPAP-10, 4.2.2.c)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. When existing, is the protective clothing properly removed? (NPAP-10, 4.2.3)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. If applicable, does H.P. provide job coverage for the controlled area? (NPAP-10, 4.2.3)

Completed by:

Date 3-3-91

COMMENTS:

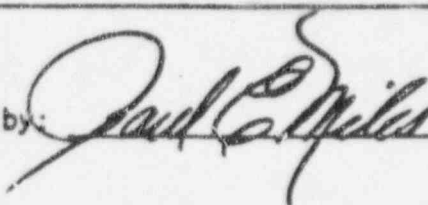
- On 3/14/91 reviewed RWP's 11589, 11593 & 11594. The RWP's were correct in compliance standard instructions and special instructions.
- Observed personnel within the specific controlled areas and verified the number of personnel, names of personnel, and the protective clothing required.
- No concerns were identified.

A possible concern was identified in that the required surveys for the mid-shift were not performed. In discussion with the Shift Lead on day shift, this will have a negative impact on the maintenance work activities.

Shall pursue this further.
(See QAMP-RAP-91-02)

15

Completed by:



Date

3/3/91

Interoffice Memo



Public Service
Public Service Company of Colorado

AC-91-0148

DATE: April 1, 1991

TO: Mr. L. R. Sutton, Supervisor, QA Auditing, Fort St. Vrain

FROM: P. F. Moore, Supervisor, QA Technical Support, Fort St. Vrain

SUBJ: QA MONITORING CONDUCTED IN AUDIT AREA: ERCN

QA monitoring activity, QAMP-RAP-15-91-02 (H.P./ALARA Practices), was performed during March 1991. This monitoring activity:

☐ Identified problem(s) in area(s): _____

_____ for which corrective action was initiated. Refer to CARs/QDRs: _____

☒ Identified minor inconsistencies and/or requires follow-up, in area(s): Completion of required Mid-shift surveys in a timely manner for which corrective action was not deemed necessary.

☐ Indicated compliance/conformance to monitored area's requirements.

☐ Indicated outstanding/exemplary conformance to monitored area's requirements.

The subject monitoring report is available for your review in the QA Monitoring File, maintained by QA Clerical. If you have any questions regarding this or other QA Monitoring activities, please let me know.

P. F. Moore

P. F. Moore

cc: QAMP-RAP-15-91-02 File

Information in this record was deleted in accordance with the Freedom of Information

Act, exemptions 2(c)
FOIA: 93-600/610

70 portions W/S

QA MONITORING PROGRAM REPORT

QAMP - RAP - 15 - 91 - 02
Monitoring Category - Area Number

TITLE: H.P./ALARA PRACTICES

Prepared by

Paul C. Miles

Date 3-11-91

Reviewed by

W. J. [unclear]

Date 3-11-91

Performed by

Paul C. Miles

Date 3-11-29-91

Date _____

Date _____

1.0 PURPOSE

The purpose of this monitoring is to review and evaluate the following plant activity or functional area activity to determine the effectiveness of the activity.

Performance based monitoring activity to evaluate

Health Physics (H.P.) and ALARA practices relative

to activities associated with Controlled Areas.

2.0 SCOPE

This monitoring activity will include direct observation and/or review of the following specific items/attributes (e.g., work performance, procedures, technical specifications, radiation protection, QC) of the subject area.

Specific attention will be given to the observation of

H.P. personnel performance relative to:

- Controlling activities in controlled areas.

- Maintaining survey readings of a controlled area.

- Interaction with other departments.

3.0 METHODS

The following methods were utilized for development and/or performance of this monitoring activity:

- 3.1 A review of the following previously completed QAMP(s) was performed to determine trends or recurring deficiencies.

None

- 3.2 ☒ A standard checklist (attached), or

☐ The specially developed checklist (attached) was utilized for direction and guidance for performance of this monitoring.

- 3.3 The following personnel were contacted in conjunction with this monitoring.

Bill Woodard, George T. Mann

7C

7C portions

4.0 REFERENCES

The following documents were utilized during development or performance of this monitoring (List applicable issue number or rev.)

HPP-105, Issue 2	RWP's 11580	11589
HPP-120, Issue 4	11581	11593
HPP-125, Issue 5	11583	11594
HPP-130, Issue 6	11586	
NPAP-10, Issue 5		

5.0 CONCLUSIONS

It is the conclusion of this performance based monitoring activity that the and ALRA practices are being effectively implemented.

Signature

Paul C. Mills

Date

3-31-91

6.0 FOLLOW-UP

6.1 Follow-up Required: Yes ___ No ☒; if Yes, by Date _____

6.2 Corrective Action Initiated (QDRs/CARs/NCRs):

N/A

Approved by Hallam Date 4-2-91

Approved by W. J. Davis Date 4/4/91

Approved by _____ Date _____

H.P./ALARA PRACTICES

Radiation Work Permits (RWP)

COMMENT				
YES	NO	N/A	No.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Were all personnel observed signed into the Rad area, signed in on the proper RWP for the job?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Were the requirements of the RWP adhered to?
				3. Verify that prior to entering the area, workers shall:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Be qualified to enter the area and complete work.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Notify Health Physics prior to entry into the area initially and prior to resuming work after exit.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Ensure the area is adequate to support the work to be completed.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) Read and understand the RWP.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Ensure sufficient radiation exposure is available to complete work.
				f) Attend radiological pre-job briefing by HP which would include:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Radiological conditions discussed with workers and applicable survey data available.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Workers instructed in the use of proper radiological practices unique to job scope.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Workers instructed in the use of respiratory protection equipment as required by the RWP.

Completed by: Paul Phillips Date 3-31-91

H.P./ALARA PRACTICES
Radiation Work Permits (RWPs)

		COMMENT	
YES	NO	N/A	No.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4. Health Physics involvement discussed with workers.

5. Procedural review completed.

6. Job briefings performed for jobs which exceed the limits set in NPAP-10, 4.1.2.N, will be documented on Attach. NPAP-10D.

NOTE: The signature indicates RWP has been read and understood, job briefing by HP has been given, and the individual will comply with all requirements of both.

☐ ☐ ☒ ☐

g) Sign the RWP sign in sheet similar to Attachment B, and complete applicable data.

☐ ☐ ☒ ☐

h) Dress in protective clothing and wear dosimetry as required by the RWP.

☒ ☐ ☒ ☐

i) Report the presence of open or untreated wounds to Health Physics.

4. During work in an area controlled by an RWP, Health Physics personnel shall:

☒ ☐ ☐ ☐

a) Take action to prevent the spread of contamination including maintaining good housekeeping.

☒ ☐ ☐ ☐

b) Periodically read self reading dosimetry, if provided.

☒ ☐ ☐ ☐

c) Wear protective clothing properly as required by the RWP.

Completed by: *Paula Miles* Date 3-31-91

H.P./ALARA PRACTICES

Radiation Work Permits (RWPs)

		COMMENT		
YES	NO	N/A	No.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Limit the amount of material that has to be decontaminated or disposed of as radioactive waste.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	e) Leave the area if conditions unexpectedly deteriorate significantly.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f) Obey instructions from Health Physics including "stop work orders."
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Decontaminate the area or equipment as instructed by Health Physics.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Properly remove protective clothing when exiting the area.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i) Inform HP of changing work scope or radiological conditions.
5. During work in an area controlled by an RWP, Health Physics personnel shall:				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a) Provide job coverage as required by the RWP.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Conduct radiation, contamination, and airborne radioactivity surveys as necessary to determine changing radiological conditions.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c) Update the RWP survey results if radiological conditions change significantly. For example, contamination levels change by a factor of ten or more; radiation levels change by a factor of two or more, or; airborne radioactivity levels change by more than 25% of the applicable MPC or approach 25% of the applicable MPC.

Completed by:

Paul C. Smith

Date 3-31-91

H.P./ALARA PRACTICES

Radiation Work Permits (RWP)

		COMMENT		
YES	NO	N/A	No.	
—	—	✓	—	d) Prepare revisions to the RWP or issue a new RWP if radiological conditions warrant a change.
—	—	✓	—	e) Trend exposure per Section 4.5 informing the HP Supervisor and worker if administrative exposure limits are being approached.
6. After exit from the area workers shall take the following actions.				
✓	—	—	—	a) Frisk or be frisked for contamination as required by the RWP.
✓	—	—	—	b) Sign out on the RWP.
✓	—	—	—	c) Return the RWP to the Health Physics Office if work is to be discontinued for more than one shift.
✓	—	—	—	d) Notify Health Physics of job completion or cancellation.
7. After job completion, cancellation, or RWP termination date Health Physics shall terminate the RWP by the following actions:				
✓	—	—	<u>2</u>	a) Complete the RWP log for the activity type.
✓	—	—	<u>2</u>	b) Destroy the pink and yellow copies of the RWP.
✓	—	—	<u>2</u>	c) Review the RWP and sign in sheets for accuracy and errors. Sign and date the termination blank.
✓	—	—	<u>2</u>	d) Forward the RWP for an independent review and signature prior to filing.

Completed by

Paul Miles

Date 3-2-91

COMMENTS:

1. On one interview with a maintenance person, he was not exactly sure of RWR information, but was clear enough to provide reading of the RWR. Suggested that he be more sure in the future.

During month, reviewed H.P. survey on elevator doors to ensure timely change out. No concerns identified.

Discussed several different fuel leak activities with H. Chala. The techs had a good knowledge and understanding of the activities from 1. a maintenance function & 2. radiological ~~check~~ ^{HA 22-91} conditions. No concerns identified.

An ALARA meeting was attended on 3-22-91. Standard conditions with no special task addressed.

Completed by:

Paul Mike

Date 3-21-91

COMMENTS:

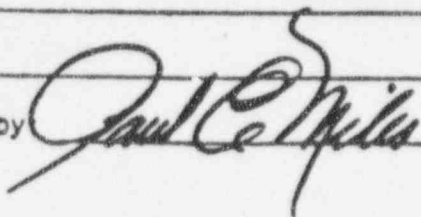
2. Performed a tracking of three RVPs, 11589, 11593 and 11594, from the fuel deck to completion. Also reviewed other completed RVPs. No concerns identified.

On 3-7-91 identified that average fuel use on the day shift was not completed on the mid shift as required by procedure.

In discussion with the P.D. Supervisor he felt this was an isolated incident caused by the contamination of the automation counter. Concern closed.

The supervisor did agree the mid shift could have been conducted better possibly allowing the mid shift work to be completed on time.

Completed by

Date 3-3-91

Interoffice Memo



Public Service

Public Service Company of Colorado

AC-91-0147

DATE: April 1, 1991

TO: Mr. L. R. Sutton, Supervisor, QA Auditing, Fort St. Vrain

FROM: P. F. Moore, Supervisor, QA Technical Support, Fort St. Vrain

SUBJ: QA MONITORING CONDUCTED IN AUDIT AREA: MCPC

QA monitoring activity, QAMP-MNT-18-91-03 (Maintenance Work Control - Fuel Deck), was performed during March 1991. This monitoring activity:

☐ Identified problem(s) in area(s): _____

_____ for which corrective action was initiated. Refer to CARs/QDRs: _____

☒ Identified minor inconsistencies and/or requires follow-up, in area(s): Dependent impact on

Fuel Deck schedule

for which corrective action was not deemed necessary.

☐ Indicated compliance/conformance to monitored area's requirements.

☐ Indicated outstanding/exemplary conformance to monitored area's requirements.

The subject monitoring report is available for your review in the QA Monitoring File, maintained by QA Clerical. If you have any questions regarding this or other QA Monitoring activities, please let me know.

P. F. Moore
P. F. Moore

PFM/PEM:slw
PFM/PEM:slw

cc: QAMP-MNT-18-91-03 File

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 7(c) *no action*

QA MONITORING PROGRAM REPORT

QAMP - MNT-18- 91-03
Monitoring Category - Area Number

TITLE: Maintenance Work Control

Prepared by

Paul C. Mills

Date 3-11-91

Reviewed by

Adalberto

Date 5-12-91

Performed by

Paul C. Mills

Date 3-11-22-91

Date _____

Date _____

1.0 PURPOSE

The purpose of this monitoring is to review and evaluate the following plant activity or functional area activity to determine the effectiveness of the activity.

Performance based monitoring of Mechanical, Electrical, and

I&C Maintenance project activities to verify adherence to

Administrative Procedures, safety policies, and

good work practices.

2.0 SCOPE

This monitoring activity will include direct observation and/or review of the following specific items/attributes (e.g., work performance, procedures, technical specifications, radiation protection, QC) of the subject area.

Monitoring of activities associated with maintenance

department routine work and/or special projects.

Monitoring is to consist of, but is not limited to, the

review of documentation and the observation of work in

progress for 1) adherence to safety, 2) adherence to

procedures, and 3) technical ability.

3.0 METHODS

The following methods were utilized for development and/or performance of this monitoring activity:

3.1 A review of the following previously completed QAMP(s) was performed to determine trends or recurring deficiencies.

None

3.2 ☒ A standard checklist (attached), or

☐ The specially developed checklist (attached) was utilized for direction and guidance for performance of this monitoring.

3.3 The following personnel were contacted in conjunction with this monitoring.

Ref. Logra
Seage, Buller, Bill Woodard.

7C

7C portions

4.0 REFERENCES

The following documents were utilized during development or performance of this monitoring (List applicable issue number or rev.)

P-7, issue 17
FHPWP Manual, issue 33
SSR, 91500004, 91500460,
MPF-1004, MPF-1093, issue 3
FHPWP-212-7

5.0 CONCLUSIONS

It is the conclusion of the
monitoring activity that the
maintenance work controls were
effectively implemented for the
activities observed and reviewed.
No maintenance concerns identified.

Signature Paul C. Miller Date 3-27-91

6.0 FOLLOW-UP

6.1 Follow-up Required: Yes ___ No ☒; if Yes, by Date _____

6.2 Corrective Action Initiated (QDRs/CAAs/NCRs):

N/A

Approved by Adlon Date 4-2-91

Approved by [Signature] Date 4/4/91

Approved by _____ Date _____

3-11-91

MAINTENANCE WORK CONTROL

COMMENT				
YES	NO	N/A	No.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1</u>	1. Is the procedure the latest revision?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the procedure followed during the course of the task?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2</u>	3. Was the procedure adequate as written to complete the task?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Were there any temporary changes in the procedure, and if so, were they properly entered and used?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	5. Was it a <u>working copy/controlled</u> or information only?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2</u>	6. If required, were all personnel observed signed in on the proper RWP for the job?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3</u>	7. Were the requirements of the RWP adhered to?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Were instruments used in calibration?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4</u>	9. Is QC involvement required?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Was portable maintenance and test equipment (M&TE) used, and if so, was it's calibration current?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Was installed plant equipment used, and if so, was it's calibration current?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Was M&TE used suitable to the application?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Was a clearance required and used per SMAP-19?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Was Control of Equipment maintained by Operations?

Completed by: Paul Spills Date 3-31-91

MAINTENANCE WORK CONTROL

COMMENT			
YES	NO	N/A	No.
—	✓	—	—
15. Were any unsafe conditions noted? (Safety belts, hard hats, eye protection, etc.)			
✓	—	—	—
16. Was an SSR required, and if so, was it filled out correctly for the job observed?			
✓	—	—	—
17. Did all documentation have proper approvals?			

Completed by:

[Signature]

Date 3-31-91

COMMENTS:

This monitoring activity was for a period of time resulting in more than one monitoring of the fuel deck.

1. After the procedures review on each separate monitoring, no concerns were identified.

2. Numerous changes are being made to the procedures as activities are performed.

3. See QAMP-RAP-08-91-03

4. Q.C. involvement was as required.

A concern identified in QAMP-RAP-08-91-03 did have a negative impact on maintenance activities on the fuel deck on 3-15-91. ^{RA 3-8-9}

In discussion with the Superintendent of the Fuel Deck on 3-15-91, the activities of 3-14-91 were delayed and not all completed because the crew could not support with timely resources.

This concern was addressed with the A.D. Supervisor. Ref QAMP-RAP-15-91-02.

Completed by: Paul C. Miles Date 3-31-91