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December 19, 1983
EF2-66487

Mr. C.E. Norelius, Director
Division of Project and Resident Programs
U.S. Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Subject: Noncompliance at Enrico Fermi Unit 2 - IE Report 50-341/83-20

Dear Mr. Norelius:

This letter responds to the items of noncompliance described in your IE Report No. 50-341/83-20. This inspection of Enrico Fermi Unit 2 construction site activities was performed by Messrs. P.M. Byron and M.E. Parker on September 1-30, 1983.

The items of noncompliance are discussed in this reply as required by Section 2.201 of the NRC's "Rules of Practice", Part 2, Title 10, Code of Federal Regulations.

The enclosed response is arranged to correspond to the sequence of items cited in the body of your report. The number for the item of noncompliance and the applicable criterion is referenced.

Detroit Edison has included responses to Unresolved Items Nos 83-20-05 and 83-20-08, although we were not requested to do so.

The following discussion is in response to the concerns expressed in the cover letter of the inspection report of November 4 regarding: 1) storage and maintenance of equipment, and 2) document control.

With regard to Material Control/Warehousing, there were three procedure changes associated with items of noncompliance (83-20-02b, 83-20-04a, 83-20-04b and 83-20-07a). The changes are discussed in our response to those items.

Actions taken by Procurement Quality Assurance in regard to receiving inspection are discussed in the response to item 83-20-07c.

The shelf life program for materials in storage is discussed in the response to item 2 following 83-20-03h.

A review of all Material Control/Warehousing procedures has been started and is expected to be completed by February, 1984.

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Mr. C.E. Norelius, Director
December 19, 1983
EF2-66487
Page 2

The implementation of any resultant changes to the procedures will be audited by Project Quality Assurance.

A training program has been established to familiarize Material Control/Warehousing personnel with Plant Administrative Procedures applicable to their work. The program includes an oral presentation, an examination and documentation that the training was done.

With regard to Document Control, actions taken by Information Systems are as follows:

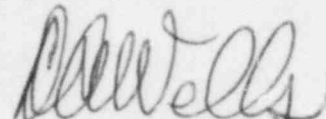
In regard to procedure review, Information Systems has combined Plant Operations Manual (POM) procedures 12.000.09, Rev. 1, "Management of Records", and 12.000.40, "Management of Controlled Documents" with section 2 of Project Procedures Manual (PPM), "Project Administrative Procedures", into one Nuclear Operations Interfacing procedure 11.000.49, "Document Control and Records Management", which has been approved. Document status is specifically addressed in this combined procedure. No procedure may be published without a control level indicator, except for copies issued to information centers. Such copies are used to produce "on demand" copies, which shall be issued with a control level indicator. In addition, Work Instruction 00.40.43, "Publication Control (Focus)", Rev. 3, approved October 20, 1983, clearly states that publications will be status stamped.

In regard to special audits, Information Systems initiated a special audit of all PQAP manuals on November 18, 1983. The objective of this special audit was to ensure that all PQAP manuals are current. Results of this audit have been directed to responsible members of the Quality Assurance organization, including the Manager - Quality Assurance, the Director - Project Quality Assurance, and his Assistant Directors.

In regard to additional training, lead personnel have reviewed the procedure and instruction indicated above with those individuals responsible for issuing procedures.

We trust this letter satisfactorily answers the concerns raised in your report. If you have questions, please contact Mr. G.M. Trahey, Assistant Director - Project Quality Assurance.

Very truly yours,



DAW/EHN/pn

Mr. C.E. Norelius, Director
December 19, 1983
EF2-66487
Page 3

cc: Mr. Richard DeYoung, Director
Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Mr. Paul Byron, Senior Resident Inspector
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Mr. C.E. Norelius, Director
December 19, 1983
EF2-66487
Page 4

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THE DETROIT EDISON COMPANY

PROJECT QUALITY ASSURANCE

ENRICO FERMI 2 PROJECT

Response to NRC Report No. 50-341/83-20

Docket No. 50-341 License No. CPPR-87

Inspection at: Fermi 2 Site, Newport, Michigan

Inspection Conducted: September 1-30, 1983

Approved by:

T. A. Alessi

T.A. Alessi, Director
Project Quality Assurance

Date:

12/16/83

Statement of Noncompliance, 83-20-01

10 CFR 50, Appendix B, Criterion V, states in part, "Activities affecting quality shall be prescribed by documented instruction, procedures, or drawings. . .and shall be accomplished in accordance with these instructions, procedures, or drawings."

DECo Startup Instruction 8.4.2.03, Supplemental Testing, Paragraph 4.3.2 requires prerequisites or precautions to be reverified after test stop/restarts to ensure the test may be resumed safely.

Contrary to the above, the inspectors observed on September 17, 1983, that not all of the required prerequisites were reverified for the performance of Test Supplement #4, dated September 14, 1983, of PRET.C1100.001.

Corrective Action Taken and Results Achieved

Supplemental Test #4, dated September 14, 1983, to PRET.C1100.001 was in fact in compliance with Startup Instruction 8.4.2.03. The following provides the justification of this position.

Noncompliance item 341/83-20-01 states that Startup did not follow procedure S.I. 8.4.2.03 since Startup approved a Supplemental Test Form which did not require that all the prerequisites be re-performed. This Startup Instruction does not require that all prerequisites be formally re-verified. The procedure does require that initial conditions, prerequisites or precautions deemed necessary to ensure that the test may be resumed safely, must be formally reverified any time that the Startup Test Engineer suspects that system conditions could have changed. The procedure also requires confirmation of the appropriateness of the items chosen by review and signature approval of the Supplemental Test Form by the Lead Startup Test Engineer. Since some of the initial conditions and all of the prerequisites were specified on Supplemental Test #4 of PRET.C1100.001, there is objective evidence that S.I. 8.4.2.03 was complied with.

It should be noted that each general prerequisite was considered and those that were not specified on Supplemental Test Form #4 were either known to be still valid or not applicable to the restart of the test. Specifically, Prerequisites 3.1, 3.2, 3.3, 3.4, 3.7, 3.8, 3.9, 3.15 and 3.17 were known to be still valid. Prerequisite 3.12 was known to be still valid except that H11-P616-C11A-PS6 had failed and had been

Corrective Action Taken and Results Achieved (cont'd)

replaced by Technical Review Committee approved Temporary Modification #38. Prerequisite 3.6 was not applicable since the temporary modifications were no longer installed and were not needed to satisfy initial conditions of the remaining sections to be tested. Prerequisite 3.14 was not applicable since the sections of the test being released required rod movement. Prerequisite 3.13 was not specified since it was redundant to Initial Condition 6.2.1.17. The prerequisites that were reverified were specified for the following reasons:

- a. Prerequisite 3.5: recent installation of a design change in the Rod Sequence Control System cabinet made reverification of this prerequisite prudent.
- b. Prerequisite 3.10: since cooling fan operation had not been recently checked, reverification was in order to assure that the Full Core Display was being cooled.
- c. Prerequisite 3.11: to assure that distribution power was not cut for construction or maintenance activities unrelated to the Reactor Manual Control System and possibly unknown to the Startup Test Engineer.
- d. Prerequisite 3.16: to assure that a temporary modification that would adversely impact the test had not been placed by someone other than the Startup Test Engineer.
- e. Prerequisite 3.18: since suitable communication was not in place when the supplemental test form was signed.

On the insistence of the Resident NRC inspector we agreed to issue Supplemental Test #5 which provided a formal signoff of Prerequisites 3.1, 3.2, 3.3, 3.4, 3.5, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12, 3.13, 3.15, 3.16, 3.17 and 3.18. We stated at the time that the program did not require this action, but that we would do it. This formal reverification of prerequisites was completed on September 18, 1983, four days after supplemental Test #4 and one day after this concern was discussed with Mr. Bryon. All prerequisites were met as stated and were formally verified.

Corrective Action Taken To Avoid Further Noncompliance

Our position is that:

1. Prior to test resumption, following a significant delay, sufficient initial conditions and prerequisites will be performed to assure that personnel and equipment safety requirements will be maintained, and test results will not be invalidated.
2. Determination that the objective of 1) above is fulfilled is administratively achieved by having the responsible STE review all requirements and document those requiring repetition in the Supplemental Test documentation. Confirmation of the correctness of the STE's assumptions is accomplished by LSTE review and is documented by his signature approval of the Supplemental Test (Form 8.7).
3. Items 1) and 2) above apply to a) physical prerequisites/initial conditions (valve, switch, instrument and related lineups) and to b) administrative prerequisites (DCN, NCR's, MPL, etc.).

Date When Full Compliance Will Be Achieved

Full compliance has been achieved

Statement of Noncompliance, 83-20-02a

10CFR50, Appendix B, Criterion VIII, states in part, "Measures shall be established for the identification and control of materials, parts, and components... These measures shall assure that identification of the item is maintained... These identification and control measures shall be designed to prevent the use of incorrect or defective material, parts, and components."

- a. Section 4.7.2 of the DECo Startup Manual requires temporary modifications contained in approved procedures to be tagged and recorded during periods extending beyond one shift.

Contrary to the above, the licensee's measures did not assure that identification was maintained. The inspectors observed approximately 15 determinated wires which were neither tagged nor identified in the HPCI Pump Room, Relay Rooms, and Remote Shutdown Panel during HPCI preoperational testing.

Corrective Action Taken and Results Achieved

The following determinated wires were not tagged or identified in the HPCI Pump Room and Relay Room.

1. HPCI condensate pump and cable wires.
2. HPCI vacuum pump and cable wires.
3. Two wires from electrical cabinet #E41-C002.
4. Exposed thermocouple wires from electrical cabinet #E41-C002.
5. Two wires in panel H11-P620.
6. Cable connector and indicator light disconnected from HPCI Header Flow Control Indicators in Division II Remote Shutdown Panel H21-P101.

Item #1 - HPCI condensate pump wires were determinated. The pump was physically removed by SCO by Punchlist card T0409 and sent off site to have motor leads extended by the vendor. The pump was reinstalled, electrically terminated by Punchlist card #T0155, and CAIO tested by 7.8 #3044E on 10-22-83. There is no requirement for temporary modification on equipment removed for construction/rework functions. This

Corrective Action Taken and Results Achieved (cont'd)

equipment was not involved in the portions of the preoperational test which were performed on that date. The work was listed in the "Test Release Package" as an exception.

Item #2 - HPCI vacuum pump wires were determined. The pump was physically removed by SCO on Punchlist card T0409 and sent off site to have motor leads extended by the vendor. The vacuum pump was reinstalled, electrically terminated by Punchlist card #T0156, and CAIO tested by 7.8 #3044E on 10-22-83. There is no requirement for temporary modification on equipment removed for construction/rework functions. This equipment was not involved in the portions of the preoperational test which were performed on that date. The work was listed in the "Test Release Package" as an exception.

Item #3 - Two wires were determined in cabinet E4150-C002. Discrepancy was corrected via NCR #83-896 and Punchlist card T0169 which removed the wires of concern.

Item #4 - Exposed thermocouple wires from electrical cabinet E41-C002. Discrepancy was corrected via NCR #83-896 and Punchlist card T0169. Thermocouples were not involved in the portions of the preoperational test being performed at that time.

Item #5 - Two wires in panel H11-P620 were determined. Cables were found to be spare cables and tagged as such on the night of 9-16-83.

Item #6 - HPCI flow controller on Div. II Remote Shutdown Panel was disconnected. The flow controller has not been CAIO tested at present. It is scoped into the C3500 system and was not involved in any portion of the E4100 preoperational testing accomplished to date. It will be tested via CAIO 7.8 #170921 (loop check) and then verified during startup test phase.

Corrective Action Taken to Avoid Further Noncompliance

As delineated above, a temporary modification was not appropriate for Items #1 and #2 as these cables were under control of SCO and were punchlisted. In addition they were identified in the Test Release Package. Item #3 was corrected by the removal of subject wires, also no temporary modification required.

Corrective Action Taken to Avoid Further Noncompliance (cont'd)

Item #4 - The thermocouple wires were installed as required by design, however, a deficiency did exist in the training of cabling and was corrected by NCR #83-896 and PLC T0169. This does not constitute a need for a temporary modification.

Item #5 - did not require a temporary modification as these wires were found to be spares and tagged as such.

Item #6 - is scoped to the C3500 system and was not involved in any portion of the E4100 preoperational test. To date, the flow controller is still in the construction stage and has not been CAIO tested and as such did not require a temporary modification.

Interim temporary modification procedure 12.000.25T, Paragraph 3.1 defines temporary modifications as follows:

A temporary modification, as referred to in this procedure, will be an electrical lead or mechanical device that bypasses or shorts out a normal electrical circuit, provides a temporary power supply, and blocks, alters, or bypasses a normal fluid or gas flow path. A temporary setpoint change will also be classified as a temporary modification. In addition disconnected wiring, normally closed sliding link terminals that have been opened or normally opened sliding link terminals that have been closed are considered to be temporary modifications unless performed in accordance with Section 2.4.1.8.

Section 2.4.1 of 12.000.25T states the following:

A temporary modification record form . . . shall be processed under the following conditions: (8) the removal or lifting of wires for purposes other than the removal of components for repair, rework, replacement or recalibration under a properly processed operating/maintenance order (PN-21)...

Startup believes that a possible discrepancy existed in the identification of subject cables, however, Startup feels that these cables did not meet the criteria of a temporary modification.

Revision 2 to Interim Temporary Modification Procedure 12.000.25T, approved November 22, 1983 was written to address identification and tagging of lifted wires/leads. This revision provides a lifted wire control sheet and provides identification of wires/leads by a yellow information tag. It can be noted that Revision 2 to 12.000.25T was being prepared at the time this Noncompliance was identified and was not a result of this finding.

Date When Full Compliance Will Be Achieved

Startup is in compliance with Revision 2 of 12.000.25T. Training on this revision was issued November 30, 1983.

Statement of Noncompliance, 83-20-02b

DECo Quality Assurance Procedure 8.0.1 states, "Written procedures shall be implemented for identification and control of material, parts, and components to assure use or installation of correct and accepted items only".

Contrary to the above, on September 7, 1983 the inspectors observed three wire baskets which contained Balance of Plant and QA Level I (Divisions 1 and 2) cable. None of the baskets or cable was identified, with the exception of three cables taped together with a scrap tag. The baskets were located outside the DECo Electrical Warehouse and were among many covered wooden boxes which were being stored outside.

Corrective Action Taken and Results Achieved

The specific baskets in questions were tagged as having scrap material.

Corrective Action Taken to Avoid Further Noncompliance

Procedure 12.000.55 has been modified to indicate that all scrap containers should be clearly labeled "Scrap - Not for Plant Use". All Nuclear Procurement warehouse personnel have been notified of this requirement.

Date When Full Compliance Will Be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-02b

DECo Quality Assurance Procedure 8.0.1 states, "Written procedures shall be implemented for identification and control of material, parts, and components to assure use or installation of correct and accepted items only."

Contrary to the above, on September 7, 1982 the inspectors observed three wire baskets which contained Balance of Plant and QA Level 1 (Divisions 1 and 2) cable. None of the baskets or cable was identified, with the exception of three cables taped together with a scrap tag. The baskets were located outside the DECo Electrical Warehouse and were among many covered wooden boxes which were being stored outside.

Corrective Action Taken and Results Achieved

The specific baskets in question were tagged as having scrap material.

Corrective Action Taken to Avoid Further Noncompliance

Procedure 12.000.55 has been modified to indicate that all scrap containers should be clearly labeled "Scrap - Not For Plant Use." All Nuclear Procurement warehouse personnel have been notified of this requirement.

Date When Full Compliance Will Be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-03a

10 CFR 50, Appendix B, Criterion XIII, 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 licensee's QA Manual states that their program complies with the intent of Regulatory Guide 1.38 which endorses ANSI N45.2.2-1972.

Contrary to the above, the inspectors observed the following discrepancies in the storage and handling of safety-related materials:

- a. Section 5.2.2 of ANSI N45.2.2 requires receipt inspections to be performed in an area equivalent to the level of storage requirement for the item. The inspectors noted that receipt inspections of items that require Level A storage are being done in the QC inspection trailer, which does not meet Level A storage requirements.

Corrective Action Taken and Results Achieved

The Level A storage area has been provided with a bench for inspection activities and shelves have been marked to designate items awaiting inspection and items on hold.

Corrective Action Taken to Avoid Further Noncompliance

All future receipts of items requiring Level A storage will be inspected inside the Level A storage room.

Date When Full Compliance Will Be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-03b

Section 5.4 of ANSI N45.2.2 requires material QC inspection personnel to designate all material inspected as either "Acceptable" or "Unacceptable" and to tag the material. In several areas throughout the site, "Accept" tags were not placed on components such as 8-inch elbows and unistrut bundles.

Corrective Action Taken and Results Achieved

It has been a practice at Fermi II since the start of construction to tag pallets, boxes, or bundles of accepted items or materials since other controls are in place to control the unacceptable material.

Corrective Action Taken to Avoid Further Noncompliance

The project is in a transition phase that involves the transfer of materials from site contractors to Edison jurisdiction, the sorting-out and disposal of construction left-overs, and the selection and preparation of items and materials required for long term operational spares. As a practice, many items previously accepted by site contractors will be staged in fenced or roped areas with signs to indicate everything within the boundary is Accepted or is in Hold status.

Procurement QA periodically reviews storage areas for proper identification, acceptance designation, and condition of items stored.

Date When Full Compliance Will be Achieved

Between now and Commercial Operation, the project will experience continuing improvement in material organization and identification but it is our position that for any specific item we can determine the acceptability within a brief time-span such as an hour or less.

Statement of Noncompliance, 83-20-03c

Section 5.3.2 of ANSI N45.2.2 requires all nonconforming materials to be identified with a "Hold" or "Reject" tag and, when practical to be placed in a segregated area or removed from the project site to prevent inadvertent installation or use. A Class 1 valve was located in the warehouse with an "Accept" tag attached that had "QC HOLD" written on the tag, and four other safety-related items had both "Accept" and "Hold" tags on them.

Corrective Action Taken and Results Achieved

The items with both Accept and Hold tags attached were in the process of transfer from Daniel Construction warehouse jurisdiction to Edison Operations warehouse jurisdiction. Originally, the items were received and accepted for construction but either were never issued to the field, or were issued but not used and subsequently returned for storage. Before placing them in long term operational spares storage, the prudent thing to do is to reinspect them for assurance they are still acceptable for use, considering such thing as identification, cleanliness, and corrosion.

The QC Hold indication on the Accept Tag of the valve and the presence of the Accept (old) and Hold (new) tags on the other items were to alert warehouse personnel that the items must be moved to the inspection area and be re-inspected before they can be issued to the field.

Corrective Action Taken to Avoid Further Noncompliance

Considering the circumstances, the project feels that continuing with the present practice is the best course of action.

Date When Full Compliance Will be Achieved

The assimilation of construction left-overs should be complete before Fuel Load.

Statement of Noncompliance, 83-20-03d

Section 6.1.2 of ANSI N45.2.2 requires equipment or items stored within this area to be placed on pallets or shoring, but a cardboard box containing a vacuum monitor was found on the floor of the Level A storage area.

Corrective Action Taken and Results Achieved

The cardboard box in question was removed from the floor.

Corrective Action Taken to Avoid Further Noncompliance

The current procedures are clear. This procedure was reviewed with Nuclear Procurement warehouse personnel.

Date When Full Compliance Will be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-03e

Section 6.1.2 of ANSI . 5.2.2 requires Level D storage areas (outdoor) to be well drained, but an outdoor storage area was observed in which approximately ten sections of Class 1 square tubing were partially submerged in water.

Corrective Action Taken and Results Achieved

All of the Level "D" storage areas have been regraded and drains have been installed. There are currently no instances where material is partially submerged in water in our Level "D" areas.

Corrective Action Taken to Avoid Further Noncompliance

Closer monitoring of the area will be performed.

Date When Full Compliance Will be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-03f

Sections 2.72 and 2.73 of ANSI N45.2.2 require material classified to Level B and C storage to be protected from airborne particles. On the Level B and C warehouses, the truck entrance doors are allowed to remain open during working hours and several components were observed with cracked open containers and excessive dust. These items included valves, portland cement, pump shafts, and standby gas treatment filters.

Corrective Action Taken and Results Achieved

The specific items in the report that were considered to have excessive dirt involve material left over from construction under the control of others that has not been transitioned to complete Nuclear Procurement control. The items of this nature are currently under review and will be cleaned up and brought under our program or will be dispositioned elsewhere. This will be completed by year end 1983.

Corrective Action Taken to Avoid Further Noncompliance

The normal practice is to have the main doors open only when loading or unloading. Recognizing that in certain instances of high activity there may be short periods when opening and closing of the doors may be inconvenient a moveable barrier will be used to control entrance to the warehouse. We will consider the use of fans installed in the warehouse to assist in air movement to minimize the tendency to have the doors open during the summer months.

Date When Full Compliance Will be Achieved

Full compliance is expected by the end of 1983.

Statement of Noncompliance, 53-20-03g

Section 6.4.2 of ANSI N45.2.2 requires all covers, caps, plugs, or other closures to be intact but several pieces of stainless steel tubing, pipe flanges, elbows, valves and a flow meter were located in different storage areas throughout the site without caps or plugs installed.

Corrective Action Taken and Results Achieved

As material is turned over from Construction to Nuclear Production it is inspected and dispositioned. Material that is accepted by Nuclear Production is cleaned and capped or plugged as necessary.

Corrective Action Taken to Avoid Further Noncompliance

Our procedures are clear, training is sufficient and our responsibilities defined. However, not all of the material turned over from construction has made its way through the transition to Nuclear Procurement. Continued work will resolve the disposition of the material in question and with proper review and documentation will be placed under the Nuclear Procurement warehouse program.

Date When Full Compliance Will be Achieved

Full compliance will be achieved by March 1, 1984.

Statement of Noncompliance, 83-20-03h

Section 6.2.4 of ANSI N45.2.2 requires food and drink and salt tablet dispensers to not be allowed in storage areas, but canned goods, food stuffs, and lunch boxes were found in the Level A storage area and warehouses throughout the site.

Corrective Action Taken and Results Achieved

Canned goods, food stuffs, and lunch boxes were immediately removed from the storage areas and warehouses.

Corrective Action Taken to Avoid Further Noncompliance

The procedures are clear and training has been accomplished. A closer monitoring of lunch activities by supervision will be aggressively pursued.

Date When Full Compliance Will be Achieved

Full compliance has been achieved.

Response to NRC Inspection Report No. 50-341/83-20

The following two items were not citations but were mentioned in the inspection report as additional examples of failure to comply with procedural requirements [341/83-20-03(d-h)].

Item 1

Section 6.3.15.3 requires areas to be established to segregate "Hold" or "Rejected" material. The inspectors observed material awaiting inspection in the hold areas of the QC Material Receipt Inspection area.

Corrective Action Taken and Results Achieved

Following the NRC visit to the Warehouse 19 inspection area, a review was made of items in each of the areas: Accepted, Hold, Reject, and Awaiting Inspection. The item noted by the NRC inspector was the only instance of misplacement.

Corrective Action Taken to Avoid Further Noncompliance

Since only material tagged "Accepted" is allowed to be issued, such isolated instances will not affect the quality of Fermi II.

Date When Full Compliance Will Be Achieved

Full compliance has been achieved.

Item 2

Section 6.3.20 states, when materials, parts, or equipment have a manufacturer's defined or recommended shelf life, this shall be clearly marked on the Accept Tag showing expiration data and, if available, manufacture date, to preclude retention or use after the expiration data has been reached. Review of several shelf life items revealed that the licensee has not been adhering to this practice and does not have a shelf life program being implemented as required by this procedure.

Corrective Action Taken and Results Achieved

Under the present shelf life program, Quality Control enters known shelf life data, supplied from the vendor on the shipping documents, on the QC accept tags. This practice will continue until such time as procedure changes may be appropriate.

Corrective Action Taken to Avoid Further Noncompliance

A program for further identification of items with a limited shelf life is underway. This program addresses items by material type and known shelf life data. Additional data is being gathered through specific requests for shelf life information by letter to applicable vendors with specific purchase orders referenced.

Date When Full Compliance Will Be Achieved

After this data gathering phase is complete, a review of the present implementation procedures will be performed with modification as required.

Expected completion date is June, 1984.

Statement of Noncompliance, 83-20-04a

10 CFR 50, Appendix B, Criterion V, states in part, "Activities affecting quality shall be prescribed by documented instructions, procedures, or drawings...and shall be accomplished in accordance with these instructions, procedures, or drawings."

The licensee's QA Manual states that their program complies with the intent of Regulatory Guide 1.38, which endorses ANSI N45.2.2-1972.

Contrary to the above, measures were not established to implement the following requirements of ANSI N45.2.2-1972:

- a. Section 4.3.3 of ANSI N45.2.2 requires all austenitic stainless steel nickel base alloy materials to be handled in such a manner that they are not in contact with lead, zinc, copper, mercury, or other low-melting elements, alloys, or halogenated material. The licensee's implementing procedures do not address these requirements.

Corrective Action Taken and Results Achieved

Protective sleeves were placed on storage racks to prevent contact between stainless steel and carbon steel.

Corrective Action Taken to Avoid Further Noncompliance

Paragraph 6.3.14 of procedure 12.000.28 will be changed to add the missing items from ANSI N45.2.2.

Date When Full Compliance Will Be Achieved

Full compliance will be achieved by the end of 1983.

Statement of Noncompliance, 83-20-04b

Section 6.2.5 of ANSI N45.2.2 requires that measures be taken to prevent the entrance of rodents and other animals into indoor storage areas or equipment to minimize possible contamination and mechanical damage to stored material. The licensee currently leaves the warehouse doors open during daylight hours and has no physical controls to prevent the entrance of rodents and other animals.

Corrective Action Taken and Results Achieved

Steps have been taken to minimize the open periods of the main warehouse doors. The portable barriers occasionally used when the doors are open have had skirting added to bring the barrier to ground level. A contractor is currently used for pest control and appropriate traps and poison have been placed.

Corrective Action Taken to Avoid Further Noncompliance

12.000.28 Section 6.2.1 will be modified to include "other animals".

Date When Full Compliance Will be Achieved

Full compliance will be achieved by the end of 1983.

Unresolved Item, 83-20-05

During the tour of storage areas, the inspectors noted that different tapes were observed on stainless steel material. ANSI N45.2.2-1972 states that tapes or adhesives which could have damaging effects on the item or system shall not be used and that when contacting austenitic stainless steel and nickel alloy surfaces, the halogen and sulfur content of tapes should not be in excess of 0.10% by weight each. The implementing procedure, Administrative Procedure-General, 12.000.55, In Process Material Control, states that approved/controlled materials shall be used to meet the requirements of the BWR Operator's Manual for Materials and Processes, Report NEDE-20583A, November, 1978. The licensee has been unable to verify that the tapes listed in the manual meet the halogen and sulfur requirements of ANSI N45.2.2-1972. The licensee, therefore, has decided to have the tape analyzed to determine halogen and sulfur content.

This is considered to be an unresolved item pending further review (341/83-20-05).

Response

A sample of the tape used on site, Nashua 357, was submitted to Engineering Research for analysis. The sulfur and halogen content meets the sulfur and halogen content requirements of ANSI N45.2.2-1972 and Reg. Guide 1.38.

Statement of Noncompliance, 83-20-06

10 CFR 50, Appendix B, Criterion XIII, 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."

DECo Administrative Procedure-General 12.000.28, Material Handling and Storage, establishes material storage, preservation and identification requirements. Section 6.4 of 12.000.28 specifies that material or equipment requiring special care during storage shall be identified and placed in a preventative maintenance program.

Contrary to the above, the inspectors found that the licensee has failed to implement this preventative maintenance program for equipment stored in the Level B and C warehouses.

Corrective Action Taken and Results Achieved

Although many of the criteria of ANSI N45.2.2, 1972 have been carried out as a result of good warehousing practices, not all equipment has been maintained in accordance with these requirements and most work has not been documented. As a result, in early October of 1983, the Technical Group was assigned the task of issuing Preventive Maintenance Work Orders for items in storage. Maintenance has been assigned the action of specifying the requirements for preventive maintenance on equipment in storage. Also, various sections have been assigned specific responsibilities for specialized equipment as defined in QAPR 13 (Operational Quality Assurance Program Requirements; Handling, Storage and Shipping).

Corrective Action Taken to Avoid Further Noncompliance

A Maintenance Review of equipment in storage is ongoing and is scheduled for completion in mid January of 1984. An additional 90 days are required for implementing the computerized scheduling of these activities.

Since many actions are taken prior to operation of equipment from the warehouse, no further action than described above is necessary at this time. Some examples of these actions are visual inspections, motor meggering and shaft rotations.

Date When Full Compliance Will Be Achieved

Full compliance is expected by mid April, 1984.

Statement of Noncompliance, 83-20-07a

10 CFR 50, Appendix B, Criterion VI, states in part, "Measures shall be established to control the issuance of documents... These measures shall assure that documents, including changes, are reviewed for adequacy and approved for release by authorized personnel and are distributed to and used at the location where the prescribed activity is performed."

DECO Operational Quality Assurance Manual, Program Policy 6, Section 1, states in part, "Measures shall be established to control the preparation, revision, issuance and use of documentation which prescribes activities effecting quality to assure that they are reviewed for adequacy, approved for release by authorized personnel, and are distributed in a timely manner to the location where the prescribed activity is performed."

DECO Quality Assurance Manual, Section 5.0.1, states in part, "Written procedures shall be implemented...to assure documents, including changes thereto, prescribing activities effecting quality have been reviewed for adequacy and approved for release by authorized personnel, and are properly distributed and used at the work place where these activities are performed."

- a. Contrary to the above, the inspectors found that Administrative Procedure 12.000.27, Material Receiving, Inspection, and Status, Revision 4, which was approved on June 21, 1983, references procedures which were made inactive on October 26, 1982, and which were subsequently cancelled on July 11, 1983.

Corrective Action Taken and Results Achieved

Detroit Edison Administrative Procedure 12.000.27 has been revised and the cited references 3.7.10 and 3.7.11 have been corrected.

Corrective Action Taken to Avoid Further Noncompliance

Procedures are periodically reviewed. The review includes verification that references are current.

Date When Full Compliance Will be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-07b

Contrary to the above, the licensee's contractor, Daniel International Corporation, cancelled Administrative Procedures AP-IV-13, titled Cable Pull Cards, and AP-IV-14, titled Traveller Control, on July 14, 1983. The superceding procedures to cover the same work activities had not been issued as of September 20, 1983.

Corrective Action Taken and Results Achieved

In August, a meeting was held to discuss the process for cancelling Daniel procedures. Attendees were C. Baker, Procedures Coordinator, T. Thomas, Site Administrator, W. Everett, Project Superintendent, and Daniel representatives J. Gresham and F. Marini.

Daniel procedures (except where limited by scope) were written and intended for site use by Edison and contractors. Edison approves Daniel procedures, including revisions. Because of the site-wide use of the procedures, Edison conveyed the following requirements to Daniel regarding the method to be used for cancelling procedures.

- a. Revise the procedure up to the next revision, (may delete all information except the procedure cover sheet.)
- b. State the reason for cancellation on the cover sheet.
- c. Reference the procedures which supersede or replace it.
- d. Obtain review and approval of all those who would have normally reviewed and approved the procedure.
- e. Revise the table of contents to reflect the new revision and the procedures which replace or supersede it.
- f. Release the procedure to Edison for controlled distribution to all current recipients of the procedure.

It was later agreed that the procedure could not be issued until the Edison Procedures Coordinator initialed the cover sheet verifying that the replacing/superseding procedure has in fact been issued and adequately covered the key points of the superseded procedure. This does not mean, however, that the replacing/superseding procedure could not change or delete requirements that has existed in the Daniel procedure.

Corrective Action Taken and Results Achieved (cont'd)

In addition, Daniel agreed to upgrade its tables of contents to reflect all Daniel procedures which had ever been issued. These tables of contents were to be used by the Edison Procedures Coordinator to identify those procedures which would be converted to Edison procedures or merely cancelled. (This effort of replacing Daniel procedures has been occurring for over a year.)

After the meeting, these cancellation requirements were deemed retroactive to W. Everett.

The Section IV table of contents has been upgraded and reissued to reflect all existing current and superseded procedures. The first batch of procedures cancelled in the manner stated above has been issued along with the revised table of contents. This, in effect, reinstated those Section IV procedures which have not been cancelled according to the new requirements.

All other Daniel procedures are being reviewed to determine which will be replaced by Edison procedures. Many are being held pending issuance of the replacing/superseding procedure. Specifically, AP-IV-13 - Calbe Pull Cards, has been reinstated pending issue of PPM 7.36. PPM 7.36 is in draft form and summarizes the requirements covered in Field Engineering Work Procedure FEWP-13.

AP-IV-14 - Traveler Control will not be replaced by an Edison PPM procedure. Each contractor or Edison organization performing work which requires travelers has a traveler procedure approved by Edison.

Corrective Action Taken to Avoid Further Noncompliance

Edison Information Systems has been notified to not publish Daniel procedures without the initials of the Edison Procedures Coordinator. As described above, the Procedures Coordinator will not initial procedures until a review of both the superseded and superseding procedures is complete and discrepancies resolved.

Date When Full Compliance Will Be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-07c

Projects Procedure PPM 2.14, Distribution Control, dated October 21, 1982, Section 6, requires each reproduced document to be appropriately stamped. PQA letter dated November 12, 1982, requires all procedures or revisions issued after November 12, 1982, to be stamped "Controlled". The inspectors found four procedures and/or revisions in the QC Receipt Inspectors PQAP Manual (Controlled Manual No. 132) which were issued after November 12, 1982, and which were not stamped "Controlled".

Corrective Action Taken and Results Achieved

A complete review was made by a member of the EF2 Document Control Organization of each PQAP Manual, including the one used by the Receiving Inspectors, and all PQAP's were stamped "CONTROLLED."

Corrective Action Taken to Avoid Further Noncompliance

The administrative controls in place should assure no recurrences of this problem.

The general commitments by Edison made to the NRC by telephone involve procedure review, special audits, and personnel training as part of the corrective action program. Concerning the violations deemed to be the responsibility of Procurement QA, several actions have been taken or are in progress. Specifically, discussions with the Receiving Inspector established that they know and understand the requirements. New procedures are being published to facilitate the transition from the Construction to the Operations phase. These procedures will be presented, one at a time, in formal training sessions and will be implemented immediately following the meeting. During December 1983 and January 1984, any problems will be worked out of the procedures by issue of revisions or interim changes. Receiving Inspection and warehousing will be audited placing with emphasis on equipment maintenance and identification and any items identified in this NRC audit.

Date When Full Compliance Will Be Achieved

Full compliance has been achieved.

Statement of Noncompliance, 83-20-07d

Contrary to the above, the inspectors found that procedure PQAP 9.250, which had been deleted, was still in Controlled Manual No. 132. The inspectors also observed that the QC Receipt Inspectors were using Revision 2, dated February 2, 1981, of Administrative Procedure 12.000.27, Material receiving, Inspection, and Status, while Revision 4, dated June 21, 1983, is the most current revision.

Corrective Action Taken and Results Achieved

The cited procedure, PQAP 9.250 titled Management Reporting was not a procedure the Receiving Inspectors would use or refer to in their job. The corrective action described in 83-20-07c above should prevent recurrence.

Since the audit, a collection of Administrative Procedures (12.000.xx) has been requested and issued as "Controlled" to C. Butlin, one of the Receiving Inspectors. It should be noted that the Receiving Inspectors work to the Project QA procedures and use the Administrative Procedures for reference.

Corrective Action Taken to Avoid Further Noncompliance

Disposal of the "Information" copy Administrative Procedures and maintenance of the newly acquired "Controlled" Administrative Procedures by exercise of Nuclear Administrations procedures for procedure control should prevent recurrence.

Date When Full Compliance Will be Achieved

Full compliance has been achieved.

Unresolved Item, 83-20-08

The above cancelled DIC procedures are listed as Safety-Related Procedures, yet the superseding procedures do not require QA concurrence. These procedures affect safety-related work, but apparently do not require QA review. PQAP 9.125 requires QA review of procedures applying to activities involving safety-related structures, systems, and components. This is considered to be an unresolved item (341/83-20-08).

Response

We are in compliance with PQAP 9.125. All safety-related procedures are reviewed by QA and QA comments are resolved. In some cases, all procedures are reviewed by QA (e.g., the PPM). However, evidence of QA review and concurrence may not be required to appear on the procedure cover sheet. In the case of Daniel procedures, evidence of QA review and concurrence is maintained in the master procedure file.

The review and approval requirements for Daniel procedures are included in Appendix 1 to Procedure AP-1-02.