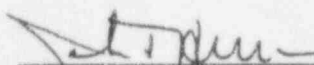


COOPER NUCLEAR STATION

PHASE 1 PLAN

REVISION 3

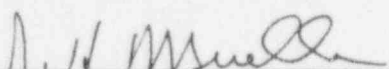
APPROVED BY:



Plant Manager

11-9-94

Date



Site Manager

11/9/94

Date

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Startup Plan

ID	Task	Responsibility	% Complete	August	September	October	November	December
1	1 Independent Oversight /Self-Assessment		76%					
2	1.1 SRAB Charter	Jones	80%					
3	1.2 SORC Charter	Herron	100%					
4	1.3 Pre-Startup QA Assessments	Sessoms	74%					
5	1.4 Evaluate QC Consistency & Independence	Sessoms	51%					
6	2 CAP, Planning, Performance Monitoring		84%					
7	2.1 Corrective Action Program	Jones	75%					
8	2.2 NPG Performance Monitoring	Herron	100%					
9	3 Work Control		100%					
10	3.1 Work Control, Planning, Scheduling	Herron	100%					
11	3.2 LCO Tracking & Work coordination system	Herron	100%					
12	4 Design Control/Configuration Management		77%					
13	4.1 Plant Configuration Verification	Walden	91%					
14	4.2 Vendor Manuals	Herron	86%					
15	4.3 Configuration Changes	Walden	91%					
16	4.4 DBD resolutions	Walden	54%					
17	4.5 Adequacy of Surveillance Procedures	Herron	87%					
18	4.6 Review of SORC approved MWRs	Walden	100%					
19	4.7 Design Calc Process	Walden	100%					
20	4.8 System Readiness reviews	Herron	32%					
21	5 Engineering Support		74%					
22	5.1 NED/Site Interface	Walden	86%					
23	5.2 OD/OE Program	Jones	64%					
24	6 Plant Testing		72%					
25	6.1 Pre-Conditioning Issues	Herron	95%					
26	6.2 IST & Surveillance Comparison	Herron	66%					
27	6.3 Cycle Extension	Herron	68%					
28	7 Operational Experience Review		77%					
29	7.1 Experience Reviews	Jones	100%					

Startup Plan

ID	Task	Responsibility	% Complete	August	September	October	November	December
30	7.2 Special OER Search for S/U Issues	Jones	54%					
31	7.3 Vessel Thermal Transient Issue	Walden	100%					
32	8 Procedural Control		56%					
33	8.1 Procedural Hierarchy	Jones	84%					
34	8.2 Special Instructions	Herron	100%					
35	8.3 Procedure Backlog screening	Jones	100%					
36	8.4 EPZ Doss Assessment Model	Mace	22%					
37	8.5 Surveillance review for LCCs	Herron	26%					
38	9 Management		60%					
39	9.1 Program Ownership	Jones	100%					
40	9.2 Nuclear Safety Awareness Training	Mace	15%					
41	9.3 Management Observations	Herron	49%					
42	9.4 Industrial Safety Issues	Mace	96%					
43	9.5 Licensing Submittals	Jones	78%					

PHASE 1 ACTION PLAN

ISSUE: Revise the SRAB charter; address member independence and revise membership

PROGRAM/PROCESS ISSUE CATEGORY: Independent Oversight and Self Assessment

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: R. G. Jones

DESCRIPTION OF ISSUE:

Concerns and improvements identified in the 1991 and 1993 self assessments, DSAT, and other Cooper-identified weaknesses concerning SRAB Charter and membership concerns have not been incorporated into SRAB procedures.

OBJECTIVE:

Ensure SRAB procedures and membership provide effective independent review, audit and oversight of NPG activities in order to ensure Cooper Nuclear Station is safely operated and maintained. Changes must ensure SRAB is self-critical and challenges line management.

ACTION:

1. Provide additional independent membership to SRAB.
2. Minimize membership overlap of CRG, SORC, and SRAB.
3. Evaluate deficiencies in SRAB performance from the 1991 and 1993 self assessments, DSAT and other Cooper-identified weaknesses. Revise the charter accordingly.
4. Develop an effective oversight of SORC.
5. Review the Phase 1 Plan to assure the Plan provides adequate assurances that all appropriate startup issues are addressed.
6. Evaluate the completion of Startup Activities.

SRAB Charter - ID# 1.1

ID	Task	September					October					November	
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13	
1	1 Provide added Independent Membership												
2	2 Minimize Overlap of CRG, SORC, SRAB												
3	3 Evaluate SRAB deficiencies												
4	4 Develop effective SORC oversight												
5	5 Review Startup Plan												
6	6 Evaluate Startup Activities Completion												

PHASE 1 ACTION PLAN

ISSUE: Improve SORC Effectiveness

PROGRAM/PROCESS ISSUE CATEGORY: Independent Oversight and Self Assessment

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: J. T. Herron

DESCRIPTION OF ISSUE:

The independent oversight of SORC in meeting its responsibilities in accordance with Regulatory requirements needs improvement.

OBJECTIVE:

Improve independent oversight ability of SORC to ensure that an appropriate review is performed for all proposed additions, deletions, and changes to safety-related activities.

Enhance the process utilized by SORC to ensure sufficient independent oversight is maintained.

ACTION:

1. Provide a Nuclear Safety Training course to SORC members and alternates.
2. Establish a mentor to serve as a protagonist, purview SORC review items and assist in presentation preparation.
3. Implement SORC Effectiveness Improvement Initiatives.
4. Establish a group to review other utility SORC organizations, membership, procedures and methods of meeting requirements.
5. Revise Procedure 0.3 to more accurately describe SORC activities.
6. Evaluate QA audit of SORC and initiate appropriate actions.
7. Improve SORC minutes.

Improve SORC - ID# 1.2

ID	Task	September							October						
		8/28	9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6			
1	1 SORC Training														
2	2 Start Mentoring														
3	3 Implement SORC Effectiveness Improvement Initiatives.														
4	4 Establish Review Group														
5	5 Revise Procedure 0.3														
6	6 Evaluate QA Audit														
7	7 Improve SORC minutes														

PHASE 1 ACTION PLAN

ISSUE: Independent Assessment of the Phase 1 Plan, Confirmatory Action Letter, and Condition Reports

PROGRAM/PROCESS ISSUE CATEGORY: QA Assessment

SPONSOR: R. A. Sessoms

ACTION PLAN MANAGER: D. R. Robinson

DESCRIPTION OF ISSUE:

This action plan does not pertain to an "issue." This plan is provided to conduct independent assessments of the Phase 1 Plan, CAL response and actions, and Closed Category 1 and 2 Condition Reports.

OBJECTIVE:

Conduct additional independent assessments as described above and provide timely reporting of results, as appropriate, to ensure a quality Phase 1 Plan. Ensure that significant issues are appropriately addressed prior to startup.

ACTION:

1. Assess the development and implementation of the Phase 1 Plan.
2. Assess the adequacy of CAL responses and actions.
3. Assess the adequacy of disposition of Closed Category 1 & 2 Condition Reports.

QA Assessment - ID# 1.3

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Assess the development & implementation of the Startup Ac											
2	2 Assess the adequacy of CAL responses and actions											
3	3 Assess the adequacy of disposition of Closed Category 1 &											

QA Assessment - ID# 1.3

December				January			February			March						
11/20	11/27	12/4	12/11	12/18	12/25	1/1	1/8	1/15	1/22	1/29	2/5	2/12	2/19	2/26	3/5	3/12

PHASE 1 ACTION PLAN

ISSUE: Quality Control

PROGRAM/PROCESS ISSUE CATEGORY: Independent Oversight and Self Assessment

SPONSOR: R. A. Sessoms

ACTION PLAN MANAGER: G. E. Smith

DESCRIPTION OF ISSUE:

Quality Control inspections are not consistently specified or performed, and personnel are not all adequately trained in QC Program implementation.

OBJECTIVE:
















1. Provide increased consistency in the application of QC requirements.
2. Provide increased QC inspection for additional activities.
3. Impose limitations on the amount of persons reviewing and specifying QC requirements.
4. Coach/counsel QC personnel on new program requirements.

ACTION:

1. Develop and distribute listing of persons (titles) who will review and specify MWR instructions for QC application.
 - 1.1 Identify personnel responsible for assignment and incorporation of QC inspections
 - 1.2 Issue listing of personnel responsible for reviewing and specifying QC requirements on MWR special instructions
2. Revise QCP 12.5 to improve amount of QC and consistency of application.
 - 2.1 Evaluate QC designation and assignment process from another utility (ANO)
 - 2.2 Compare CNS QC process with the other utility's QC process

- 2.3 Solicit input from CNS departments on QC application requirements
- 2.4 Evaluate results and revise procedure
- 3. Revise QCP 12.6 to provide enhanced instructions to QC personnel.
 - 3.1 Evaluate current detail of QC independence
 - 3.2 Evaluate the procedural directions for discrepancy documentation
 - 3.3 Solicit input from CNS departments on QC performance requirements
 - 3.4 Evaluate results and revise procedure
- 4. Provide training sessions for persons affected by the QC Program enhancements.
- 5. Conduct effectiveness determinations to assure enhancements as intended.

QC - ID# 1.4

ID	Task	September		October				November				
		9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13	11/20	11/27
1	1 Develop and distribute listing											
2	1.1 Identify personnel responsible											
3	1.2 Issue listing of personnel responsible											
4	2 Revise QCP 12.5											
5	2.1 Evaluate process from another utility											
6	2.2 Compare CNS process with other utility s											
7	2.3 Solicit input on QC application											
8	2.4 Evaluate results revise procedure											
9	3 Revise QCP 12.6											
10	3.1 Evaluate QC independence											
11	3.2 Evaluate discrepance documentation											
12	3.3 Solicit input on QC performance											
13	3.4 Evaluate results revise procedure											
14	4 Provide training sessions											
15	5 Conduct effectiveness determinations											

PHASE 1 ACTION PLAN

ISSUE: Corrective Action

PROGRAM/PROCESS ISSUE CATEGORY: Corrective Action Program

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: J. Flaherty

DESCRIPTION OF ISSUE:

Clarify responsibility, authority, and accountability for CAP, improve root cause quality and depth of analysis and corrective action to prevent recurrence. Also, review and disposition CR backlog and clarify criteria for category 1 and 2 CRs.

OBJECTIVE:

Use the dedicated Corrective Action Program group to provide clear management of the program and establish a self-critical root cause culture at CNS to ensure rigorous investigation and effective correction of all conditions adverse to quality.

ACTION:

1. Establish a program manager with 5 CR team leaders with sole responsibility for program management.
2. Establish group mission, provide training in leading and/or mentoring investigation teams, perform backend reviews of completed root cause investigations and implement lessons learned for continued program improvement.
3. Conduct a Senior Manager meeting to establish Corrective Action Program expectations and accountability.
4. Revise 0.5 series procedures to incorporate CAP organization and responsibilities and lessons learned feedback.
 - 4.1 Restructure CRG to provide more effective senior management review of condition reports.
 - 4.2 Senior Management to determine CR category and set prioritization and assign accountability for evaluation.

5. Provide expectations to potential CRT members.
 - 5.1 Focus on ensuring the understanding of timely convening of a Condition Review Team, accurate root cause and corrective action.
 - 5.2 Provide additional management training.
 - 5.3 Provide management training to managers not attending initial session.
 - 5.4 Provide copies of "CR Team Investigation Plan" to Team Leaders of new Condition Reports for trial use, incorporate feedback, and finalize. Plan document as a tool to ensure consistent, timely initiation of CR team investigations.
6. Provide method for review, disposition, and management of the CAP backlog to support startup.
 - 6.1 NPG managers provide schedules for tracking and closing level 1 CRs, DRs and NCRs.
 - 6.2 NPG managers establish schedules for resolution of CAP backlog for level 3 CRs, NCRs, and DRs due prior to startup.
7. Revise the Condition Reporting Program Guidelines to ensure clear categorization of conditions. This will include a routine work feature for those issues requiring evaluation, tracking, or resolution but do not require apparent or root cause investigations.
 - 7.1 Provide criteria to CRG for review.
 - 7.2 Prepare revised CR Program Guidelines.
 - 7.3 Obtain approval of CR Program Guidelines revision.
8. Create permanent CAP organization.
 - 8.1 Obtain authorization approval.

CAP - ID# 2.1

ID	Task	August			September				October			
		8/14	8/21	8/28	9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23
1	1 Establish program mgr and investigation team											
2	2 Establish mission, train team, and perform backend reviews											
3	3 Conduct Senior Manager meeting											
4	4 Revise & approve 0.5 series procedures for new org & proc											
5	4.1 Restructure CRG											
6	4.2 Senior Management CRG implementation											
7	4.3 Revise 0.5 to incorporate Work Cont. Center CR vs M											
8	5 Provide expectations to CRTmembers											
9	5.1 Focus CRT understanding											
10	5.2 Provide Management Training											
11	5.3 Provide additional Management Training											
12	5.4 Provide "CR Team Investigation Plan"											
13	6 Disposition CR startup backlog											
14	6.1 Managers provide schedules for Level 1 evaluations											
15	6.2 Complete Level 1 evaluations											
16	6.3 Managers establish schedule for Level 3 startup actio											
17	6.4 Complete Level 3 Startup Actions											
18	7 Revise CR program guidelines											
19	7.1 Provide Criteria to CRG for Review											
20	7.2 Prepare revised CR Program Guidelines											
21	7.3 Obtain approval of CR Program Guidelines											
22	8 Create permanent CAP Organization											
23	8.1 Obtain authorization approval											

[illegible]

PHASE 1 ACTION PLAN

ISSUE: Departmental Performance Indicator Goals/Monitoring

PROGRAM/PROCESS ISSUE CATEGORY: Corrective Action, Planning and Performance Monitoring

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: J. V. Sayer

DESCRIPTION OF ISSUE:

Determine performance criteria against which departmental goals will be measured.

OBJECTIVE:

Develop management tools to obtain and monitor goals for key station performance indicators.

ACTION:

1. Establish startup performance indicators. For each indicator:
 - 1.1 Define data needs
 - 1.2 Assign responsibility
 - 1.3 Define report format
2. Establish goals as a minimum for:
 - 2.1 Confirm CR goal of Average Days open and promptness of CR report
 - 2.2 Establish MWR backlog goal
 - 2.3 Establish EWR backlog goal
 - 2.4 Establish Temp Mods backlog goal
 - 2.5 Establish Red Arrow goal
 - 2.6 Establish Caution Tag goal.

3. Start publishing reports weekly.

Perf. Monitoring ID# 2.2

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Establish Startup Performance Indicators											
2	1.1 Define Data Needs											
3	1.2 Assign Responsibility											
4	1.3 Define report format											
5	2 Establish Goals											
6	3 Publish requests weekly											

PHASE 1 ACTION PLAN

ISSUE: Establish and implement a plan for integrated work control, planning, and scheduling

PROGRAM/PROCESS ISSUE CATEGORY: Work Control

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: R. L. Gardner

DESCRIPTION OF ISSUE:

The existing processes for work package preparation, planning, and scheduling work do not sufficiently limit the potential for challenges to nuclear safety and adversely affect the ability of the Maintenance Department to function effectively.

OBJECTIVE:

Correct existing deficiencies in work package content, work coordination, and daily scheduling through implementation of a work process improvement plan.

ACTION:

1. Improve work planning/package preparation by:
 - 1.1 Adding additional planners.
 - 1.2 Implementing a planning guide to control package content and format, and ensuring that planners address appropriate requirements when planning packages.
2. Improve work scheduling by:
 - 2.1 Adding experienced schedulers.
 - 2.2 Focusing on schedule adequacy/adherence.
 - 2.3 Developing a short-range look ahead by all work groups.
 - 2.4 Developing an improved short-range schedule.
3. Provide operations control in establishing priorities for repair of equipment.

4. Establish a work control center, outside the control room, to allow an SRO to control work.
5. Establish divisionalized work control for the current forced outage.
6. Improve short-range work control by developing an interim schedule that can be used to transition to a system based 12-week rolling schedule. Focus on maintaining division and system separation, and coordination between groups to minimize the times equipment is removed from service.

Work Control - ID# 3.1

ID	Task	August				September				October		
		8/7	8/14	8/21	8/28	9/4	9/11	9/18	9/25	10/2	10/9	10/16
1	1 Improve Work Planning/work Packages											
2	1.1 Add experienced planners											
3	1.2 Implement planners guide											
4	2 Improve work Scheduling											
5	2.1 Add experienced schedulers											
6	2.2 Focus on schedule adequacy/adherence											
7	2.3 Develop short range look-ahead											
8	2.4 Develop improved short-range scheduling											
9	3 Develop Operations prioritizing											
10	4 Establish work control center											
11	5 Establish divisionalized work control											
12	6 Establish interim scheduling organization											
13	7 Develop Administrative Scope Control Process											
14	8 Develop schedule for procedure changes to support the out											
15	9 Finalize process/organizational interface for work planning/											
16	10 Obtain additional draft to work backlog											

[illegible]

PHASE 1 ACTION PLAN

ISSUE: Implement effective LCO tracking and work coordination interface system

PROGRAM/PROCESS ISSUE CATEGORY: Work Control

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: E. M. Mace

DESCRIPTION OF ISSUE:

An LCO tracking system does not exist to provide the shift supervisor with guidance to assist in work authorization. Mode-dependent LCOs are not tracked. System/train related maintenance is not grouped on the schedule and LCOs are not identified by the schedule.

OBJECTIVE:

Improve tracking of technical specification-related equipment that is out of service to limit challenges to safety systems caused by work coordination problems.

ACTION:

1. Establish an LCO tracking system that identifies equipment out-of-service that would cause entry into an LCO or would be a restraint to a division swap or mode change. Use this system to assist the shift supervisor in authorizing work.
 - 1.1 Revise procedure for LCO Tracking.
 - 1.2 Review outstanding open items.
 - 1.3 Review status of significant LCOs a minimum of twice weekly.

LCO Tracking - ID# 3.2

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Establish LCO Tracking											
2	1.1 Revise Procedure for LCO tracking											
3	1.2 Review outstanding open items & incorporate into LC											
4	1.3 Review status of significant LCOs daily meetings twic											

PHASE 1 ACTION PLAN

ISSUE: Plant Configuration Verification (1 of 2)

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration Management

SPONSOR: K. C. Walden

ACTION PLAN MANAGER: G. S. McClure

DESCRIPTION OF ISSUE:

Concerns noted with plant valve configurations, as well as other configuration control problems, indicate a potential configuration control concern with other components that are required to be in specific line-ups. Take corrective actions for discrepancies.

OBJECTIVE:

Verify that the standby alignment of the plant safety systems is properly specified such that, if called upon to automatically initiate, the systems will meet their design objectives.

ACTION:

1.0 Design Verification

- 1.1. Identify the expected valve, switch, breaker and damper positions for the RHR B Loop after it is auto-initiated into the LPCI injection mode and SGT system after it is auto-initiated into the accident mode.
- 1.2. Review the Elementary Diagrams for RHR Loop B and SGTS to determine if the valves, switches, breakers and dampers start in the expected standby mode; if the logic automatically re-aligns these components into the accident mode as expected; and if the logic will in any way prevent alignment into the accident mode.
- 1.3. Compare the normal (100% power lineup) standby position from valve and switch/breaker checklists, system operating procedures and operator knowledge against the required design position.
- 1.4. Screen discrepancies and resolve. Evaluate need to expand to other systems.

PHASE 1 ACTION PLAN

ISSUE: Plant Configuration Verification (2 of 2)

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration Management

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: E. M. Mace

DESCRIPTION OF ISSUE:

The DSAT team identified many examples of recently identified valve and switch mispositionings. They also identified that many valve lineup sheets had known deficiencies.

OBJECTIVE:

Perform valve, switch, breaker, and damper lineup walkdowns and initiate corrective actions for discrepancies.

ACTION:

2.0 Plant Configuration Verification

- 2.1. Operations Department to perform valve, switch, breaker, and damper lineup walkdown, and initiate corrective action for discrepancies.
- 2.2. NED to perform review of past Design Changes against existing valve lists.
- 2.3. Review NED results and submit to Operations Department.
- 2.4. Operations Department field verify conditions.
- 2.5. Operations Department generate TPCNs for affected procedures.
- 2.6. Operations Department perform valve position verification of TPCNs (verification of changes only).

Configuration Verif. - ID# 4.1

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Design Verification											
2	1.1 ID. expected RHR positions valve and SBT valve s											
3	1.2 Review RHR Loop B and SGTS elem. diagra											
4	1.3 Compare the normal standby valve positions for RHR											
5	1.4 Screen and resolve for any ID startup issues											
6	2 Plant Configuration Verification											
7	2.1 Operations department to perform valve switch break											
8	2.2 NED perform review of past design changes against											
9	2.3 Submit review to OPS											
10	2.4 Operations department field verify condition											
11	2.5 TPCNs											
12	2.6 Verify TPCNs											

PHASE 1 ACTION PLAN

ISSUE: Identify and Review Priority Vendor Manuals

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration
Management

SPONSOR: R. L. Gardner/K. C. Walden

ACTION PLAN MANAGER: R. Foust

DESCRIPTION OF ISSUE:

DSAT noted a concern with the backlog of safety-related vendor manuals that have not been reviewed to identify PM requirements for associated components.

OBJECTIVES:

1. Determine if the backlogged safety-related vendor manuals/vendor manual changes and certain non-safety related vendor manuals/vendor manual changes have recommended PMs that should be addressed prior to startup. Process PMs for implementation as necessary.
2. Determine if backlogged safety-related vendor manual changes and certain non-safety related vendor manual changes contain vendor information that could impact startup or sustained plant operations.

ACTION:

1. For backlogged safety-related vendor manuals and certain non-safety related vendor manuals: Determine if vendor-recommended PMs should be implemented for associated components not currently in the PM program.
2. For backlogged safety-related vendor manual changes and certain non-safety related vendor manual changes: Determine if vendor information contained in the change could impact startup or sustained plant operations.
 - a. Review change for potential operations, engineering, preventative maintenance or personal safety concerns.
 - b. Determine impact of backlogged changes on maintenance procedure upgrade project.

- c. Determine if backlogged Design Change closeouts contain vendor information not yet identified.
3. Resolve any identified startup-sustained operations concerns. Document discrepancies and prepare final report.

Vendor Manuals - ID# 4.2

ID	Task	September				October				November	
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6
1	1 Identify vendor-recommended PMs that are not currently in t										
2	2 Determine if your vendor updates should be implemented in										
3	3 Process PMs identified for implementation or approved devi										

PHASE 1 ACTION PLAN

ISSUE: NED review of procedures and DCNs to ensure Configuration Control.

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration Management

SPONSOR: K. C. Walden

ACTION PLAN MANAGER: G. S. McClure

DESCRIPTION OF ISSUE:

Configuration Control is not effectively maintained. Contributing factors are the need for greater involvement of NED in specific procedure changes that may affect design and the changing of drawings without adequate justification as to the effect on design. The specific concerns are the lack of positive control of:

1. valve/power supply line-ups that may be due to Procedure changes
2. operating conditions/parameters that may be due to Procedure changes
3. drawing changes made independent of the design change process.

OBJECTIVE:

Provide mechanisms for assuring that changes to configurations reflect station design. This includes strengthening review of drawing changes and specific procedures.

ACTION:

1. Modify both CNS/NED DCN Procedures to require Engineering justification of reason for DCN, if not a Design Change.
2. Provide a screening process that identifies when a Procedure change requires NED review to assure the change does not affect the design basis.
3. Provide a screening process that identifies when an NED calculation requires a CNS review to assure the change does not affect plant operation.
4. Provide training.

NED Review - ID# 4.3

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Modify CNS/NED DCN Procedures											
2	2 PCN Screening Process											
3	3 Calc Screening Process											
4	4 Training on CNS Procedures											

PHASE 1 ACTION PLAN

ISSUE: Efficient Resolution of Design-Basis Questions and Safety Evaluations

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration Management

SPONSOR: K. C. Walden

ACTION PLAN MANAGER: W. L. Swantz

DESCRIPTION OF ISSUE:

Provide for a near-term capability, e. g., through augmenting the DBD staff, to provide more efficient resolution of design-basis questions and improve the quality of safety evaluations submitted for SORC approval.

OBJECTIVE:







Provide a more efficient method of responding to design basis questions and identifying design basis information and upgrade the quality, detail and accuracy of 10CFR50.59 evaluations before they are submitted to SORC for review and approval.

ACTION:

1. Add additional senior engineering consultants to the Design Basis Group to focus specifically on responding to design basis questions and reviewing work from other groups to ensure that the design basis and requirements of 10CFR50.59 are met. Focus will be on evaluations associated with current and future DCs, STPs and SPs
2. Develop a simple one-page Design Basis Information Request Form, with instructions on the back.
3. Develop a training session and guidance document on how to locate design basis information and distribute to appropriate technical staff.
4. Conduct training for appropriate technical staff on how to locate design basis information.
5. Solicit and evaluate formal feedback through discussion, and through a questionnaire distributed at the training session, on the Design Basis Information Request Form and explain its use.

6. Conduct a review to confirm that recent assessments and inspections resulted in high confidence level of capturing past 10CFR50.59 evaluation deficiencies.

DBD Resolution - ID# 4,4

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Hire 6 Consultant Engineers											
2	2 Develop Design Basis Information Form											
3	3 Develop training on Design Basis											
4	4 Conduct training for technical staff											
5	5 Feedback from Design Basis Info. Request Form											
6	6 Conduct review											

PHASE 1 ACTION PLAN

ISSUE: Surveillance Procedure Adequacy

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration Management

SPONSOR: E. M. Mace

ACTION PLAN MANAGER: D. W. Bremer

DESCRIPTION OF ISSUE:

Verify technical compliance of CSCS (ADS, CS, HPCI, LPCI), RPS, SBGT, Control Room HVAC, and RB HVAC surveillance procedures.

OBJECTIVE:

Validate surveillance procedures CSCS, RPS, SBGT, Control Room HVAC, and RB HVAC. Validation to other systems if results suggest the need.

ACTION:

Perform detailed review of selected surveillance procedures to verify testing is being conducted in accordance with CNS Technical Specifications, USAR, IST Program, and DCDs (as applicable). Perform review as follows:

1. Perform detailed review of surveillance procedures, documents, and drawings for CSCS and RPS.
2. Screen deficiencies or concerns noted during review of CSCS and RPS for startup concerns. Track startup issues to closure.
3. Review all deficiencies associated with the CSCS and RPS review to identify any potential operability issues. Screen and evaluate them for generic issues and take appropriate corrective action, including, if appropriate, accelerating the review of additional systems.
4. Perform detailed review of surveillance procedures, documents, and drawings for SBGT, Control Room HVAC, and Reactor Building HVAC.
5. Screen deficiencies or concerns noted during review of SBGT, Control Room HVAC, and Reactor Building HVAC for startup concerns. Track startup items to closure.

Surveillance Proc. - ID# 4.5

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Detailed Review of doc. and dwgs CSCS/RPS											
2	2 Resolution of concerns startup identified											
3	3 Perform detailed review of SPS for SBTG control room HVA											
4	4 Resolution of concerns startup identified											

PHASE 1 ACTION PLAN

ISSUE: SORC Approved MWRs and Subsequent Design Changes

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration Management

SPONSOR: K. C. Walden

ACTION PLAN MANAGER: G. S. McClure

DESCRIPTION OF ISSUE:

SORC approved MWRs are sometimes used to expedite the installation of a modification. There have been two cases where the follow-up, formalized design change documented required changes to the original SORC approved MWR. Additionally, some of the design calculations were not prepared until the modification had been installed for over a year.

OBJECTIVE:

Provide added assurance that SORC approved MWRs used to implement modifications receive a higher level technical review to guard against design deficiencies or violation of design basis.

ACTION:

1. Change 3.4 series CNS Engineering Procedures to eliminate SORC approved MWRs.
2. Review the outstanding SORC-approved MWRs to assure there are no potential issues that would require additional modifications, changes or safety-significant concerns.

SORC MWRs - ID# 4.6

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Eliminate SORC MWRs from Procedures	[REDACTED]										
2	2 Review outstanding SORC MWRs Plan Modif.	[REDACTED]										

PHASE 1 ACTION PLAN

ISSUE: Inadequate Calculation Control Prior to Implementation

PROGRAM/PROCESS ISSUE CATEGORY: Design Control/Configuration Management

SPONSOR: K. C. Walden

ACTION PLAN MANAGER: G. S. McClure/M. A. Hillstrom

DESCRIPTION OF ISSUE:

The current calculation process does not prevent the issuance of an approved calculation before its associated modification is installed in the plant. This can contribute to misunderstanding of "current" design.

OBJECTIVE:

Ensure calculations that are approved prior to the associated field modification/implementation are appropriately identified.

ACTION:

1. Develop and implement a process for identifying calculations that are approved and not implemented in the field.
2. Approve PCN to Procedure 3.4.7 to Include Installation Status of Calculations.
3. Identify current calculations that have been approved, but are yet to be implemented, and revise revision status.
4. Provide Training on changes made by above PCN.

Inadequate Calc. - ID# 4.7

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Process for Unimplemented Calcs	██████████										
2	2 Develop PCN, proc. 3.4.7, instaliation of Cal.	██████████										
3	3 Id. current Unimplemented Cal. & adjust Revision	██████										
4	4 Provide training on changes made by PCN					██████	██████					

PHASE 1 ACTION PLAN

ISSUE: Multi-discipline Team System Reviews

PROGRAM/PROCESS ISSUE CATEGORY: DesignControl/Configuration Management

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: J. W. Gausman

DESCRIPTION OF ISSUE:

The DSAT identified a number issues regarding the ability and resources in System Engineering to perform adequate reviews of systems. This multi-discipline review will provide a comprehensive check of the reviews that have been performed for the various programs (OERs, MWRs, CRs, etc). Reviews will also ensure systems satisfy USAR and Technical Specifications requirements. From these reviews, recommendations will be made to upgrade the system checklist and to outline a multi-discipline approach for reviewing system readiness in the future.

OBJECTIVE:

Complete a multi-discipline review of the open items and conduct walkdowns essential systems. Revise system checklist for walkdowns and conduct multi-discipline reviews of all critical systems prior to startup. Take corrective action for conditions as required before startup.

ACTION:

1. Perform Pilot Multi-Discipline system reviews for the RHR and SBTG systems.
 - 1.1 Identify scope of review for multi-discipline team, develop schedule for completion.
 - 1.2 Complete documentation reviews.
 - 1.3 Complete system walkdowns.
 - 1.4 Document results.
2. Based on Pilot Multi-Discipline system review results, identify changes needed for the system checklist and incorporate changes.

3. Revisit the RHR and SGBT multi-discipline review previously completed to ensure systems satisfy USAR and Technical Specifications requirements.
4. Develop schedule and complete system multi-discipline reviews for the DG, SW, REC, and CS systems to support Operations & Maintenance with divisional transfers.
5. Based on system review results in support of divisional transfers, identify and incorporate any additional changes needed for system checklist and incorporate changes.
6. Identify remaining system review scope based on the CNS Probabilistic Risk Assessment Study.
7. Develop schedule and complete system multi-discipline reviews of remaining critical systems prior to startup based on revised review checklist.
8. Provide recommendations to upgrade the system checklist and outline a multi-discipline approach for reviewing system readiness in the future.

System Readiness - ID# 4.8

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Pilot Multi-Discipline Reviews											
2	1.1 Identify scope and schedule											
3	1.2 Complete documentation reviews											
4	1.3 Complete system walkdown											
5	1.4 Document Results											
6	2 Incorporate changes into System Checklists											
7	3 Revisit the RHR and SBT											
8	4 Complete system reviews EE, SW, CRD, CS											
9	5 Identify and incorporate changes for checklist											
10	6 Identify critical systems review											
11	7 Complete system multi-discipline reviews of critical systems											
12	8 Upgrade system checklist											

PHASE 1 ACTION PLAN

ISSUE: Improve NED Site Support during Startup and Power Ascension (S/PA)

PROGRAM/PROCESS ISSUE CATEGORY: Engineering Support

SPONSOR: K. C. Walden

ACTION PLAN MANAGER: S. McClure, R. Wenzl

DESCRIPTION OF ISSUE:

Improve NED support and station interfaces to assure timely resolution of operating problems.

- Clarify the interface agreement.
- Augment on-site NED to support start-up & power ascension

OBJECTIVE:

Conduct coordinated review of the NED/CNS Engineering functions and interfaces related to startup and power ascension, and develop an upgraded interface agreement better defining work function and responsibilities

Provide augmented NED on-site support for CNS startup and power ascension activities.

ACTION:

1. Conduct NED/CNS Engineering Managers Meetings to review current work activities and identify Engineering responsibilities and areas.
2. Develop an Integrated Engineering Plan showing all startup related activities through the end of the year. The Plan will include a schedule for design changes, startup plant items, NRC commitments, major CRs, major Training Sessions, SEO commitments and design criteria document production.
3. Identification of Plant Temporary Modifications that should be: 1) removed, 2) converted to a Temporary Design Change or made permanent by a Design Change.
4. Evaluate backlog of Engineering Work Request by the WPMC Sub-Committee to determine if there are any modifications that need to be implemented prior to

startup.

5. Select a team of NECD engineers to be placed on site during the preparation for startup phase. This is to include two safety evaluation consultants to review 50.59s, OEs, etc. prior to being submitted to SORC.
6. Select an NECD startup and power ascension team to be placed on site during actual plant startup to help resolve problems encountered during startup.

NED Site Support - ID# 5.1

ID	Task	September					October					November	
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13	
1	1 Interface Meetings												
2	2 Integrated Eng. Plan												
3	3 Plant Temporary Mods												
4	4 Engineering Work Requests												
5	5 NED Tiger Team												
6	6 Organize/mobilize NED												

PHASE 1 ACTION PLAN

ISSUE: OD/OE Review

PROGRAM/PROCESS ISSUE CATEGORY: Engineering Support

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: C. R. Moeller










OBJECTIVE:

Review ODs and OEs for degraded and nonconforming conditions that currently exist and assess startup significance.

ACTION:

1. Obtain listing of all ODs and OEs approved to date.
2. Determine status of documented condition.
 - 2.1 Cross reference each OD/OE to a CAP document or MWR.
 - 2.2 Review status of CAP document or MWR to determine if documented condition has been resolved.
3. Review adequacy of "open" ODs/OEs for startup.
 - 3.1 Adequacy review will be by CNS Engineering or NED, depending on which organization supported the original OD/OE.
 - 3.2 Validate results.
4. Evaluate "open" ODs/OEs for cumulative impact.
5. Develop methodology to maintain Control Room current with OD/OE status.

CD/IOE Review - ID# 5.2

iD	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Obtain listing											
2	2 Determine status											
3	2 1 Cross reference to cap documents											
4	2 2 Review status of cap document											
5	3 Review adequacy											
6	3 1 Review adequacy of original OD/OE											
7	3 2 Validate Results											
8	4 Evaluate cumulative impact											
9	5 Develop method to update											

PHASE 1 ACTION PLAN

ISSUE: Pre-Conditioning

CATEGORY: Plant Testing

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: J. Peaslee

DESCRIPTION OF ISSUE:

NRC identified preventive and corrective maintenance which would preclude discovery of degraded conditions through scheduled testing. DSAT found insufficient guidance for evaluating potential preconditioning cases to determine whether system functionality concerns potentially exist due to past practices.

OBJECTIVE: Complete resolution of the CAL pre-conditioning issues.

ACTION:

1. Identify and revise station procedures which direct possible pre-conditioning of components:
2. Review and integrate surveillance and PM schedules as necessary to ensure potential preconditioning concerns due to scheduling of activities is precluded. This should be done by performing the following:
 - 2.1 Surveillance Coordinator (J. Peaslee) and Maintenance Planner/Scheduler (R. Alexander) jointly devise an interim plan for controlling performance of SPs and PMs to preclude preconditioning.
 - 2.2 Activate interim plan.
 - 2.3 Communicate requirements/limitations of interim plan to affected personnel and Management.
3. Include in GOT Training (Initial/Requal).

Plant Testing - ID# 6.1

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Identify/Revise Procedures											
2	2 Review & Integrate Schedules											
3	2.1 Devise interim plan for controlling performance of SP											
4	2.2 Activate interim plan											
5	2.3 Requirements/limitations of plan affecting personnel											
6	3 Include in GOT Training (Initial/Regal).											

PHASE 1 ACTION PLAN

ISSUE: IST and Surveillance Testing

PROGRAM/PROCESS ISSUE CATEGORY: Plant Testing

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: J. Gausman/M. Spencer

DESCRIPTION OF ISSUE:

Incomplete IST and Surveillance Testing program scope or inappropriate testing methods.

OBJECTIVES:

1. Verify IST program scope and testing adequacy by constructing the basis for component IST requirements and identifying discrepancies. Resolve discrepancies as necessary.
2. Conduct an evaluation of [types and numbers of] surveillance tests performed to determine program adequacy.

ACTION:

1. IST -
 - 1.1 Complete development of ASME Section XI testing and inspection boundary identification and basis.
 - 1.2 Accelerate review of system components for testing requirements and development of testing basis which was previously scheduled as part of the third interval IST program update.
 - 1.3 Compare existing IST Program to the program basis requirements to identify discrepancies.
 - 1.4 Evaluate identified discrepancies to determine startup concerns.

2. Surveillance -
 - 2.1. Obtain a list of surveillance procedures for selected safety systems from two other BWRs.
 - 2.2. Compare the listing with CNS surveillance procedures for selected safety systems to identify if the number and types of tests performed at CNS appear to be appropriate.
3. Document review performance. Initiate corrective action for any items of concern noted during the review.

IST/Surv. Testing - ID# 6.2

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 IST											
2	1.1 Complete development of ASME Section XI testing b											
3	1.2 Accelerate review of system components for testing r											
4	1.3 Compare existing IST Program to basis requirements											
5	1.4 Evaluate identified discrepancies to determine startup											
6	2 Surveillance											
7	2.1 Obtaining listing											
8	2.2 Compare listing CNS surveil. proce.ID if # & types of !											
9	3 Document review performance											

[illegible]

PHASE 1 ACTION PLAN

ISSUE: Cycle Extension

PROGRAM/PROCESS ISSUE CATEGORY: Plant Testing

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: J. W. Gausman

DESCRIPTION OF ISSUE:

Verify all items affecting the extension of the current operating cycle have been identified, reviewed, and the resulting actions determined.

OBJECTIVE:

Conduct an in-depth review of PMs, programs, NRC commitments, projects, surveillances, operability evaluations and other items which potentially affect extending the current operating cycle to the fall of 1995. From this review, determine which items are acceptable for performance during a fall 1995 refueling outage and those items which must be performed during the current forced outage in order to extend the operating cycle.

ACTION:

1. Identify 18-month frequency Tech Spec surveillances and incorporate into forced shutdown 94-03 schedule.
2. Identify and review once-per-cycle related Tech Spec surveillances and determine acceptability of performance during a fall 1995 refueling outage.
3. Review projects scheduled for spring 1995 implementation and determine acceptability of fall 1995 implementation.
4. Review design changes scheduled for spring 1995 implementation and actions relating to NED-assigned programs to determine acceptability of fall 1995 implementation.
5. Review PMs and actions relating to site engineering-assigned programs to determine acceptability of fall 1995 implementation.

6. Incorporate items into forced shutdown 94-03 schedule which must be performed in order to extend the current operating cycle.
7. Evaluate effects on fuel cycle due to cycle extension.
8. Develop cycle extension letter and Tech Spec. changes for submittal to the NRC.

Cycle Extension ID # 6.3

ID	Task	September					October					
		8/28	9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6
1	1 Identify 18 month frequency Tech Spec											
2	2 Identify once-per-cycle Tech Spec surveillances											
3	3 Review projects for spring 1995											
4	4 Review design changes scheduled for spring 1995											
5	5 Review PMs and programs											
6	6 Incorporate items into forced shutdown 94-03											
7	7 Evaluate effects on fuel cycle											
8	8 Develop cycle extension letter											

[illegible]

PHASE 1 ACTION PLAN

ISSUE: Open OERs

PROGRAM/PROCESS ISSUE CATEGORY: Operational Experience Review

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: C. Gaines

OBJECTIVE: Evaluate current open OERs for startup significance.







ACTION:

1. Obtain listing of OER documents received subsequent to previous Stone & Webster review.
2. Upgrade previous review methodology to reflect current task.
3. Complete initial screen for possible startup significance.
 - 3.1 Level 1 and 2 screening to be done by Stone & Webster.
4. Disposition potential startup issues identified by initial screen.
 - 4.1 OERs identified by Stone & Webster will be directed to the appropriate line organization for further evaluation. This review effort will be coordinated by the Technical Staff.
5. Establish the operation experience review group for CNs.
 - 5.1 Survey industry to determine appropriate staffing level for an effective OER.
 - 5.2 Acquire management approval for additional staffing.
 - 5.3 Develop position descriptions and post positions.
 - 5.4 Interview/hire candidates for the permanent OER staff.

Experience Reviews - ID #7.1

ID	Task	September					October					
		8/28	9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6
1	1 Operational Experience Review											
2	1.1 Obtain listing											
3	1.2 Establish methodology											
4	1.3 Complete initial screen											
5	1.4 Disposition potential Startup Issues											

Experience Reviews - ID #7.1

November			December				January				February					
11/13	11/20	11/27	12/4	12/11	12/18	12/25	1/1	1/8	1/15	1/22	1/29	2/5	2/12	2/19	2/26	3/5
																

PHASE 1 ACTION PLAN

ISSUE: Startup Experience Following Extended Outages

PROGRAM/PROCESS ISSUE CATEGORY: Operational Experience Review

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: C. R. Moeller

OBJECTIVE:

Conduct special operating experience search for startup issues following long shutdown and take action as necessary to incorporate lessons learned.

ACTION:

1. Conduct search for industry lessons learned.
2. Obtain listing of CAP documents generated during CNS startups.
 - 2.1 Identify startup dates from extended outages (i.e., greater than 30 days) for last ten years.
 - 2.2 Identify CAP documents generated one week prior to two weeks following startup date.
3. Interview selected CNS personnel for input.
4. Assess INPO, CAP, and interview input for significant startup issues following long shutdown. Assessment to be conducted with at least one individual with SRO background.
5. Develop and schedule training and/or simulator scenarios to emphasis lessons learned.
6. Develop schedule to address non-training issues.
7. Present training.
8. Resolve non-training issues.

Maintenance
Operations
Engineering
Radiological

9. Schedule field activities to implement recommended actions.
10. Finalize PCNs to implement recommended actions.
11. Prepare report.

Special OER Search - ID#7.2

ID	Task	September					October					10/30	11/6
		8/28	9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23			
1	1 Conduct Search												
2	2 Identify CAP Documents												
3	3 Interview CNS Personnel												
4	4 Assess Input												
5	5 Develop and schedule training												
6	6 Develop Schedule for Non-Training Issues												
7	7 Present Training												
8	8 Resolve Maintenance Issues												
9	9 Resolve Operations Issues												
10	10 Resolve Engineering Issues												
11	11 Resolve Radiological Issues												
12	12 Schedule Field Activities												
13	13 Finalize PCNs												
14	14 Prepare Report												

PHASE 1 ACTION PLAN

ISSUE: Reactor Vessel Thermal Transient

PROGRAM/PROCESS ISSUE CATEGORY: Operational Experience Review

SPONSOR: R. E. Wilbur

ACTION PLAN MANAGER: W. L. Swantz

DESCRIPTION OF ISSUE: Resolve the reactor vessel thermal transient issue.

OBJECTIVE:

Review reactor vessel and attached piping thermal transients and determine that the thermal fatigue limits have not been exceeded. Ensure that an adequate margin for further operation exists.

ACTION:

1. Contacted Roger Reedy concerning code requirements on fatigue. Mr. Reedy stated that no Code Requirements had been violated. 9/16
2. All Fatigue Analyses for Class IN Piping have been reviewed. All piping has adequate margins to allow for the number of transients, which Cooper has experienced with the possible exception of the RF piping. 9/16
3. The Civil/Structural Group has performed a preliminary review of the RF Piping Fatigue Analysis. Based on this review, they feel that if the existing conservatism in the analysis were to be removed, that the RF piping could be shown to have a Usage Factor < 1.0 based on the number of transients, which Cooper has experienced with adequate margin to spare. 9/16
4. Neil Watts of Advent Engineering Services reviewed the CNS RF Piping Fatigue Analysis to help identify possible conservatism in the analysis. Mr. Watts will assist the NED Civil/Structural Group in re-evaluating the RF piping to show that there is still adequate margin in the RF piping, as well as the other IN piping. 9/16
5. NED is evaluating the CRD Mechanism Nozzle fatigue based on the thermal cycles observed to date. 9/16

6. Revise OE 94-000-050 to limit scope of discussion to technical evaluation. Remove section on long-term operability. Add discussion on long-term reporting requirements of T.S. Sect. 6.4., *this will remove CR 94-0599 resolution from the startup issues list.*
7. Vectra to incorporate the results of NEDC 94-208 into the attachments of the Operability Evaluation.
8. Add paragraph which deals with the impact of the Dec. 14, 1993, stratification event on CRD nozzles. Also mention that these nozzles should be considered a limiting component in vessel fatigue summary.
9. Final version of OE 94-000-050 will be prepared, checked and approved at GO on 10/10/94.

CONCLUSION: The long-term action plan for CR 94-599 will require and define the plan for monitoring and documentation of actual thermal cycles to ensure future operability of the primary system pressure boundary (require resolution prior to Cycle 17 startup). OE will be SORC approved on 10/12/94. No interim actions needed prior to startup.

Vessel Thermal Transient Issue - ID#7.3

iD	Task	September						October						
		8/21	8/28	9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30		
1	1 Determine code concerning vessel fatigue													
2	2 Review fatigue analysis for class 1N piping													
3	3 NPPD Civil/Structural Group to review fatigue analysis													
4	4 Perform analysis to identify possible conservatism in possibl													
5	5 Evaluate CRD mechanism nozzle fatigue based on the therm													
6	6 Revise OE 94-000-050 to limit scope of discussion to techni													
7	7 Incorporate the results of NEDC 94-208 into the attachment													
8	8 Add paragraph which deals with the impact of the Dec. 14, 1													
9	9 Final Version of OE 94-000-050													

PHASE 1 ACTION PLAN

ISSUE: Develop procedure hierarchy to identify controlling procedures

PROGRAM/PROCESS ISSUE CATEGORY: Procedure Control

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: C. R. Moeller

DESCRIPTION OF ISSUE:

There is no management position on which procedures take precedence over others.

OBJECTIVE:

Identify all procedures which control and take precedence over other procedures. Screen lower level procedures for compliance with controlling procedures.

ACTION:

1. Develop list of controlling procedures utilizing procedure hierarchy process used at another utility (Nine Mile).
2. Promulgate procedure hierarchy guidance and procedure list to NPG Managers and Supervisors.
3. SRG provide interim screen for procedure revisions to ensure compliance with controlling procedures.

Proc. Hierarchy - ID# 8.1

ID	Task	September			October				November		
		9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Develop list of Controlling Procedures										
2	2 Promulgate guidance to Managers & Supervisors										
3	3 SRG interim screening										

PHASE 1 ACTION PLAN

ISSUE: Special Instructions

PROGRAM/PROCESS ISSUE CATEGORY: Procedural Control

SPONSOR: J. T. Herron

ACTION PLAN MANAGER: R. L. Gardner

DESCRIPTION OF ISSUE:

Numerous problems have been experienced with the use of Special Instructions at CNS. Among these problems have been the absence of SORC approval, technical and procedural inadequacy of the instructions, and absence of adequate validation and walk-down of the instructions prior to their use. These deficiencies have resulted in a range of problems, from inadequate control of work to tripping or initiation of Engineered Safeguard Systems.

OBJECTIVE:

Develop procedural controls and methods that ensure work performed using Special Instructions is performed at a quality and safety level consistent with that of existing SORC approved procedures.

ACTION:

1. Ensure that all Special Instructions used on work that could have an effect on nuclear safety are reviewed and approved by the SORC.
2. Ensure that Special Instructions are not used to isolate work boundaries for personnel protection. This must remain within the exclusive authority of the Plant Clearance Order process.
- (3) Validate and walk-down Special Instructions prior to SORC review.

PHASE 1 ACTION PLAN

ISSUE: Screen backlog of procedure changes for start-up items.

PROGRAM/PROCESS ISSUE CATEGORY: Procedural Control

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: C. R. Moeller

DESCRIPTION OF ISSUE:

There are ~ 400 procedures currently in the change process; ensure screening applied to these changes remain valid.

OBJECTIVE:

Identify all in-process procedure changes requiring approval prior to start-up or early in start-up sequence and ensure entry into tracking system.

ACTION:

1. Develop checklist of start-up related issues for screen.
2. Incorporate checklist into screen performed on future in-coming procedure changes.
3. Apply screen to assess validity of assigned priority.
4. Develop implementation schedule for start-up related procedures.
5. Implement procedure changes for startup.

Proc Chng Backlog - ID# 8.3

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Develop Screen checklist											
2	2 Incorporate checklist for future PCNs											
3	3 Apply screen to current PCNs											
4	4 Develop implementation schedule											
5	5 PCNs Approved											
6	6 Implement performance monitoring											

PHASE 1 ACTION PLAN

ISSUE: ADAM Changes

PROGRAM/PROCESS ISSUE CATEGORY: Procedural Control

SPONSOR: J. W. Dutton

ACTION PLAN MANAGER: N/A

DESCRIPTION OF ISSUE:

Resolution of the impact of EPA-400 methodology on the atmospheric dispersion assessment model (ADAM).









OBJECTIVE:

Purge ADAM (class "B" model, as defined in NUREG 0654) of all reference to dose, dose rate and any use there of for determination of PARs.

ACTION:

1. Complete ADAM code changes.
2. Revise ADAM section in EPIP 5.7.17.
3. Complete EAL revisions in EPIP 5.7.1.
4. Emergency Plan change submitted for SORC Review/Approval.
5. Emergency Plan Change submitted for SRAB Review/Approval.
6. Complete NRC submittal of Emergency Plan Change.
7. Emergency Plan printed and distributed.
8. Complete training for Dose Assessment personnel.

ADAM Changes - ID# 8.4

ID	Task	September				October					November	
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 ADAM Code changes											
2	2 EPIP 5.7.1 Revise ADAM section											
3	3 EPIP 5.7.1 EAL revisions											
4	4 Emergency Plan Change-SORC Review/Appr											
5	5 Emergency Plan Change-SRAB Review/Appr											
6	6 Emergency Plan Change-NRC submittal											
7	7 Emergency Plan Change-Emerg Plan print & dist											
8	8 Training for Dose Assessment personnel											

PHASE 1 ACTION PLAN

ISSUE: Surveillance Testing Program Controls are Inadequate

PROGRAM/PROCESS ISSUE CATEGORY: Procedural Control

SPONSOR: R. L. Gardner/E. M. Mace

ACTION PLAN MANAGER: E. M. Mace

DESCRIPTION OF ISSUE:

Administrative controls for scheduling, operability, authorizing and controlling the performance of surveillance testing is not consistent with guidelines of GL 91-18.






OBJECTIVE:

Provide administrative controls for allowed out-of-service times for Technical Specification instrument surveillances and implement additional administrative guidance to ensure consistency with the guidelines of Generic Letter (GL) 91-18 with respect to operability during testing.

ACTION:

1. Accelerate and complete development of the upgraded scheduling program that will control divisional surveillance test schedule.
2. Revise Procedure 0.26 to implement administratively controlled out-of-service times for Technical Specification instrument surveillances and provide additional guidance with respect to operability during testing.
3. Conduct training on Procedure 0.26 Revision 13.

Surv. Test LCOs - ID# 8.5

ID	Task	Responsibility	% Complete	September	October	November	December	January
1	1 Revise Procedure 0.26	C. Holm	40%					
2	2 Implement Divisional Test Schedule	Peaslee	30%					
3	3 Train personnel on 0.26 Revision	C. Holm	0%					

PHASE 1 ACTION PLAN

ISSUE: Resolve the lack of program ownership in the NPG

PROGRAM/PROCESS ISSUE CATEGORY: Management

SPONSOR: R. G. Jones/R. L. Beilke

ACTION PLAN MANAGER: R. G. Jones

DESCRIPTION OF ISSUE:

Some NPG programs lack ownership. These programs need to be identified and procedures changed to clearly provide one owner who has the overall responsibility and authority to carry out that respective program. This issue must be resolved so that programs can be effectively managed and proper accountability assigned.






OBJECTIVE:

Establish effective ownership for programs which affect reactor safety.

ACTION:

1. Determine which programs need ownership corrective action.
2. Assign ownership responsibilities.
3. Correct procedures as required.
4. Counsel selected personnel assigned program ownership on responsibilities.
5. Evaluate effectiveness of results.

Program Ownership - ID# 9.1

ID	Task	September					October					November	
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13	
1	1 Determine programs needing corrective action												
2	2 Assign ownership responsibilities												
3	3 Correct procedures												
4	4 Counsel personnel on responsibilities												
5	5 Audit results												

PHASE 1 ACTION PLAN

ISSUE: Nuclear Safety Awareness

PROGRAM/PROCESS ISSUE CATEGORY: Management

SPONSOR: E. M. Mace/R. L. Beilke

ACTION PLAN MANAGER: J. W. Dutton

DESCRIPTION OF ISSUE:

The NPG has been ineffective in fostering and promoting a heightened sensitivity and awareness of Nuclear Safety.

OBJECTIVE:

Strengthen the NPG nuclear safety culture and establish high standards of safe, reliable nuclear plant operation.

ACTION:

1. Provide SORC, Managers, System Engineers, Design Engineers, and Supervisors with comprehensive Nuclear Safety Culture training.
2. Develop Nuclear Safety Culture training for presentation to entire NPG.
3. Senior Managers present Nuclear Safety Training to their reporting personnel.
4. Conduct ongoing field observations and solicit feedback to determine effectiveness of training.

Nuc. Safety - ID# 9.2

ID	Task	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13	11/20	11/27	12/4
1	1 Managers Nuclear Safety Culture Training											
2	2 NPG Nuclear Safety Culture Training											
3	3 Senior Managers present Training											
4	4 Conduct Effectiveness Review											

PHASE 1 ACTION PLAN

ISSUE: Management Observations - Field Coaching Team Plus Management Observations

PROGRAM/PROCESS ISSUE CATEGORY: Management

SPONSOR: R. L. Gardner/R. L. Beilke

ACTION PLAN MANAGER: J. V. Sayer

DESCRIPTION OF ISSUE:

Management's involvement in the field is not sufficient to ensure work is maintained to high standards with respect to industrial safety, procedural adherence, and material conditions. As such, basic concepts in the operation of a nuclear power facility are not being communicated to the work force, nor are they well understood or practiced at CNS.

OBJECTIVE:

Increase Management and Supervisory involvement in the field in order to:

1. Assess station material conditions
2. Assess compliance with established radiological and industrial safety work practices
3. Assess compliance with station work documents
4. Coach and mentor personnel in the field
5. Re-enforce management's expectations and standards in the field
6. Improve organization communication channels

ACTION:

1. Develop manager/supervisor field observation checklist which assists managers/supervisors in accomplishing the objectives listed above.

2. Develop standard manager/supervisor field observation schedule which specifies dates and blocks of time to conduct field observations. Include specific management issues to be reviewed with schedule.
3. Review with Field Coaching Team the objectives of the Start-up Issues Plan. The Field Coaching Team provides specific issues with regard to appropriate field knowledge of the Startup Issues Plan and manager/supervisor involvement in the field.

Mgmt. Obs - ID# 9.3

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Develop Observation Checklist											
2	2 Develop Policy Directive											
3	3 Field Coaching											

PHASE 1 ACTION PLAN

ISSUE: Industrial Safety

PROGRAM/PROCESS ISSUE CATEGORY: Management

SPONSOR: E. M. Mace

ACTION PLAN MANAGER: H. T. Hitch

DESCRIPTION OF ISSUE:

Industrial safety practices in the station are considered a weakness. Management expectations regarding industrial safety are frequently ignored or otherwise not carried out by the employee population. Observations were sufficiently numerous to indicate that management is either not out in the plant observing or, if they are, are not regularly enforcing expectations.

OBJECTIVE:

One of the major objectives of the District is to protect its employees and the public from accidents. Whenever economically possible, the District will eliminate hazards from employee work areas. However, where hazards cannot be economically removed, it becomes the responsibility of each supervisor and employee to recognize these hazards and deal with them in a manner that will prevent accidents.

ACTION:

1. Provide industrial safety training to managers and supervisors.
2. CNS Directive 7 requires managers to monitor their areas of responsibility "no less than twice per week. In turn, department supervisors shall also be expected to implement a program which follows these same guidelines."
 - 2.1 Field Observations will be conducted by Managers during monitoring activities to provide feedback on progress or weaknesses noted. (CNS Procedure 0.11, and proposed new CNS Procedure 0.11, Management Site Inspection, Audit, and Field Observation Program.)
3. The regular General Office Safety and Risk Management Department will provide regular site assistance visits to strengthen the Industrial Safety Program and increase the industrial safety awareness level of CNS Managers and Supervisors.

Industrial Safety - ID# 9.4

ID	Task	September				October				November		
		9/4	9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Man/Sup Industrial Safety Training											
2	2 Field Observations conducted by Manag. monitoring activitie											
3	3 General Office Safety & Risk Manage. Departments mentori											

PHASE 1 ACTION PLAN

ISSUE: Licensing submittals

PROGRAM/PROCESS ISSUE CATEGORY: Management

SPONSOR: R. G. Jones

ACTION PLAN MANAGER: R. Godley

DESCRIPTION OF ISSUE:

Licensing submittals do not always supply sufficient identification, review and accountability for the correctness of information. Additionally, commitments that are embedded in licensing submittals are not clearly identified in internal NPPD documents with accountability for action. This has resulted in reduced credibility to outside agencies, enforcement actions and potential for important safety-related commitments to be missed.

OBJECTIVE:

Development of internal procedures and practices that assure that all licensing submittals contain accurate information and that all commitment made to external agencies are completed on time.

ACTION:

1. Review past problems and current procedures and practices in preparation of licensing submittals.
2. Identify changes to the current procedures and practices that will resolve these past problems. The new procedures should assure that the sources for information in licensing submittals are clearly identified to NPPD management, all commitments and accountable parties are clearly identified, and that commitments are entered into the commitment tracking system prior to signature.
3. Implement the improved practices and procedures for licensing submittals.

Lic. Submittals - ID# 9.5

ID	Task	September			October				November		
		9/11	9/18	9/25	10/2	10/9	10/16	10/23	10/30	11/6	11/13
1	1 Assemble task group										
2	2 Develop new procedure										
3	3 Implement new procedures										