

Approval <b>W F Kitchens</b>	Vogtle Electric Generating Plant NUCLEAR OPERATIONS	Procedure No. 00150-C
Date 11/3/89	Unit <u>COMMON</u>	Revision No. <b>DOCKET 50</b>
	Georgia Power	Page No. 1 of 21

'95 JUL 14 A9:53

DEFICIENCY CONTROLOFFICE OF SECRETARY  
DOCKETING & SERVICE  
**VOID**1.0 PURPOSE AND SCOPE

This procedure describes the requirement and responsibilities for identifying, evaluating, reporting, and dispositioning deficiencies at the Vogtle Electric Generating Plant. The procedure also provides the details for processing Deficiency Cards generated when a deficiency is identified.

2.0 DEFINITIONS2.1 DEFICIENCY

A deficiency is a non conforming condition adverse to quality, such as failures, malfunctions, deviations, and defective material and equipment. For additional guidance, refer to section 4.0.

2.2 RADIOLOGICAL DEFICIENCY

A radiological deficiency is an unsatisfactory radiological condition or personnel performance which could lead to increased personnel exposure.

2.3 MATERIAL DEFICIENCY

Materials, parts or components which are identified during receipt inspection or during storage, as failing to conform to specified requirements.

2.4 USE-AS-IS

A disposition which may be imposed for a deficiency when it can be established that the deficient item will result in no adverse conditions and that the item under consideration will continue to meet applicable requirements including performance, maintainability, fit, and safety.

NUCLEAR REGULATORY COMMISSION

50-424-OLA-3

Docket No. 50-425-OLA-3 Official Exh. No. II-6

In the matter of Bo. Ford

Applicant	<input checked="" type="checkbox"/>	IDENTIFIED	<input checked="" type="checkbox"/>
Intervenor		RECEIVED	<input checked="" type="checkbox"/>
Confrg Offr:		REJECTED	
Contractor		DATE	6.2.95
Other		Witness	WARD
Reporter	SW		

PROCEDURE NO. VEGP	REVISION 9	PAGE NO. 2 of 21
2.5	REPAIR	
	A disposition and the process of restoring a deficient characteristic to a condition such that the capability of the item to function reliably and safely is unimpaired, even though the item still may not conform to the original requirement.	1
2.6	REWORK	
	A disposition and the process by which a deficient item is made to conform to a prior specified requirement by completion, remachining, reassembling, or other corrective means.	
2.7	REJECT	
	A disposition imposed when the deficient item in present condition is unacceptable for intended use.	
2.8	OBTAIN VALID DOCUMENTATION	
	A disposition imposed as a result of incorrect or incomplete quality assurance documentation, including existing issued drawings.	
2.9	HARDWARE NOT AFFECTED	
	A disposition assigned when a deviation from procedures or programs occurs that in no way alters or deviates from the design or changes any hardware.	
2.10	NO DEFICIENCY EXISTS	
	A disposition assigned when it is determined that no deficiency exists.	1
2.11	QC HOLD TAG	
	A tag used to identify non-conforming materials.	
2.12	NOTIFICATION	
	Notification to appropriate regulatory agencies as described in Procedure 00152-C, "Federal And State Reporting Requirements".	

PROCEDURE NO.	REVISION	PAGE NO.
VEGP	00150-C	9
3 of 21		
2.13	IMMEDIATE CORRECTION ACTION	
	Actions directed by the Shift Supervisor (SS) to place the plant in a safe condition, comply with license requirements, and return equipment to normal operating conditions.	
2.14	DEFICIENCY CARD (DC)	
	A card, similar to that shown in Figure 1 used to identify deficiencies.	
2.15	MATERIAL DEFICIENCY CARD (MDC)	
	A card, similar to that shown in figure 2, used to identify material deficiencies.	
2.16	DEFICIENCY CARD NUMBER	
	A unique number assigned to a yellow Deficiency Card (Figure 1) [i.e., 1-87-0001 (unit-year-sequential number)]. DCs on common systems will use Unit 1 prefix.	
2.17	MATERIAL DEFICIENCY CARD NUMBER	
	A unique number assigned to a white deficiency card (Figure 2) [i.e., M-87-001 (material-year-sequential number)].	
2.18	LONG TERM CORRECTIVE ACTION	
	Actions recommended to prevent recurrence. These actions are determined after root cause determination.	
2.19	CONDITIONAL RELEASE	
	Allowing an item/component which has been received but has been found unacceptable, to be installed in the plant, but may not be relied upon to perform its intended function. Consumable materials are not conditionally released.	



PROCEDURE NO.	REVISION	PAGE NO.
VEGP	00150-C	9
		4 of 21

  

2.20 SAFETY-RELATED

2.20.1 Vogtle Electric Generating Plant structures, systems, and components necessary to assure:

- a. integrity of the reactor coolant pressure boundary,
- b. capability to shut down the reactor and maintain it in a safe shutdown condition, or
- c. capability to prevent or mitigate the consequences of accidents which could result in off-site exposures that exceed the guidelines established in 10CFR 100.

2.20.2 Systems or components designated as nuclear safety class 0, 1, 2, or 3 and listed in FSAR Table 3.2.2-1; and instrumentation designated category 1 or 2, as listed in FSAR Table 7.5.2-1; Fire Protection Systems/Components as described in the Fire Protection Program (see 92000-C); Radwaste Systems/Components having Project Classification of XX7, where XX are safety class and seismic class, respectively.

NOTE

Procedure 11850-C,  
"Safety-Related Equipment  
Classification" contains  
the information listed in  
FSAR Table 3.2.2-1 and  
FSAR Table 7.5.2-1.

3.0 RESPONSIBILITIES

3.1 GENERAL MANAGER-NUCLEAR PLANT

The General Manager-Nuclear Plant has the overall responsibility to implement the deficiency reporting system.

3.2 PLANT REVIEW BOARD (PRB)

The PRB:

3.2.1 Reviews reportable and significant deficiencies for detection of potential hazards to nuclear safety.

PROCEDURE NO.	REVISION	PAGE NO.
VEGP	00150-C	9
5 of 21		
3.2.2	Reviews the root cause and corrective actions taken for reportable items. This review is performed as part of the PRB review of reportable items.	
3.3	SHIFT SUPERVISOR (SS)/OPERATIONS	
	The SS:	
3.3.1	Evaluates Deficiency Cards for immediate reportability. The On-Shift Operations Supervisor (OSOS) will make required notification to regulatory agencies.	
3.3.2	Evaluates affect on plant operation and initiates compensatory action as required.	
3.3.3	Assigns sequential numbers to Deficiency Cards.	
3.3.4	Maintains a number assignment log for Deficiency Cards to include number assigned, date number was assigned, and Deficiency Card topic.	
3.4	MANAGER ENGINEERING SUPPORT	
	The Manager Engineering Support (MES) ensures Design Change Requests (DCRs) or Request for Engineering Review (RER), required as the result of corrective action for a deficiency, are initiated.	
3.5	MANAGER TECHNICAL SUPPORT	
	The Manager Technical Support (MTS) ensures:	
3.5.1	Deficiency Card tracking is maintained.	
3.5.2	Deficiency Cards are reviewed to determine significance and reportability.	
3.5.3	Responsibility for disposition of Deficiency Cards is assigned.	
3.5.4	A complete Event Investigation is recommended, if appropriate.	
3.5.5	Recommended corrective action programs are reviewed for completeness and suitability.	

PROCEDURE NO.	REVISION	PAGE NO.
VEGP 00150-C	9	6 of 21
3.5.6	DCs and corrective actions are tracked to closure.	
3.5.7	Deficiency Cards are trended.	
3.5.8	Completed DCs and applicable documentation are forwarded to Document Control.	
3.5.9	Dispositioning DCs upon determination of nondeficient condition.	
3.5.10	A Licensee Event Report is initiated, if required per 00152-C.	
3.5.11	Conditions identified through Deficiency Cards, trending of Deficiency Cards or other methods identifying significant conditions adverse to quality, the cause of the condition, and corrective action taken will be reported to plant management.	
3.6	QUALITY CONTROL SUPERINTENDENT	
	The Quality Control Superintendent will ensure:	
3.6.1	Material deficiencies are controlled to prevent inadvertent use of the material in the plant.	
3.6.2	QC Hold Tags are used to identify material deficiencies in the warehouse.	
3.6.3	Sequential numbers are assigned to Material Deficiency Cards.	
3.6.4	A log is maintained for Material Deficiency Cards to include number assigned, date number was assigned, and Material Deficiency Card topic.	
3.6.5	Non-significant Material Deficiency Cards are sent to Document Control after closure.	
3.7	MATERIALS SUPPORT GROUP	
	The Materials Support Group provides the disposition for material deficiencies including the required corrective actions.	
3.7.1	The Materials Support Superintendent approves material deficiencies dispositioned "use-as-is" or "repair".	
3.7.2	The Procurement Review Group Supervisor approves all other dispositions for material deficiencies.	

PROCEDURE NO. VEGP	REVISION 00150-C	PAGE NO. 9 7 of 21
3.8	DEPARTMENT MANAGERS	
	Department managers are responsible for:	
3.8.1	Dispositioning assigned deficiencies.	
3.8.2	Ensuring the root cause is determined for assigned deficiencies and the required corrective actions are identified and implemented as assigned.	
4.0	<u>INSTRUCTIONS FOR INITIATION OF A DEFICIENCY CARD</u>	
4.1	Plant personnel are required to initiate a Deficiency Card (Figure 1) when a deficiency is identified.	
4.2	Deficiency Cards are required to be generated for safety-related equipment, conditions, or activities that do not conform with specified requirements of design documents, procedures, and/or regulatory commitments. The following are examples where deficiency cards are <u>NOT</u> required.	
4.2.1	For installed equipment malfunctions or failures requiring "Maintenance", Procedure 00350-C, "Work Request Program" is to be used to document, perform and trend corrective maintenance actions and to assess operability and reportability.	
4.2.2	For Security-related deficiencies, other than events requiring a 30-day written report (Licensee Event Report) Procedures 90018-C, "Incident Report Review" and 90105-C, "Security Document Control And Distribution" are to be used to document and trend security deficiencies and their resolution.	
4.2.3	For fire protection related deficiencies, other than those requiring a 30 day written report (Licensee Event Report), Procedure 92000-C, "Fire Protection Program" is to be used to document and trend fire protection deficiencies, reportability and resolution.	



PROCEDURE NO.	REVISION	PAGE NO.
VEGP	00150-C	9 8 of 21
4.2.4	<p>Administrative deficiencies that are documented and resolved through departmental processes, do not require Deficiency Cards, as defined by this procedure. The departmental process should trend the deficiencies if appropriate, and take corrective action. If <u>significant trends</u> develop, as determined by the applicable department manager, a Deficiency Card should be initiated in accordance with this procedure.</p> <p>Examples of these administrative deficiencies include overdue whole body counts, overdue training, emergency preparedness audit findings, document control audit findings, etc.</p>	
4.3	Deficiency Cards are required when the following conditions are identified on safety-related components:	
4.3.1	Significant discrepancies between design documents and installed equipment.	
4.3.2	Identification of significant design errors.	
4.3.3	Noncompliance with a specification of the VEGP Technical Specifications (e.g., when the requirements of the LCO and associated action requirements are not met within the specified time).	
4.3.4	Significant failure of, or damage to, a safety-related item which keeps the system from performing its intended function.	
4.3.5	Any radiological deficiency as follows:	
4.3.5.1	An individual exceeds an authorized administrative limit as specified in 00920-C, "Radiation Exposure Limits".	
4.3.5.2	A known high radiation area is found improperly posted, or a high radiation area having general area dose rates greater than 1000 millirem per hour is found without proper locks or barricades in place.	
4.3.5.3	An entry is made to any posted high radiation area without an RWP and/or without proper monitoring as described in 00930-C, "Radiation And Contamination Control".	

PROCEDURE NO.	REVISION	PAGE NO.
VEGP 00150-C	9	9 of 21

  

4.3.5.4 VEGP licensed radioactive material is lost, stolen, or discovered unattended outside of an established RCA or radioactive material storage area.

NOTE

Report requirements for on-site sources licensed to a vendor, radiographer, or other contractor are decided on a case-by-case basis by Manager HP/Chemistry.

4.3.5.5 Radioactive contamination exceeding station limits for uncontrolled release is discovered outside of an RCA.

4.3.5.6 An individual receives exposure to airborne radioactivity exceeding 40 MPC-hours in any seven consecutive days.

4.3.5.7 An individual is contaminated and sustains an injury necessitating on-site first-aid actions only.

4.3.5.8 Work is stopped and personnel are evacuated because of an unexpected deterioration of radiological conditions in the immediate work area.

4.3.5.9 An individual's work actions result in repeated radiological deficiencies.

4.3.6 Deficiencies in computer codes/program classified as basic components.

NOTE

Individuals identifying deficiencies may consult with their supervisor or the Technical Support Department for assistance in determining whether the condition requires a Deficiency Card.

4.4 COMPLETION AND PROCESSING OF DEFICIENCY CARDS

The individual identifying the deficiency should complete Block 1 of the Deficiency Card and deliver the Deficiency Card to the Shift Supervisor (SS).

PROCEDURE NO.	REVISION	PAGE NO.
VECP 00150-C	9	10 of 21

NOTE

Completion of the Deficiency Card and submittal to the Control Room should be completed within 1 hour after determining that a deficiency exists. Do not use the mail to forward Deficiency Cards to the Shift Supervisor.

4.5 The originator should include sufficient information to clearly identify the deficient condition. Additional sheets should be attached, if needed.

4.6 The SS may require the initiator to provide additional information for any DC that does not contain sufficient information to evaluate the deficiency.

4.7 After receiving the Deficiency Card the Shift Supervisor will assign the card a Deficiency Card Number. This number will be of the form N-YY-XXXX where N is the applicable unit, YY is the last two digits of the current year and XXXX is a sequential number beginning with 0001 for each new year.

4.8 The SS will review the Deficiency Card to determine if compensatory action is required to maintain safe plant conditions. This review should include consideration for placement of Clearance, Caution tags and/or Information tags. The Shift Supervisor should request technical assistance from applicable plant technical staff to assist in evaluating specific components that may be deficient and the effect that equipment has on plant operations. (These items include, but are not limited to containment isolation valves and snubbers.)

4.9 The SS will review the Deficiency Card to determine the need for immediate reporting in accordance with Procedure 00152-C, "Federal And State Reporting Requirements". If technical assistance is needed to determine reportability, assistance should be requested from appropriate plant staff.



PROCEDURE NO.	REVISION	PAGE NO.
VEGP 00150-C	9	11 of 21

#### NOTES

a. All Immediate Corrective Actions taken by the Shift Supervisor should be noted on the Deficiency Card. This includes Work Request Tags (WRT) initiated per Procedure 00350-C and Limiting Conditions for Operation (LCO) initiated per Procedure 11875-C, "LCO Status Sheet".

b. The Shift Supervisor review should be completed within 2 hours after submittal.

- 4.10 After completing the reviews required in Steps 4.8 and 4.9 the SS should complete Block 2 on the Deficiency Card and forward the Deficiency Card to the Technical Support Department.
- 4.11 The Technical Support Department will process the Deficiency Card in accordance with Procedure 80014-C, "Handling Of Deficiency Cards".
- 4.12 The Technical Support Department will review each Deficiency Card for reportability in accordance with Procedure 00152-C. The Technical Support Department review is independent of the USS review. The Technical Support Department will receive concurrence from HP on determination of significance for deficiencies relating to radiological conditions.
- 4.13 If the Technical Support Department review determines the identified deficiency does not require a Deficiency Card or the item should be processed using a different control program (i.e., 00350-C, "Work Request Program"; 90018-C, "Incident Report Review", 92000-C, "Fire Protection Program") the Technical Support Department reviewer will perform the following:
- 4.13.1 Check Block 3A of the Deficiency Card and provide an explanation of why it is not a deficiency.
- 4.13.2 Sign and date the Reviewer section of Block 3 on the Deficiency Card.



0150-C	REVISION 9	PAGE NO. 12 of 21
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- 4.13.3 Denote the responsible department based on the item identified
- 4.13.4 "N/A" Block 4 of the Deficiency Card.
- 4.13.5 Forward a copy of the Deficiency Card to the appropriate Department Manager for further action.
- 4.13.6 Forward the original Deficiency Card to Document Control for storage as a permanent record in accordance with 00100-C, "Quality Assurance Records Administration".
- 4.14 If the Technical Support Department review determines the identified deficiency is reportable, requiring a NRC written report, the Technical Support Department reviewer will perform the following:
  - 4.14.1 Check Block 3B in the Deficiency Card and provide an explanation on why it is reportable.
  - 4.14.2 Sign and date the Reviewer section of Block 3 on the Deficiency Card.
  - 4.14.3 Denote the Technical Support Department as the responsible department for dispositioning the deficiency.
  - 4.14.4 Perform an investigation and complete a Root Cause and Corrective Action (RCCA) evaluation in accordance with Procedure 00058-C, "Root Cause Determination".
  - 4.14.5 Prepare a Licensee Event Report (LER) in accordance with Procedure 81030-C, "Preparation And Processing Of Draft Licensee Event Reports And Special Reports" if required.
  - 4.14.6 Denote the LER number or other special report number in Block 3B, if applicable.
  - 4.14.7 Obtain the signature of the Manager Technical Support in Block 4 to close the Deficiency Card.
  - 4.14.8 Forward the original Deficiency Card to Document Control for storage as a permanent record in accordance with 00100-C, "Quality Assurance Records Administration".

PROCEDURE NO. VEGP	REVISION 00150-C	PAGE NO. 9 13 of 21
4.14.9	The Technical Support Department will enter completed correction actions that require tracking and corrective actions awaiting implementation and/or require long term tracking in the Open Item/Commitment Tracking system in accordance with Procedure 00409-C, "Open Item/Commitment Tracking".	
4.15	If the Technical Support Department review determines the identified deficiency is not reportable and does not require an NRC 30-day written report, the DC will be processed as follows:	
4.15.1	The Technical Support Department reviewer will check Block 3C, include an explanation why the DC is not reportable and assign a responsible department to disposition the Deficiency Card.	
4.15.2	The Technical Support Department will forward the original DC to the responsible department and a copy to the Plant Review Board for their concurrence with the reportability determination.	
4.15.3	The responsible department assigned the DC will perform the following within 30 days.	
4.15.3.1	Complete Block 4 of the DC with an appropriate disposition. Examples of dispositions include: Use-As-Is, Repair, Rework, Reject, Obtain Valid Documentation, Hardware Not Affected or no deficiency exists. Refer to Sections 2.4 to 2.10 for definitions of these dispositions.	
4.15.3.2	Determine the root cause and corrective actions (RCCA) in accordance with Procedure 00058-C, "Root Cause Determination". The corrective actions should include actions to resolve the deficiency and actions to prevent recurrence, and milestone dates for completion of the actions.	
4.15.3.3	Ensure corrective actions assigned to another department have the receiving department's concurrence. (Corrective actions are tracked against the department assigned to complete the action.)	
4.15.3.4	Return the dispositioned DC and the completed RCCA worksheet(s) to the Technical Support Department for tracking.	
4.15.4	The Technical Support Department will review all corrective actions for concurrence.	

00150-C	REVISION 9	PAGE NO. 14 of 21
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5.5 The Technical Support Department will enter completed correction actions that require tracking and corrective actions awaiting implementation and/or require long term tracking in the Open Item/Commitment Tracking system in accordance with Procedure 00409-C, "Open Item/Commitment Tracking".

4.15.6 The Technical Support Department will close out the DC and forward the original and any supporting documentation to Document Control for storage as a permanent record in accordance with 00100-C, "Quality Assurance Records Administration".

4.15.7 The Technical Support Department will provide management with a periodic status of open DCs.

#### 5.0 MATERIAL DEFICIENCY CARD INITIATION

5.1 When material deficiencies are identified, the individual will initiate a Material Deficiency Card (Figure 2). The individual identifying the material deficiency should complete Blocks 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14 and forward the Material Deficiency Card to Quality Control receipt inspection personnel.

5.2 Quality Control (QC) will assign the card a Material Deficiency Card Number. This number will be of the form M-YY-XXXX where M denotes Material Deficiency, YY is the last two digits of the current year and XXXX is a sequential number beginning with 0001 for each new year.

5.3 After receiving a Material Deficiency Card QC will place Hold Tags on the deficient material/components identified and complete Block 15 of the Material Deficiency Card.

5.4 QC ensures the deficient material/components are uniquely tagged or segregated from acceptable material to prevent inadvertent use in the plant.

5.5 QC will forward the Material Deficiency Card (MDC) to the Procurement Review Group (PRG) for dispositioning.

5.6 PRG will disposition the Material Card. The disposition will identify corrective actions and implementing documents for completion of corrective action (i.e., MWO numbers, RERs, etc.). Dispositioning of Material deficiencies will be in accordance with Procedure 70546-C, "Evaluation And Disposition Of Material Deficiency Cards".



- 5.7 Material deficiencies dispositioned as "use-as-is" or "repair" require approval by the Materials Support Superintendent. Material deficiency dispositions other than "use-as-is" or "repair" require approval by the PRG Supervisor.
- 5.8 PRG will forward the MDC to Technical Support Department. Corrective actions may be performed concurrently with the Technical Support Department review.
- 5.9 The Technical Support Department will determine if the material deficiency is reportable in accordance with Procedure 00152-C, "Federal And State Reporting Requirements".
- 5.10 Material Deficiencies determined reportable will be evaluated by PRG in accordance with 00058-C, "Root Cause Determination". Completed Root Cause Determination worksheets will be attached to the Material Deficiency Card.
- 5.10.1 The PRG will be responsible for ensuring completion of all corrective action.
- 5.10.2 Upon completion of corrective action, the PRG will forward the Material Deficiency Card to QC for closure.
- 5.10.3 For MDC's dispositioned "Use As Is" or Repair", a copy of the MDC and associated paperwork are to be made part of the Quality Assurance documentation associated with the item.
- 5.10.4 MDCs will be forwarded to Document Control upon closure for storage as a permanent record in accordance with 00100-C, "Quality Assurance Records Administration".

NOTE

Use of conditionally released materials will be in accordance with Procedure 00853-C, "Material Identification, Control And Issue".

6.0 DUPLICATE DEFICIENCY CARDS

When a deficiency card is found to be a duplicate of a previously identified deficiency, the deficiency card will be stamped or marked "DUPLICATE", and closed out by Technical Support. Technical Support will forward the "duplicate" DC to Document Control for storage.



PROCEDURE NO. VEGP	REVISION 9	PAGE NO. 16 of 21
7.0	<u>TRENDING</u>	
7.1	All DCs should be trended to identify recurring deficiencies which might indicate procedural or programmatic breakdowns that could adversely affect the quality of the plant and associated equipment. A trend is identified when a repetitive occurrence or a sustained increasing frequency of occurrence is observed and is not explainable as an occasional or isolated procedural or programmatic inadequacy.	
7.2	A quarterly trend report should be prepared by the Technical Support Department and distributed to Department Managers and the General Manager-Nuclear Plant. A copy of the trend report will also be forwarded to the Supervisor Safety Analysis Engineering Review.	
7.3	Department managers should perform root cause determination in accordance with Procedure 00058-C, "Root Cause Determination" and take appropriate corrective actions as necessary for trends identified within their departments area of responsibility.	
7.4	Material Deficiency Cards (MDCs) will be trended by the Material Support Superintendent.	
8.0	<u>RECORDS</u>	
	Deficiency Cards and supporting documentation shall be handled and maintained in accordance with Procedure 00100-C, "Quality Assurance Records Administration".	
9.0	<u>REFERENCES</u>	
9.1	ANSI N18.7 - 1976	
9.2	ANSI N45.2 - 1977	
9.3	Title 10CFR50 Appendix B, Criteria XV and XVI	
9.4	Title 10CFR50.59, Changes, Tests & Experiments	
9.5	Title 10CFR21, Reporting of Defects and Noncompliances	

PROCEDURE NO.	REVISION	PAGE NO.
VEGP	00150-C	9
		17 of 21
9.6	Title 10CFR50.72, Immediate Notification Requirements for Operating Nuclear Power Reactors	
9.7	Title 10CFR50.73, License Event Report System	
9.8	Title 10CFR50.45 (X), Conditions of Licenses	
9.9	Title 10CFR50.55 (e)	
9.10	Regulatory Guide 1.33, Quality Assurance Program Requirements	
9.12	Regulatory Guide 1.38, Quality Assurance Requirements Packing, Shipping, Receiving, Storage, and Handling of Items for Water-Cooled Nuclear Power Plants.	
9.13	Regulatory Guide 1.123, Quality Assurance Requirements for Control of Procurement of Items and Services for Nuclear Power Plants.	
9.14	PROCEDURES	
9.14.1	00057-C, "Event Investigations"	
9.14.2	00058-C, "Root Cause Determination"	
9.14.3	00100-C, "Quality Assurance Records Administration"	
9.14.4	00152-C, "Federal And State Reporting Requirements"	
9.14.5	00350-C, "Work Request Program"	
9.14.6	00400-C, "Plant Design Control"	
9.14.7	00409-C, "Open Item/Commitment Tracking"	
9.14.8	00853-C, "Material Identification, Control, And Issue"	
9.14.9	00920-C, "Radiation Exposure Limits"	
9.14.10	00930-C, "Radiation And Contamination Control"	
9.14.11	11875-C, "LCO Status Sheet"	
9.14.12	20100-C, "ASME Section XI Repair/Replacement Program"	
9.14.13	50011-C, "Engineering Evaluation And Disposition Of Deficiency Reports"	

PROCEDURE NO.	REVISION	PAGE NO.
VEGP 00150-C	9	18 of 21

- 9.14.14 70546-C, "Evaluation And Disposition Of Material Deficiency Cards"
- 9.14.15 80014-C, "Handling Of Deficiency Cards"
- 9.14.16 81030-C, "Preparation And Processing Of Draft Licensee Event Reports And Special Reports"
- 9.14.17 90105-C, "Security Document Control And Distribution"
- 9.14.18 92000-C, "Fire Protection Program"
- 9.14.19 92635-C, "Fire Protection Operability Requirements"

END OF PROCEDURE TEXT

PROCEDURE NO. VEGP	0-50-C	REVISION 9	PAGE NO. 19 of 21
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### DEFICIENCY CARD

COMPLETED BY INITIATOR	CARD #	UNIT 1 ( ) UNIT 2 ( ) COMMON ( )		
	1: DESCRIPTION OF DEFICIENCY	(ADDITIONAL SHEETS ATTACHED? YES NO)		
COMPLETED BY SS WITHIN 2 HOURS	LOCATION OF THE DEFICIENCY?			
	WHAT IS AFFECTED BY THE DEFICIENCY?			
	HOW WAS THE DEFICIENCY DISCOVERED?			
	EVENT TIME	DATE	DISCOVERY TIME	DATE
	DISCOVERED BY?	WORK #	DEPT.	
	2: SHIFT SUPERVISOR REVIEW			
	NAME OF SS REPORTED TO?		TIME	DATE
	PLANT MODE/CONDITION:			
	IS IMMEDIATE NOTIFICATION REQUIRED? YES NO			
	IF YES, 1 HOUR, 4 HOUR, OR 24 HOUR		REPORTED: DATE	TIME
	TECH. SPEC. REQUIRED ACTION TAKEN? YES NO N/A			
	LIST APPLICABLE TECH. SPEC. SECTION(S)			
SUMMARIZE COMPENSATORY ACTION TAKEN:				
LCO INITIATED: NO YES #		TYPE: INFO	LCO FIRE	
WRT INITIATED: NO YES #				
SIGNATURE OF SS		TIME	DATE	

FIGURE 1 (YELLOW)  
EXAMPLE  
FRONT



COMPLETED IN 1 DAY	3: TECHNICAL SUPPORT REVIEW	
	NSAC EVALUATION/REVIEW (CHECK APPROPRIATE BOX)      DATE RECEIVED: _____	
	A.	NOT A DEFICIENCY. SEND COPY TO RESPONSIBLE DEPT., CLOSE ORIGINAL.
	B.	REPORTABLE DEFICIENCY.      REPORT # _____
	C.	DEFICIENCY, NOT REPORTABLE.
	EXPLANATION:	
	_____	
	_____	
	_____	
	RESPONSIBLE DEPT: _____	
NSAC REVIEWER: _____ DATE: _____		
NSAC SUPERVISOR: _____ DATE: _____		
COMPLETED IN 1 MONTH BY RESPONSIBLE DEPT.	4: DISPOSITION, FOR DEFICIENCIES IN ITEM 3C ABOVE ONLY.	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	
CAUSE CODE: _____ EVENT CODE: _____ (ATTACH SHEETS FROM 00058-C)		
CAUSING DEPT(S): _____		
DEPARTMENT MANAGER: _____ DATE: _____		

FIGURE 1 (YELLOW) (CONT'D.)  
EXAMPLE  
BACK

PROCEDURE NO. VEGP 00150-C	REVISION 9	PAGE NO. 21 of 21
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### MATERIAL DEFICIENCY CARD

1. MATERIAL DC NO. M- \_\_\_\_\_

2. P.O. NO. \_\_\_\_\_ 3. P.O. ITEM NO. \_\_\_\_\_

4. NO. OF ITEMS \_\_\_\_\_ 5. M.I.R. NO. \_\_\_\_\_

6. PROCUREMENT LEVEL \_\_\_\_\_ 7. SAFETY CLASS \_\_\_\_\_

8. ITEM DESCRIPTION \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. ITEM LOCATION \_\_\_\_\_

10. VENDOR/SUPPLIER AND LOCATION \_\_\_\_\_

11. DEFICIENCY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. CAUSE (IF KNOWN) \_\_\_\_\_

13. OTHER INFORMATION \_\_\_\_\_

14. ORIGINATOR (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

15. QC HOLD TAG NO. \_\_\_\_\_ QC INSPECTOR \_\_\_\_\_

16. DISPOSITION: \_\_\_\_\_  
 \_\_\_\_\_

17. APPROVAL:—USE-AS-IS/REPAIR \_\_\_\_\_ DATE \_\_\_\_\_  
 MATERIAL SUPPORT SUPERINTENDENT

—OTHER \_\_\_\_\_ DATE \_\_\_\_\_  
 PRG SUPERVISOR

18. REPORT REQ'D: YES \_\_\_\_\_ NO \_\_\_\_\_ # \_\_\_\_\_

19. NSAC REVIEW BY \_\_\_\_\_ DATE \_\_\_\_\_

20. QC REVIEW FOR CLOSURE: \_\_\_\_\_ DATE \_\_\_\_\_

FIGURE 2 (WHITE)  
(EXAMPLE)