

Docket No. 50-423  
B15839

Attachment 3

Millstone Nuclear Power Station, Unit No. 3

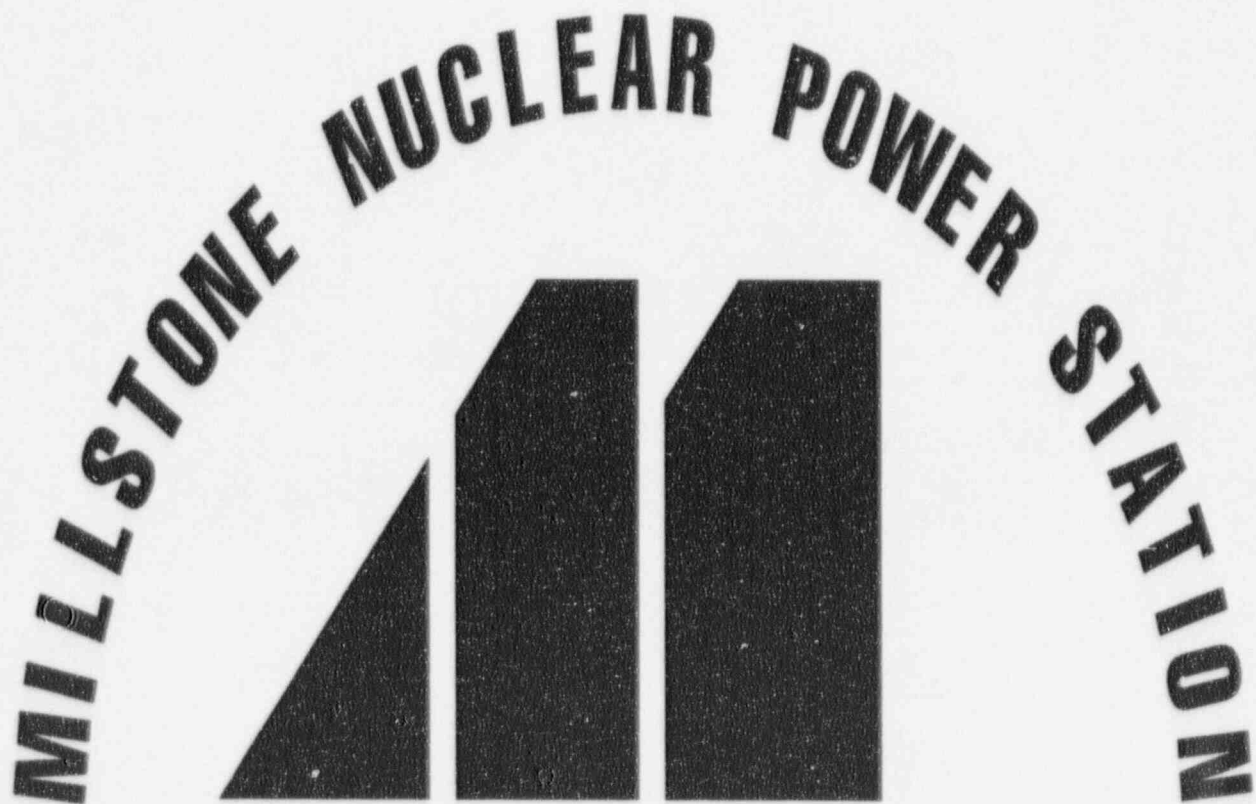
Operational Readiness Plan, Revision 1

August 1996

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# **Millstone Unit 3**

## **Operational Readiness Plan**



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NOTE: The signatures listed above reflect ORP, Rev. 0 approval. Revision 1 approval signature is listed at the end of the Summary of Changes.

## **Summary of Changes for Revision 1**

This section provides a list of effective changes made to Revision 0 of the Operational Readiness Plan during the current revision 1 update. Identified are changes made by adding or deleting sections or steps as well as word modifications resulting in a change of intent.

1. Section I. 2. clarifies that the Operational Readiness Plan format is based on the OEOs from the Nuclear Excellence Plan.
2. New Section I. 3. was added to define for Roles and Responsibilities of key individuals.
3. Section I. 4. was changed to include a short-term Action Plan based upon an integrated evaluation performed on the results of the Horizontal and Vertical Slice Review Team results.
4. Section I. 4.2. was modified to provide guidance for failure to meet the Success Criteria of 50.54(f) and a bullet was added for clarification of the remaining portion of the ORP Success Criteria.
5. Bullet was added to the end of Section II. 2.1. that assigned the Unit Corrective Action Manager a deliverable to ensure applicable action plans are developed to appropriately address each of the root cause areas.
6. Section II. 2.4. was modified to include: "The Joint Utility Management Assessment (JUMA) will be added to the Readiness Plan as information becomes available. This was a recent assessment of the QAS organization."
7. Section III. 1. Discussion, was condensed by removing text relating to initiatives not contained within the plan.
8. The deliverable, updated FSAR chapters, has been moved to Section III. and was modified to read: "Review and update of MP-3 Final Safety Analysis Report (FSAR) is complete and docketed with the NRC."
9. Section III. 2.1.10. – Aligned Unit Director ORP deliverable expectations with the ORP Attachment A deliverables.
10. Section IV., Methodology – deletes requirement for MQC/PORC to determine acceptability of self-assessment initiatives. These will be reviewed and accepted by the Unit Director with any recommendations properly dispositioned. The reason for this change is to align requirements with expectations of the CNO, that the Unit Director is the responsible person for identifying and setting the standard of what is required for our Operational Readiness Letter submittal.
11. Section V. was modified to clarify the closeout process for readiness deliverables.
12. Changes in deliverable dates have been made to align with preliminary outage schedule milestones.

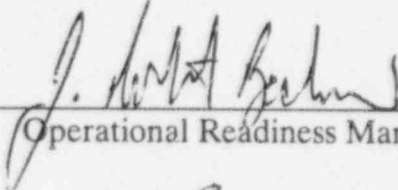


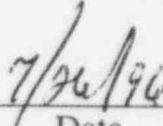
13. Upon review, the following deliverables were *removed* from the ORP Attachment A, because they have been completed or do not meet Unit 3 start-up criteria.
- OEO #1
    - All action plans associated with Maintenance Rule requirements have been completed.
  - OEO #2
    - MP-3 Operational Readiness Plan has been developed.
    - Review of changes to the MP-3 Operational Readiness Plan is an on-going process.
  - OEO #3
    - Public Communications (old section 1.b.) has been removed (did not meet restart criteria).
    - Develop CNO expectations for behavior is complete and has been removed as a deliverable.
  - OEO #4
    - Removed deliverables for best practice coordinators named and top 10 list of process problems (did not meet restart criteria).
14. Upon review, additional deliverables were *added* to the the ORP Attachment A, as follows:
- A number of modifications were made throughout the ORP to clarify deliverables, modify deliverables or add detail.
  - Deliverables were added to OEO #1, Key Backlog and Hardware Initiatives, OEO #2, Configuration Management, and 10CFR50.54(f) Review/Analysis. This is a result of inputs from PI-2 assessment recommendations and Integrated Team recommendations.
  - OEO #1
    - Expectations were added to reflect Nuclear and Unit DCA Charters.
  - OEO #2
    - Added deliverable for the MP-3 Corrective Action Manager to review all initiatives and deliverables to ensure root causes and recommendations have been adequately dispositioned.

14. Continued (deliverables added)

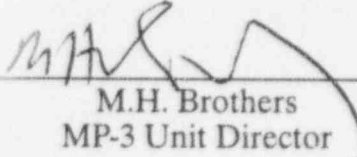
- OEO #3
  - Added deliverable to "Develop and communicate CNO expectations for the Independent Oversight Function to the Nuclear Group."
  - Added deliverable to "Implement measures to improve overall effectiveness of internal communications among management and employees of the Nuclear Group."
- OEO #5
  - Added deliverable to identify a "Barrier Breaker" lead for unit 3.

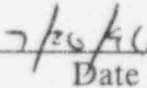
Revision 1  
Submitted By:

  
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Revision 1  
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Date

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# **I. INTRODUCTION**

## **1. Background**

Millstone Unit 3 (MP-3) was placed on the NRC Watch List on January 31, 1996. The Unit entered an outage on March 31, 1996 to repair Auxiliary Feedwater Containment Isolation Valves. In letters dated March 7, 1996, April 4, 1996, and May 21, 1996, the NRC requested that additional information be submitted prior to re-start which describes actions taken to ensure future operation will be conducted in accordance with MP-3's operating license and UFSAR and the Commission's regulations. NU is committed to satisfactorily resolve these issues prior to resumption of power operation.

## **2. Phased Performance Improvement Approach**

NU Management has developed the MP-3 Operational Readiness Plan (ORP) to implement near-term actions to achieve performance improvement to support a safe return to power operation.

The ORP utilizes a format based on the Operational Excellence Objectives (OEO) from the Nuclear Excellence Plan.

Long term actions to achieve nuclear excellence based on Operational Excellence Objectives, strategies, initiatives and key performance indicators are described in the Nuclear Excellence Plan. The Nuclear Excellence Plan addresses a broader range of issues over the longer term, which will help ensure that the root causes of NU nuclear performance problems are corrected and all the units achieve a sustained level of excellent performance.

## **3. Roles and Responsibilities**

The successful implementation of the MP-3 Operational Readiness Plan (ORP) requires a consolidated team effort from all Millstone employees. The following is a list of roles and responsibilities of the key team members:

Senior Management – The Executive Vice President and Chief Nuclear Officer is responsible for providing the overall strategy for restart and establishing performance expectations. The Senior Vice President– Nuclear Safety and Oversight independently advises the Chief Nuclear Officer as to the readiness of MP-3 to restart.

Unit Director – The MP-3 Unit Director has overall responsibility for the management and implementation of the ORP which includes the necessary resources are available and properly utilized. The Unit Director will review changes to the ORP and has the approval authority for revisions.

Employee Review Committee – Conducts an independent assessment of MP-3 readiness to restart. Advises the Unit Director of issues impacting MP-3 readiness.

Plant Operations Review Committee (PORC) – Utilizing consistent standards, the PORC reviews and approves deliverables necessary for restart. PORC performs a technical assessment of each system readiness review package for consistency and completeness. The PORC is a multi-disciplined team of managers, chaired by the Unit Director with the experience necessary to assess and review restart issues.

Expert Panel – As defined in NUC-PI-14, CMP Process Administration, reviews and prioritizes identified deficiencies to determine startup prerequisites, evaluates deficiencies from an operability, reportability, and safety significance perspective to confirm proper corrective action program disposition, and endorse adequacy of proposed corrective action.

Operational Readiness Manager – Develops the Operational Readiness Plan and integrated outage schedule. Tracks deliverables to completion. Communicates to the organization, progress by means of Performance Indicators, Outage Highlights, and All Hands Meetings. Identifies barriers and major risks to senior management.

Work Planning and Outage Manager – Works with centralized scheduling to develop and update the integrated outage schedule. Conducts Daily Schedule Update Meetings to discuss progress and barriers.

Action Plan Managers – Develop action plans to address identified weaknesses and deficiencies at MP-3 addressing specific corrective actions to resolve identified root cause findings. Coordinate with the Unit Director and department managers to implement action plans.

Corrective Action Manager – Review actions and initiatives to ensure root cause performance findings are properly addressed to support restart of unit 3.

Department Managers – Perform self-assessments of their individual departments, implement action plans, corrective actions, and demonstrate the restart readiness of their department to the Unit Director.

All Millstone Employees – Support the implementation of the ORP by focusing on plant safety and continuous improvement. Key to this responsibility is the obligation to raise any and all identified quality and safety concerns to management's attention for resolution.

#### 4. Success Criteria

- This Success Criteria refers to the 50.54(f) portion of the Operational Readiness Plan.

The 50.54(f) plan must prove the initial premise that the original MP-3 FSAR was sound. The plan must also show that the problems identified in the MP-1 root cause investigation (ACR 7007) that are applicable to MP-3, do not preclude the safe operation of the unit.

Two criteria must be met:

- 1) An assessment of each identified deficiency must be made. No individual deficiency, if found while the unit was at power, could have resulted in a required shutdown. This criteria addresses the validity of the "slice" method of verification.
- 2) An aggregate assessment of all identified deficiencies must be made. The aggregate assessment must validate that the original FSAR was sound and that the problems identified by ACR 7007 have not resulted in an unsound FSAR.

Based upon the review of the above criteria, both attributes failed to be achieved. Based upon an integrated evaluation performed on the results of the Horizontal and Vertical Slice Review Team results, the following short-term Action Plan was proposed:

- 1) Review and update appropriate sections of the FSAR (including review of past licensing commitments), critical calculations, technical specs, DBDPs, and upgrade performance of 50.59 analyses.
- 2) Review and correction of Ops Critical Drawings, address MEPL program and upgrade of vendor technical information control program.
- 3) Initiation of improved corrective action program.
- 4) Review and upgrade of operating and surveillance procedures and inspections, address operator burdens and MCB deficiencies, address bypass jumpers and temporary modifications, review and address PMMS program, and correct significant materiel condition deficiencies. In addition, complete system readiness reviews on remaining safety related systems.
- 5) Initiation of a configuration control program, including the DCM, to ensure effective communication links between programs, processes, and procedures that is consistent with industry experience for multi-site plants and includes effective records management.

As an additional review expansion, a formal system self assessment on four problem, high significance systems shall be performed: auxiliary feedwater, service water, emergency diesels, and SBO diesel. This effort would use the SSFI process as guidance. These systems were selected for evaluation based on the following: 1. a safety significance review of group 1 systems, 2. a significance review of HSRT and VSRT deficiencies, 3. the relatively large number of historical problems previously identified, and 4. regulatory interest.

- The remaining portion of the ORP Success Criteria is satisfied by the successful completion of Section III Initiatives as documented in the deliverables of Attachment A and accepted by the Unit Director.



## II. PERFORMANCE ASSESSMENT

### 1. Methodology

To better understand the magnitude of the problems that must be corrected, candid and objective assessments are being conducted. Building from existing evaluation programs, documents (INPO and NRC evaluations and internal assessments) and personal interviews within the organization, NU management is determining the key weaknesses and performance gaps. These assessments provide management the opportunity to review the problems and commit the necessary resources and involvement necessary to effect significant change.

The Operational Readiness Plan (ORP) is based on these assessments and incorporates elements of the Operational Excellence Objectives (OEOs), Nuclear Excellence Plan (NEP), and Improving Station Performance (ISP) initiatives. These elements have been combined with the MP-3 Management Restart Criteria to identify specific MP-3 ORP initiatives and deliverables. Each deliverable has an associated responsible lead person and due date (Attachment A).

### 2. Root Cause Evaluations

The following root cause analyses are associated with the MP-3 ORP. Results of these reviews may be incorporated into ORP deliverables or become longer-term action items, as appropriate.

#### 2.1. ACR 7007 – Event Response Team Report

The table listed below shows the conclusions from the ACR 7007 Report and the correlation between the corrective actions and the deliverables of the Operational Readiness Plan.

ACR 7007 to Operational Readiness Plan		
Conclusion/Comment	Corrective Action	ORP Deliverables
1. UFSAR submitted to NRC in 1986/87 with errors.	Addressed by 50.54(f) Project Completion Plan	OEO #2 10CFR50.54(f) Review/Analyses (Deliverables on page 62)
2. NU knew about these errors.	Historical fact: no action required.	OEO #2 10CFR50.54(f) Review/Analyses (Deliverables on page 62)
3. Commitments to correct the errors were ineffective.	Addressed by 50.54(f) Project Completion Plan.	OEO #2 For MP-3, 10CFR50.54(f) Review/Analyses (Deliverables on page 62) Commitment Management (Deliverables on page 52)
4. Calculations did not exist to support some of the design bases, and were not reconstructed.	Addressed by 50.54(f) Project Completion Plan.	OEO #2 10CFR50.54(f) Review/Analyses (Deliverables on page 62)

### ACR 7007 to Operational Readiness Plan

Conclusion/Comment	Corrective Action	ORP Deliverables
5. NU did not view UFSAF as a licensing basis document.	Corrective action: develop and implement education program.	OEO #1 Management Development and Leadership (Deliverables on page 43) OEO #2 Configuration Management (Deliverables on page 58) Engineering Training (Deliverables on page 63)
6. NU's administrative programs did not fully incorporate regulatory requirements.	Addressed by 50.54(f) Project Completion Plan.	OEO #2 10CFR50.54(f) Review/Analyses (Deliverables on page 62)
7. Decade-long pattern of decisions and actions has generic implications.	Corrective action: conduct a verification effort at MP-2, MP-3, CY.	OEO #2 10CFR50.54(f) Review/Analyses (Deliverables on page 62) Corrective Actions (Deliverables on pages 55-57) Configuration Management (Deliverables on page 58)
8. Lack of accountability and teamwork for UFSAR accuracy.	Corrective action: develop and implement a Corrective Action Monitoring Plan.	OEO #2 Corrective Actions (Deliverables on pages 55-57)
9. Root Cause for 5.7 will be identified by 50.54(f) self-assessment.	Addressed by 50.54(f) Project Completion Plan.	OEO #2 10CFR50.54(f) Review/Analyses (Deliverables on page 62) Root Cause Assessments (Deliverables on page 61)
10. Issues and their causes were identified to management; management should have been accountable for the corrective actions.	Addressed by 50.54(f) Project Completion Plan.	OEO #1 Management Development and Leadership (Deliverables on page 43) Effective Nuclear Safety & Oversight (Deliverables on page 44)
11. NU Oversight did not identify administrative programs weaknesses or pattern of design control events.	Addressed by recent reorganization and corrective actions	OEO #1 Effective Nuclear Safety & Oversight (Deliverables on page 44)



ACR 7007 to Operational Readiness Plan		
Conclusion/Comment	Corrective Action	ORP Deliverables
12. Employees do not understand relationship between 10 CFR, design bases, industry standards, administrative programs.	Corrective action: develop and implement education program.	OEO #1 Management Development and Leadership (Deliverables on page 43) OEO #2 Configuration Management (Deliverables on page 58) Engineering Training (Deliverables on page 63)
13. Organization does not appreciate processes needed to achieve stated safety objectives.	Corrective action: develop and implement education program.	OEO #1 Management Development and Leadership (Deliverables on page 43) OEO #2 Configuration Management (Deliverables on page 58) Engineering Training (Deliverables on page 63)
14. Organization focuses narrowly on problems and their resolutions.	Corrective action: develop and implement education program.	OEO #1 Management Development and Leadership (Deliverables on page 43) OEO #2 Corrective Actions (Deliverables on pages 55–57) Engineering Training (Deliverables on page 63)
15. Line managers use a limited set of tracking and trending tools.	Corrective action: develop measurement tools for functional area performance.	OEO #2 Corrective Actions (Deliverables on pages 55–57) Self–Assessment (Deliverables on page 49)
Note: Per expectation of Unit 3 Director communicated in status update meeting of 7/12/96. All Action Plan Managers are requested to ensure resolution of root cause and fundamental cause findings (as applicable) are addressed when developing their initiatives. Identify ORP changes to the Unit 3 Director and Operational Readiness Manager.		

- The Unit Corrective Action Manager has been assigned a deliverable to ensure applicable action plans are developed to appropriately address each of the root cause areas.

Refer to page 61 for deliverable.

2.2. Root Cause Analysis for the failure of the QA organization to identify MP-3 deficiencies.

The table listed below shows the QAS Failure Root Cause Evaluation and the correlations between the recommendations and the deliverables of the Operational Readiness Plan.

QAS Failure Root Cause Evaluation to Operational Readiness Plan		
QAS Failure Root Cause Evaluation Causal Factor	QAS Failure Root Cause Evaluation Recommendations	ORP Deliverables
1. The Chief Nuclear Officer's expectations were not adequate in that he expected the independent oversight organization to limit its review of activities to the minimum required by regulations.	The Chief Nuclear Officer must establish and communicate executive expectations for the independent oversight function to all of the Nuclear Group.	O.E.O. #3 Employee Communications ( <i>Deliverables on Page 72</i> )
2. The QAS audit program did not meet the minimum required by regulations because the program was based on implementing Nuclear Group Procedures rather than the base requirements and commitments.	Oversight expectations should be benchmarked against the "best practices" of licensees who are considered to have a track record for excellent performance.	O.E.O. #1 Effective Nuclear Safety & Oversight ( <i>Deliverables on Pg. 44</i> ) O.E.O. #4 Continuous Improvement Team & Strategies ( <i>Deliverables on Page 73</i> )
3. QAS did not periodically assess its own performance against the NU Quality Assurance Program (NUQAP) and the base regulatory requirements to which it was responsible for verifying compliance.	QAS must include consideration of the base regulatory requirements, including regulatory commitments such as the NUQAP in its oversight planning and must assess its own performance on a regular basis.	O.E.O. #1 Effective Nuclear Safety & Oversight ( <i>Deliverables on Pg. 44</i> ) O.E.O. #2 Self-Assessment ( <i>Deliverables on Pages 49-51</i> )

QAS Failure Root Cause Evaluation to Operational Readiness Plan		
QAS Failure Root Cause Evaluation Causal Factor	QAS Failure Root Cause Evaluation Recommendations	ORP Deliverables
4. Line management reinforced the limited scope of the independent oversight process through its limited view of the value of oversight and its lack of effort to improve it.	<p>Oversight implementation plan should include requirements for line management attendance at meetings.</p> <p>Oversight implementation plan should be reviewed by the line organization.</p> <p>Line management's expectations for the independent oversight function must be established and communicated to the line organization.</p> <p>Training and qualification program for oversight personnel is commensurate with expectations for the oversight organization.</p> <p>Successful service in the oversight organization should be made a prerequisite to advancement in certain line management positions</p>	<p>O.E.O. #1</p> <p>Management Model &amp; Performance Management (Deliverables on Page 42)</p> <p>Management Development &amp; Leadership (Deliverables on Page 43)</p> <p>Effective Nuclear Safety &amp; Oversight (Deliverables on Page 44)</p> <p>O.E.O. #2</p> <p>Corrective Action (Deliverables on Pages 55–57)</p> <p>Engineering Training (Deliverables on Page 63)</p> <p>O.E.O. #4</p> <p>Continuous Improvement Team &amp; Strategies (Deliverables on Page 73)</p>
5. The Chief Nuclear Officer and line management accepted known deficiencies in the oversight process without resolving them in a timely manner.	<p>Nuclear Safety &amp; Oversight must monitor implementation of the oversight plan and provide feedback for corrective actions and improvements in order to ensure implementation of the CNO's expectations.</p> <p>Line management must provide feedback to the oversight organization management regarding correction and improvements in the oversight program.</p>	<p>O.E.O. #1</p> <p>Effective Nuclear Safety &amp; Oversight (Deliverables on Page 44)</p> <p>O.E.O. #2</p> <p>Self–Assessment (Deliverables on Pages 49–51)</p> <p>Corrective Action (Deliverables on Pages 55–57)</p> <p>O.E.O. #4</p> <p>Continuous Improvement Team &amp; Strategies (Deliverables on Page 73)</p>
<p>Note: Per expectation of Unit 3 Director communicated in status update meeting of 7/12/96. All Action Plan Managers are requested to ensure resolution of root cause and fundamental cause findings (as applicable) are addressed when developing their initiatives. Identify ORP changes to the Unit 3 Director and Operational Readiness Manager.</p>		

- The Unit Corrective Action Manager has been assigned a deliverable to ensure applicable action plans are developed to appropriately address each of the root cause areas.

Refer to page 61 for deliverable.

### 2.3. Millstone Unit 3 Specific Root Cause Analyses.

The results of Root Cause investigations, "Millstone Unit-3 Loss of Confidence in the MP-3 Configuration and Current Licensing Bases," Revision 1 (ACR 13302) indicate the findings, recommendations and corrective actions of ACR 7007 are applicable and valid for MF-3. For specific information, refer to the ACR 7007 to Operational Readiness Plan correlation table on pages 4-6.

MF-3 Specific Assessment to Operational Readiness Plan		
Identified Issue	Recommended Action	ORP Deliverables
1. Open Bypass Jumpers may represent a "work-around" of a design feature described in the FSAR.	Bypass Jumpers remaining in place upon unit startup be reviewed for FSAR compatibility and have a written safety evaluation.	O.E.O. #1 Plant Hardware in Good Physical Condition (Deliverables on pages 45-48)
2. Early (1983-1991) plant modifications using the E & DCR and PDCE processes may have been completed by staff not fully knowledgeable on design and documentation considerations.	A thorough review of early vintage (1983-1991) PDCEs and E&DCRs is recommended.	O.E.O. #1 Plant Hardware in Good Physical Condition (Deliverables on pages 45-48)
3. Assumptions used as the bases for calculations may have been too narrow. Calculation tracking integrity necessary to facilitate system modification was not always present.	Create a master listing of all calculations generated to date so that a proper foundation for future work is established.	O.E.O. #2 Configuration Management (Deliverables on pages 58)
4. During startup, some systems were changed in the way they were operated to make them work. Procedure changes were made without regard to the FSAR. Inadequate preventive maintenance degraded some FSAR systems to the point where they were taken out of service. Systems which were abandoned in place were still described in the FSAR.	Operations Department complete a review of all Group II systems for FSAR-to-Operating Procedure compatibility. 10CFR50.59 evaluations need to be completed if the unit returns to service with systems operated at odds with the FSAR-described method of operation.	O.E.O. #2 10CFR50.59 Implementation (Deliverables on page 60) Corrective Actions (Deliverables on pages 55-57) 10CFR50.54(f) Review & Analysis (Deliverables on page 62)
5. Significant work released during the years around initial commercial operation may contain vulnerabilities relating to non-compliance with FSAR-described features and functions.	Review Engineering backlog per MP-3 Restart Criteria item II.1.	O.E.O. #1 Plant Hardware in Good Physical Condition (Deliverables on pages 45-48)

<b>MP-3 Specific Assessment to Operational Readiness Plan</b>		
<b>Identified Issue</b>	<b>Recommended Action</b>	<b>ORP Deliverables</b>
6. Commitment tracking process is not optimal.	A means be established to ensure commitments are tracked and traceable.	O.E.O. #2 Commitment Management ( <i>Deliverables on page 52</i> ) MTF Items ( <i>Deliverable on page 68</i> )
7. Systems supplied by vendors and installed by the Architect/Engineer have experienced problems related to the vendor/AE interface.	Vertical Slice reviewers be mindful of major AE/Vendor interfaces.	O.E.O. #2 10CFR50.54(f) Review & Analysis ( <i>Deliverables on page 62</i> )
8. MP-3 staff close to surveillance test writing and test performance processes has insufficient knowledge of the FSAR impact resulting from their work.	Training element of ACR 7007 corrective actions is inclusive of this employee population.	O.E.O. #2 Engineering Training ( <i>Deliverables on page 63</i> ) Configuration Management ( <i>Deliverables on pages 58</i> )
9. FSAR changes have been made without the benefit of a 10CFR50.59 evaluation.	All FSAR changes made for reasons other than plant design changes be reviewed to ensure that a 10CFR50.59 evaluation exists or a clear and acceptable rationale is in place justifying the lack of need for an evaluation.	O.E.O. #2 10CFR50.54(f) Review & Analysis ( <i>Deliverables on page 62</i> ) 10CFR50.59 Implementation ( <i>Deliverables on page 60</i> )
10. DCNs may have been used for drawing updates without having a parent document or 10CFR50.59 evaluation.	Complete a review of Category 8 Administrative DCNs to ensure drawings have not been changed to reflect field conditions without ensuring the field condition is in accordance with intended design. Cease using Category 8 DCNs for purposes other than purely administrative changes.	O.E.O. #2 Configuration Management ( <i>Deliverables on pages 58</i> )
11. Information contained in answers to NRC questions in FSAR volumes 15 & 16 is not consistently incorporated into the descriptions contained in the body of the FSAR.	An evaluation of need for a more complete incorporation of NU's responses to the NRC questions into the body of the FSAR is recommended.  Evaluate completed CMP reviews to ensure information in FSAR volumes 15 & 16 was included in initial reviews.	O.E.O. #2 10CFR50.54(f) Review & Analysis ( <i>Deliverables on page 62</i> )

MP-3 Specific Assessment to Operational Readiness Plan		
Identified Issue	Recommended Action	ORP Deliverables
12. Significant levels of backlog in process areas (PDCRs, NCRs, AWOs, etc) seems to be a precursor to degraded unit performance.	Place a heavy emphasis on backlog reduction, ultimately to the point of backlog elimination together with a commitment to prevent new growth.	O.E.O. #5 Work Control ( <i>Deliverables on page 74</i> )  O.E.O. #1 Plant Hardware in Good Physical Condition ( <i>Deliverables on pages 45–48</i> )
Note: Per expectation of Unit 3 Director communicated in status update meeting of 7/12/96. All Action Plan Managers are requested to ensure resolution of root cause and fundamental cause findings (as applicable) are addressed when developing their initiatives. Identify ORP changes to the Unit 3 Director and Operational Readiness Manager.		

- The Unit Corrective Action Manager has been assigned a deliverable to ensure applicable action plans are developed to appropriately address each of the root cause areas.

Refer to page 61 for deliverable.

- 2.4. The Joint Utility Management Assessment (JUMA) will be added to the Readiness Plan as information becomes available. This was a recent assessment of the QAS organization.



### 3. Fundamental Cause Identification and Review

A fundamental cause analysis is being finalized by the Fundamental Causes Assessment Team (FCAT) for the Nuclear Committee Advisory Team (NCAT). Results of this assessment will be incorporated into the Operational Readiness Plan or become longer-term Action Initiatives under the Nuclear Excellence Plan, as appropriate.

The findings of the preliminary report have been addressed by the Operational Readiness Plan initiatives. The table listed below shows the correlation between the FCAT categories and the deliverables of the Operational Readiness Plan.

FCAT to Operational Readiness Plan		
FCAT Category	Summary	ORP Deliverables
1. Vision & Direction	Leadership vision and direction were not consistent with fundamental needs of a well-performing nuclear program.	O.E.O. #1 Management Model & Performance Management ( <i>Deliverables on page 42</i> ) Management Development & Leadership ( <i>Deliverables on page 43</i> )
2. Defense of the Status Quo	Leadership often put emphasis on justifying the status quo rather than resolving problems.	O.E.O. #1 Effective Nuclear Safety & Oversight ( <i>Deliverables on page 44</i> ) O.E.O. #2 Root Cause Assessment ( <i>Deliverables on page 61</i> )
3. Response to Serious Problems	Leadership did not effectively respond to mounting indications of serious problems.	O.E.O. #2 Corrective Action ( <i>Deliverables on pages 55–57</i> ) Self–Assessment ( <i>Deliverables on pages 49–51</i> )
4. Tolerance of Deficient Conditions	Deficient conditions were often overlooked, not corrected, or corrected slowly or with a narrow focus.	O.E.O. #1 Management Model & Performance Management ( <i>Deliverables on page 42</i> ) O.E.O. #2 Corrective Action ( <i>Deliverables on pages 55–57</i> ) O.E.O. #4 Continuous Improvement Team & Strategies ( <i>Deliverables on page 73</i> )

FCAT to Operational Readiness Plan		
FCAT Category	Summary	ORP Deliverables
5. Conservatism	Management and personnel standards did not ensure conservative decisions.	O.E.O. #2 Self-Assessment ( <i>Deliverables on pages 49–51</i> ) Conservative Operating Philosophy ( <i>Deliverables on page 54</i> ) 10CFR50.59 Implementation ( <i>Deliverables on page 60</i> )
6. Attitude Toward Regulatory Standards	Regulatory standards were not always met because certain requirements were not recognized and others were considered to be unimportant.	O.E.O. #2 Regulatory Communications ( <i>Deliverables on page 53</i> ) NRC Inspection Issues ( <i>Deliverables on pages 64–66</i> ) Procedure Compliance ( <i>Deliverables on page 60</i> )
7. Organizational Effectiveness	An ineffective organization existed because of weak management skills in people management, communication, prioritization of resources, and definition of organizational roles.	O.E.O. #1 Management Model & Performance Management ( <i>Deliverables on page 42</i> ) Management Development & Leadership ( <i>Deliverables on page 43</i> ) O.E.O. #3 Organize Organizational Structure ( <i>Deliverables on page 70</i> ) O.E.O. #5 Align Human Resources ( <i>Deliverables on page 74</i> )
8. Employee Concerns	Management was ineffective in responding to many employee concerns.	O.E.O. #3 Employee Concerns Task Plan ( <i>Deliverables on page 70–71</i> ) Employee Communications ( <i>Deliverables on page 72</i> )
Note: Per expectation of Unit 3 Director communicated in status update meeting of 7/12/96. All Action Plan Managers are requested to ensure resolution of root cause and fundamental cause findings (as applicable) are addressed when developing their initiatives. Identify ORP changes to the Unit 3 Director and Operational Readiness Manager.		

- The Unit Corrective Action Manager has been assigned a deliverable to ensure applicable action plans are developed to appropriately address each of the fundamental cause areas.

Refer to page 61 for deliverable.



### III. MILLSTONE 3 RESTART CRITERIA

This section contains initiatives which are organized within the five (5) Operational Excellence Objective (OEO) categories as identified in the Nuclear Excellence Plan. Initiatives under each category are divided into the following:

- Management Initiatives
- Key Backlog & Hardware Initiatives
- Key Performance Indicators

NOTE: In reference to the 3 categories listed above, please note that only categories with assigned initiatives have been listed.

Each initiative has a responsible lead person and unit director expectations which correspond to deliverables in Attachment A, "ORP Deliverables."

#### 1. Operational Excellence Objective (OEO) #1

**STRATEGY:** BECOME A RECOGNIZED INDUSTRY LEADER

Return Northeast Utilities to a position of leadership in the US Nuclear Industry.

Establish a five-unit management model that will provide the leadership required to achieve nuclear excellence in operations by creating dramatic and fundamental change in the way we manage the nuclear program at Northeast Utilities.

Executive Sponsors: T. Feigenbaum and W. DiProfio

#### **DISCUSSION:**

Foremost in this approach will be implementation of a five-Unit management model that assures the Nuclear Group's success by setting the same nuclear excellence goals for each unit and that uses best practices and common business methods. The specific strategic focus areas will encompass planning and direction, ownership and expectations, and appropriate monitoring and follow through, the major components of a successful management model. These components will:

- Set high performance expectations and standards
- Drive mutual accountability and self assessment
- Improve planning, prioritization and performance monitoring skills
- Implement best practices and common business methods
- Communicate directly with employees and line managers
- Assure that poor management performance is identified and resolved by senior management.

## 1.1. Management Initiatives

### 1.1.1. MANAGEMENT MODEL AND PERFORMANCE MANAGEMENT (REF. NEP 1.1)

Implement Nuclear Level Determine Course of Action (DCA) as the strategic planning focal point for the organization, including incorporating the Unit DCA into the Nuclear DCA to provide the high-level focus for the Nuclear Excellence Plan. Revise the charter to specify the process to be used to develop, revise, conduct performance reviews of and manage the Nuclear Excellence Plan.

*G. Winters, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

#### Nuclear DCA:

- Nuclear DCA establishes MP-3 as the priority restart effort for the NU Nuclear Organization.
- Nuclear and Unit DCA Charters are approved and DCA Team members are agreed on roles, responsibilities and expectations associated with the DCA process.
- A schedule is established to develop and implement a fully operational Nuclear DCA, in accordance with the DCA Charters and the Nuclear Excellence Plan.
- Restart initiatives not funded under the existing MP-3 budget are evaluated by the Nuclear DCA in accordance with priorities established by the Nuclear Excellence Plan and NU Nuclear Group key objectives. Approved initiatives receive funding.

#### Unit DCA:

- A schedule is established for transition of the Unit RAC to the Unit DCA, in accordance with the DCA Charters and the Nuclear Excellence Plan.

Refer to page 42 for deliverables.

1.1.2. MANAGEMENT DEVELOPMENT AND LEADERSHIP  
(REF. NEP 1.4)

Implement a program of management development and leadership. Introduce 360 degree feedback systems to provide employees with a legitimate means to communicate employee perceptions on management performance, organizational trust levels, and Nuclear Group effectiveness in achieving our goals.

*H. Haynes, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- The plan and schedule for the leadership and development training is approved and training has been started for managers and supervisors.
- The Failure Prevention and Investigation survey is complete and the results have been utilized to confirm the needs assessment for the leadership and development training.
- Evaluate the Leadership Development Curriculum against the FPI survey results to verify curriculum elements are responsive.

Refer to page 43 for deliverables.

1.1.3. EFFECTIVE NUCLEAR SAFETY AND OVERSIGHT  
(REF NEP 1.2)

Strengthen the role of the nuclear oversight functions (NS&O, NSAB, and SORC/PORC) and define line management expectations to assure we achieve our strategic goals for nuclear excellence.

*E. Desmarais, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Develop and communicate CNO expectations for the independent oversight function to the Nuclear Group.
- The selection process is complete such that all managers associated directly with MP-3 are in place to carryout NS&O responsibilities.
- Develop specific actions to improve effectiveness of NS&O to support review of readiness for MP-3 restart.
- The NS&O assessment of the MP-3 Operational Readiness Plan is complete.
- NS&O continuously monitors unit actions and provides documentation demonstrating NS&O conclusions regarding MP3s readiness for startup to Executive Committee.

Refer to page 44 for deliverables.

## 1.2. Key Backlog and Hardware Initiatives

### 1.2.1. THE PLANT HARDWARE IS IN GOOD PHYSICAL CONDITION AND DEMONSTRATING RELIABLE OPERATION.

#### Unit Director ORP Deliverable Expectations:

- Documentation demonstrating that all installed bypass jumpers have been reviewed for: (*Responsible Lead: B. Enoch*)
  - need/justification
  - compatibility with the FSAR (PI-2 assessment recommendations)
- Documentation demonstrating total installed bypass jumpers less than 30. (*Responsible Lead: B. Enoch*)
- Documentation that there are less than 11 installed bypass jumpers which are greater than 2 cycles old. (*Responsible Lead: B. Enoch*)
- Documentation detailing the schedule for planned removal of all bypass jumpers. (*Responsible Lead: B. Enoch*)
- Develop and approve action plans for all Maintenance Rule (a)(1) systems to restore them to (a)(2) status. (*Responsible Lead: D. Gerber*)
- Documentation demonstrating that 50% of open NCRs as of 9/6/96 are closed. (*Responsible Lead: D. Gerber*)
- Documentation demonstrating that there are 0 (zero) NCRs greater than 60 days old without dispositions. (*Responsible Lead: D. Gerber*)
- Documentation demonstrating all in-service tests are closed (except for testing required for power ascension). (*Responsible Lead: D. Gerber*)
- Documentation demonstrating all design changes are closed out within 90 days of completion. (*Responsible Lead: R. Andren*)
- Conduct a review of the old Level of Effort (LOE) items and old engineering work request (EWRs) in the "pending EWR file" for impact on MP3 restart. Disposition them prior to plant start-up per Nuclear Safety Engineering Report recommendation of 7/15/96, AR No. 96000413. (*Responsible Lead: R. Andren*)
- Documentation that no DBDP discrepancies remain open. (*Responsible Lead: R. Andren*)
- Documentation demonstrating that all component IDs vs approved MEPL evaluations have been validated. (*Responsible Lead: R. Andren*)
- Documentation demonstrating that all design or administrative discrepancies associated with the MEPL evaluations have been dispositioned. (*Responsible Lead: R. Andren*)

### 1.2.1. Continued

- Documentation demonstrating all PDCEs and E&DCRs generated from 1983 thru 1991, not already reviewed during the HSRT effort for effect on FSAR, have been reviewed and operability concerns addressed (PI-2 assessment recommendations).  
(Responsible Lead: W. Stairs)
- Documentation demonstrating all PMRs have been reviewed and operability concerns dispositioned. (Responsible Lead: W. Stairs)
- Documentation demonstrating S & W Project Change Requests have been reviewed and operability concerns dispositioned.  
(Responsible Lead: W. Stairs)
- Documentation that the RSS/QSS/SI hardware modifications are completed. (Responsible Lead: J. Langan)
- Documentation that the RHR Pressure Locking/Thermal Binding hardware modifications are completed.  
(Responsible Lead: J. Langan)
- Documentation that the "C" MSIV hardware modifications are completed. (Responsible Lead: J. Langan)
- Documentation that the MSS\*MOV18 A-D hardware modifications are completed. (Responsible Lead: J. Langan)
- Documentation that the CRDM Cooling Fan replacement is complete. (Responsible Lead: J. Langan)
- Documentation that the Main Generator Rewedge hardware modifications are completed. (Responsible Lead: J. Langan)
- Documentation that the Battery 6 Replacement is complete.  
(Responsible Lead: J. Langan)
- Documentation that the AOV Air Line replacements are complete for identified scope. (Responsible Lead: J. Langan)
- Documentation that the FWS Over-pressurization modifications are completed. (Responsible Lead: J. Langan)
- Documentation that the Screen Wash hardware modifications are completed. (Responsible Lead: J. Langan)
- Documentation that the Condenser Steam Dump hardware modifications are completed. (Responsible Lead: J. Langan)
- Documentation that the Service Water hardware modifications are completed. (Responsible Lead: J. Langan)
- Documentation demonstrating refurbishment of Intake Screen general area is complete. (Responsible Lead: B. Roy)
- Documentation demonstrating that refurbishment of ESF building 24' level is complete. (Responsible Lead: B. Roy)
- Documentation demonstrating that turbine building storage location project is complete. (Responsible Lead: B. Roy)



#### 1.2.1. Continued

- Documentation demonstrating painting of the East/West Switchgear enclosures is complete. (*Responsible Lead: B. Roy*)
- Documentation that operator burdens have been identified and submitted for corrective action such that  $\leq 5$  operator burdens remain to be dispositioned. (*Responsible Lead: B. Pinkowitz*)
- Identified MCB deficiencies are dispositioned within 14 days. (*Responsible Lead: B. Pinkowitz*)
- Conduct a review of open replacement item evaluations (RIEs) for impact on MP3 restart. (*Responsible Lead: D. McCory*)
- Documentation demonstrating PTSCR has been initiated for 3RHS\*V43. (*Responsible Lead: D. McDaniel*)
- Document demonstrating action plan for 3HVR\*FN6A/B has been developed. (*Responsible Lead: D. McDaniel*)

Refer to pages 45 thru 48 for deliverables.

### 1.3. Key Performance Indicators

Status update package from Operational Readiness Manager is maintained separate from this document.

#### 1.3.1. Management Effectiveness

- a. Engineering Backlog
  - MEPL Components Validated
  - Unresolved Operability Determinations
  - Design Basis Data Package discrepancies

#### 1.3.2. Material Condition

- a. Work Control
  - AWO Status and Age
  - AWO Backlog (Total & Critical)
  - Installed Bypass Jumpers
  - Hardware Modifications
  - Materiel Condition Upgrades
  - Operator Burdens

## 2. Operational Excellence Objective (OEO) #2

**STRATEGY:** REBUILD REGULATORY CONFIDENCE to rebuild our regulatory margin and establish an effective working environment with regulators.

Establish a focus on safe operations through Nuclear Group-wide processes that assure safe operation, conservative decision making, conformance with regulatory requirements, and proactive communications.

Executive Sponsors: E. DeBarba and P. Richardson

### **DISCUSSION:**

This strategy encompasses initiatives that will substantially upgrade the processes used to implement key licensing requirements and provide us with a high degree of assurance that the design and licensing bases are maintained correctly. The initiatives will also provide for proactive communications with the NRC.

### **2.1. Management Initiatives**

#### **2.1.1. SELF-ASSESSMENT (REF. NEP 2.2)**

Establish and implement a self-assessment program that will be based upon prompt identification and effective resolution of problems at all organizational levels. Integrate self-assessment with external and internal operating experience programs, and implement additional changes to transition to a learning organization. Train personnel and instill personal responsibility for problem identification and resolution.

*P. Stroup, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Generic questions prepared by Nuclear officers addressed in a separate report approved by the Executive Committee.
- Assessment performed to ensure the organization understands the reasons for the current performance decline.
- All MP-3 departments have completed self-assessments as assigned by the Unit Director as part of the Quarterly Self-Assessment Program.
- Documentation that a formal method is in place to share results of self-assessments between departments.
- Documentation demonstrating that all department self-assessments have been reviewed and recommendations have been dispositioned.
- Provide results of PRA review for MP-3 identified deficiencies, not corrected prior to restart, documenting the impact on safety to the Unit 3 Director.
- Line organizations conduct and submit Operational Readiness self-assessments as assigned.

Refer to pages 49–51 for deliverables.



### 2.1.2. COMMITMENT MANAGEMENT (REF. NEP 2.3)

Upgrade the commitment management program to prioritize, assign, monitor and manage commitments consistent with industry best practices. Provide management follow up to assure that commitments are fully met.

*G. Kann, Action Plan Manager.*

Unit Director ORP Deliverable Expectations:

- External commitments applicable to MP-3 are entered into AITTS and a list provided to the Unit Director for identification of start-up items. (Example: Local town & state commitments, public meeting activities or commitments.)
- Documentation that events which occur during the current outage are identified and dispositioned by the MQC/PORC.

Refer to page 52 for deliverables.

### 2.1.3. REGULATORY COMMUNICATIONS (REF. NEP 2.6)

Implement a proactive regulatory communications program.

*T. Harpster, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Documentation demonstrating the results of Vertical & Horizontal Slice Reviews are accepted by MQC for all in-scope systems and docketed with the NRC.
- The Document Rooms which contain information to support the MP-3 Operational Readiness Plan are established (Millstone site and NRC headquarters).
- The June 20th and July 2nd letters have been submitted to the NRC which document:
  - All design and configuration deficiencies identified between 2/22/96, 6/13/96 and 7/1/96.
  - How these deficiencies were discovered
  - How long each deficiency existed
  - The corrective actions for each deficiency
- The MP-3 Operational Readiness Plan is revised as necessary and officially transmitted to the NRC.
- Documentation demonstrating the 10CFR50.54f and Operation Readiness response to the NRC is a consensus product of MP3 management.

Refer to page 53 for deliverables.

#### 2.1.4. CONSERVATIVE OPERATING PHILOSOPHY

A conservative operating philosophy is being demonstrated by the MP-3 staff.

*M. Brothers, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Documentation that any NOV's against MP-3 are reviewed and dispositioned by the MQC/PORC.

Refer to page 54 for deliverables.

#### 2.1.5. CORRECTIVE ACTION (REF. NEP 2.1 AND ISP)

Establish and implement a common corrective action program that will determine underlying causes of problems and develop actions that will demonstrate an effective corrective action system and include monitoring and follow up to preclude recurrence.

*G. Gram, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Documentation demonstrating that the results of the ACR express team have been implemented.
- Documentation that externally-identified problems are reviewed by the MQC and utilized to assess the effectiveness of the unit's corrective action program.
- Documentation that all items identified as restart criteria are reviewed and accepted by either the MQC or Expert Panel.
- Unit Director is clearly established as the owner of the corrective action process for his unit.
  - Daily chairman of the unit MRT
  - Instructor/coach for unit MRT training
  - Kickoff facilitator at every corrective action organizational training session for MP-3.
  - Use status of corrective action KPI's and status of A and B priority ACR as an agenda in every weekly staff meeting.
  - Use status of KPIs, Trends, and Tracking in individual performance reviews.
- Group managers conduct Nuclear Organization Training on new Corrective Action Manual and ACR procedure.

#### 2.1.5. Continued

- Corrective Action Manual and Common ACR Procedure are approved and adopted by all MP-3.
- Corrective Action KPI data entered for tracking purposes.
- Conduct a review of level A, B, & C ACRs to ensure they are processed in accordance with RP-4.
- Measurements of Performance developed which are used to assess the effectiveness of the corrective action process.
- Develop core pool of at least 2 senior Root Cause Evaluators for MP-3.
- Expectation will be that at least one core pool member is required for every root cause analysis done on a unit.
- Develop Corrective Action Process trending information and guidelines:
  - Preliminary
  - Finalized
- Change the ACR Procedure to preclude closure of ACRs before corrective work completed.
- 100% of all open Millstone ACRs and ARs will be reviewed for data quality and MP-3 restart.
- Unit specific Events Analysis Group established for MP-3.
- Develop an MRT training module for the new Corrective Action Manual and ACR Procedure.
- Develop a Nuclear Organization Training Module for the new Corrective Action Manual and ACR procedure.
- Unit Director conducts MRT training on Corrective Action Manual and ACR Procedure.
- NS&O will conduct an audit of a sample of closed A, B & C level ACRs.

Refer to pages 55–57 for deliverables.

#### 2.1.6. CONFIGURATION MANAGEMENT (REF NEP 2.4)

Establish configuration management programs and processes that will assure conformance to design and licensing bases.

*J. Vargas, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Policies, procedures and processes have been upgraded as required by the Configuration Management Plan.
- Provide scope and audience for CMP Training to Nuclear Training for Implementation Plan.
- Identify scope and audience for FSAR training on its use and expectations per recommendation of PI-2, Rev. 2, "MP-3 Specific Assessment."
- Create a master listing of all calculations generated to date so that a proper foundation for future work is established (PI-2 assessment recommendations).
- All Category 8 DCNs have been reviewed to ensure that drawings have not been changed to reflect field conditions without first ensuring the field condition is in accordance with the intended design (PI-2 assessment recommendations).
- DCM has been revised to ensure the Category 8 DCNs are only used for purely administrative purposes (PI-2 assessment recommendations).
- Upgrade procedures to comply with CMP Implementation Phase I.
- Documentation demonstrating Phase 1 Configuration Management Plan and Configuration Controls are in place.
- Develop CMP Training Implementation Plan.
- Documentation demonstrating independent assessment of system slice reviews and walkdowns complete.

Refer to pages 58–59 for deliverables.

#### 2.1.7. 10CFR50.59 IMPLEMENTATION (REF NEP 2.5)

Implement an improved 50.59 safety analysis process that supports the revised configuration management processes.

*M. Kai, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- All Operability Determinations which have identified degraded conditions have been evaluated through the 50.59 process.
- Request 10CFR50.59 evaluations for abnormal plant conditions as required by restart activities.

Refer to page 60 for deliverables.

### 2.1.8. PROCEDURE COMPLIANCE (REF. ISP)

*M. Brothers, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Communicate expectations indicating that all programs and procedures will be followed in a verbatim manner. When a procedure problem is encountered, the expectation is that the person will stop (unless an emergency condition exists) and follow the requirements to formally correct the problem.
- Review of vendor information control process complete (to verify current conditions).
- Revise (as necessary) and implement the vendor information control program.

Refer to page 60 for deliverables.

### 2.1.9. ROOT CAUSE ASSESSMENTS

Corrective actions for each of the root causes.

*P. Blasioli, Action Plan Manager*

- MP-3 Corrective Action Manager reviews all initiatives and deliverables to ensure that corrective actions for each of the root causes are in place and recommendations of the following have been adequately dispositioned.
  - ACR 7007
  - QAS Failure
  - MP-3 Specific
  - FCAT/NCAT Fundamental Causes
  - JUMA (Joint Utility Management Assessment)

Failure of the QAS organization to identify FSAR deficiencies.

*J. Warnock, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Documentation demonstrating root cause analysis for the failure of the oversight organization to identify FSAR deficiencies is complete, and generic implications are identified.

Root cause analyses will be performed for identified MP-3 deficiencies.

*G. Pitman, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- MP-3 specific root cause analyses has been completed with recommendations to Unit 3 Director.

Refer to page 61 for deliverables.

#### 2.1.10. 10CFR50.54(f) REVIEW/ANALYSES

The review of analyses of and response to the 10CFR50.54(f) issues on MP-3 is complete.

*J. Vargas, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- The following 10CFR50.54f tasks are complete:
  - Operational Readiness Reviews
  - System slice reviews and walkdowns are complete.
  - Independent Assessment
- Evaluate completed CMP reviews to ensure information in FSAR volumes 15 & 16 was included in initial reviews. (PI-2 Assessment Recommendations)
- Review and update of MP-3 Final Safety Analysis Report (FSAR) is complete.
- PI-17 Review of FSAR Testing Requirements is complete and discrepancies are dispositioned.
- Documentation that URI 96-01-08 FSAR requirements to test safety grade interlocks has been dispositioned.

Refer to page 62–63 for deliverables.

#### 2.1.11. ENGINEERING TRAINING

Train selected staff on the procedures identified as being weaknesses on MP-3.

*H. Haynes, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Provide training to the identified Engineering staff on the following:
  - Design Control Manual
  - 10CFR50.59
  - NGP/Engineering Department Instructions

Refer to page 63 for deliverables.



## **2.2. Key Backlog/hardware Initiatives**

### **2.2.1. NRC INSPECTION ISSUES**

All outstanding NRC inspection issues are addressed and no operability questions remain.

*J. Peschel, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Identified NRC generic and Unit 3 specific communications reviewed and dispositioned.

Refer to pages 64–66 for deliverables.

### **2.2.2. OPERABILITY DETERMINATIONS**

Unit Director ORP Deliverable Expectations:

- Operability determinations reviewed and any degraded conditions evaluated for acceptability.

*K. Burton, Action Plan Manager*

Refer to page 67 for deliverables.

### **2.2.3. JUSTIFICATION FOR CONTINUED OPERATIONS (JCOS)**

Unit Director ORP Deliverable Expectations:

- All JCOs reviewed and scheduled for resolution.

*K. Burton, Action Plan Manager*

Refer to page 68 for deliverables.

#### **2.2.4. ACR REVIEW**

*K. Burton, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- All level A, B & C ACRs reviewed in accordance with RP-4, and uncompleted corrective actions will be evaluated for significance of the remaining open items. Recommendations forwarded to the Unit Director and Corrective Action Manager.

Refer to page 68 for deliverables.

#### **2.2.5. MTF ITEMS**

*D. Gerber, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- All MTF items (except NCRs) reviewed and incorporated into AITTS.

Refer to page 68 for deliverables.

#### **2.2.6. QSD ITEMS**

*T. Sullivan, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- All QSD open items are reviewed and resolved as required.

Refer to page 69 for deliverables.

#### **2.2.7. NSAB ITEMS**

*M. Brothers, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- All NSAB open items are dispositioned.

Refer to page 69 for deliverables.

### **2.3. Key Performance Indicators**

#### **2.3.1. Corrective Action Program Effectiveness**

- Shutdown Risk Evolutions
- Outage-related LERs
- Outage-related Medical Events
- Outage Radiation Exposure
- Start-up Prerequisite Activities Open
- Operational Readiness Plan Deliverables Completed



### **3. Operational Excellence Objective (OEO) #3**

**STRATEGY:** IMPROVE COMMUNICATIONS/MORALE to develop and maintain a high degree of trust between management and the rest of the organization. Rebuild employee confidence that we will go forward with nuclear excellence as our measure of success.

Rebuild employee confidence in management by holding managers accountable for the performance results, by demonstrating integrity to our stated goals and by modeling the required behaviors and values (teamwork, open and honest communications, conservative decision making, and accountability for results).

Executive Sponsors: D. Miller and W. Riffer/R. Kacich

#### **DISCUSSION:**

Employee trust and confidence will be rebuilt by clearly communicating the elements of the goals, strategies and initiatives for achieving nuclear excellence and how each employee can contribute to these goals. The expectation that managers and supervisors are responsible to remove barriers preventing employees from solving problems and for resolving employee concerns will be communicated. Management is working to create an environment that values employee contributions and actively resolves employee issues at the level in the organization closest to the issue.

#### **3.1. Management Initiatives**

##### **3.1.1. OPTIMIZE ORGANIZATIONAL STRUCTURE (REF NEP 3.1)**

Evaluate and implement the organizational and process changes from the Nuclear Re-Engineering Team (NRET) study that will stabilize the organization to the maximum extent possible for the one-to-two year time horizon.

*R. Kacich, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- The recommendations from the NRET to stabilize the organization have been approved by the Nuclear DCA, and any changes affecting MP-3 are on schedule.

Refer to page 70 for deliverables.

### 3.1.2. EMPLOYEE CONCERNS TASK PLAN (REF. NEP 3.2 AND ISP)

Evaluate and improve the ability of functional area managers to resolve employee issues and communicate effectively with employees, including satisfactory resolution of concerns and issues. Integrate the Employee Concerns Task Plan with the Nuclear Excellence Plan.

*L. Chatfield, Action Plan Manager*

#### Unit Director ORP Deliverable Expectations:

- The Chief Nuclear Officer (CNO) establishes, communicates and reinforces specific performance and behavior expectations for all individuals in the Nuclear Group, and especially for management personnel. Important here is demonstrated executive and senior management presence in the plants.
- An assessment of MP-3 should show that a high percentage of MP-3 personnel feel comfortable bringing safety concerns to their chain of command or the Employee Concerns Program.
- Employee concerns have been reviewed and no operability questions are unresolved.
- Operational Readiness Plan is clearly communicated to unit 3 personnel, with key milestones identified.
- Conduct Failure Prevention and Investigation Culture Survey.
- Finalize and enter key Employee Concerns assignment milestones into AITTS.
- Develop Employee Concerns Program monitoring strategy.
- NRC submittal on KPIs (including Employee Concerns).
- Develop plan for Employee Concerns related programs/procedures enhancements including a dedicated ECP Rep. established for MP-3.
- Implement measures to improve overall effectiveness of internal communications among management and employees in the Nuclear Group, notably in the area of CNO expectations and resolving employee concerns.

Refer to pages 70–71 for deliverables.

### 3.1.3. EMPLOYEE COMMUNICATIONS (REF. NEP 3.3)

Restructure the vehicles used to communicate within the Nuclear Group. Establish a communications program to, communicate expectations to the Nuclear Group for the excellence measures, objectives, strategies and initiatives, and communicate performance results.

*D. Winn, Action Plan Manager*

#### Unit Director ORP Deliverable Expectations:

- MP-3 personnel will have attended a presentation of the Nuclear Excellence Plan and its relation to the MP-3 Operational Readiness Plan and the MP-3 restart.

Refer to page 72 for deliverables.

### 3.1.4. EMPLOYEE REVIEW COMMITTEE

Employees select committee members to conduct an independent assessment of the unit's readiness for restart.

*T. Lyons, Action Plan Manager*

#### Unit Director ORP Deliverable Expectations:

- Employee Review Committee to conduct an independent assessment of unit readiness for restart and provide documentation to the ORP Manager.

Refer to page 72 for deliverables.

## **3.2. Key Performance Indicators**

3.2.1. In development, none available at this time.

#### 4. Operational Excellence Objective (OEO) #4

**STRATEGY:** INCREASE TEAMWORK creating a high level of cooperation and mutual support among all five units, allowing us to develop a strong, shared sense of ownership and accountability throughout the organization for five-unit success.

Executive Sponsors: F. Rothen and M. Brothers

#### **DISCUSSION:**

Establish ownership and expectations, resolve questions of roles and responsibilities, measure performance, and hold managers accountable for results.

#### **4.1. Management Initiatives**

##### 4.1.1. CONTINUOUS IMPROVEMENT TEAM AND STRATEGIES (REF. NEP 4.1)

Establish a peer group improvement strategy and program focused on process improvements modeled on other multi-site utilities, and take advantage of lessons learned from the quick-hit teams and problem-solving approaches used by the Nuclear Re-Engineering Team.

*W. Nevelos, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Members identified for Continuous Improvement Team
- Initial meeting held for Continuous Improvement Team

Refer to page 73 for deliverables.

#### 4.1.2. STANDARDIZE TECHNICAL MAINTENANCE AND OPERATIONS PROCEDURES (REF. NEP 4.2)

This initiative also covers the Procedure Upgrade Project under "Improving Station Performance."

*T. Kirkpatrick, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Technical procedure issues identified in MP-3 deficiencies have been reviewed and dispositioned by the Department Procedure Coordinators to support MP-3 restart (OPS, I&C, MNT, TS, DE, GTS, HP, & CHM).

Refer to page 73 for deliverables.

#### 4.1.3. RESOURCE SHARING AND STAFF UTILIZATION (REF. NEP 4.3)

*W. Carr, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Communicate to the entire organization that we are reassessing our previously published position of driving to 2,000 employees in NU Nuclear.

Refer to page 73 for deliverables.

### 4.2. Key Performance Indicators

4.2.1. In development, none available at this time.

## **5. Operational Excellence Objective (OEO) #5**

**STRATEGY:** IMPROVE EMPLOYEES' ABILITY TO CONDUCT WORK SUCCESSFULLY by enabling the organization at all levels to complete required work successfully by providing lasting solutions to problems, maintaining effective configuration control and operating effectively and efficiently.

Assure that management is provided with the vehicles to receive organizational feedback on barriers to performance and takes appropriate action.

Executive Sponsors: S. Scace and J. LaPlatney

### **DISCUSSION:**

The strategy will also identify additional barriers to achievement of the Nuclear Excellence objectives over the next two years, including organizational, personnel, and IT.

### **5.1. Management Initiatives**

#### **5.1.1. ALIGN HUMAN RESOURCES (REF. NEP 5.2)**

Develop new strategies and approaches for a comprehensive reward and incentive process coupled with the strategic goals and key performance indicators. This initiative will encompass NPIP, PRP and other existing incentive programs.

*R. Romer, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- Approve the 1996 NPIP program revisions and communicate them to the organization.

Refer to page 74 for deliverables.



5.1.2. THE MP3 STAFF DISPLAYS THE ABILITY TO PERFORM WORK SAFELY AND MAINTAIN THE PLANT

*M. Brothers & J. Langan Responsible Leads*

Unit Director ORP Deliverable Expectations:

- Documentation demonstrating review of all priority 1, 2, & 3 AWOs for restart impact is complete and any issues identified are dispositioned.
- Documentation demonstrating that priority 1, 2 & 3 AWO backlog is less than 500.
- Documentation that the AWO backlog of less than 500 contains no safety significant items.
- Documentation that an unplanned entry into LCO(s) goal has been established and is being monitored by unit management.
- Identify a "Barrier Breaker" lead for unit 3.

Refer to page 74 for deliverables.

5.1.3. AN ADEQUATE TESTING PROGRAM EXISTS TO DEMONSTRATE EQUIPMENT OPERABILITY

*J. Langan, Action Plan Manager*

Unit Director ORP Deliverable Expectations:

- The centralized surveillance tracking program is in place, functional and being run by WP/OM.
- All surveillances are scheduled within required periodicity based on new RF06 date.
- LLRT tests are completed and documented.
- Documentation that all applicable mode punch lists are complete per outage schedule.
- EDG tests are completed and documented.
- ESF/LOP tests are completed and documented.

Refer to page 75 for deliverables.

**5.2. Key Performance Indicators**

5.2.1. Rework (goal to maintain less than 1%, bases on total work complete).

## IV. READINESS ASSESSMENT PROCESS

### 1. Methodology

The readiness of MP-3 for restart will incorporate 3 levels of internal review.

- Unit Director
- Nuclear Safety and Oversight
- NU Executive Committee

The readiness assessment process involves the collective review and assessment of events and activities, and associated resolutions to determine if MP-3 is ready to resume operation. The primary contributor to Millstone management's readiness conclusions will be the satisfactory closeout of the Operational Readiness Plan deliverables. The addition or deletion of initiatives/deliverables may occur only with the approval of the MP-3 Unit Director.

Also providing input into readiness decisions is the closeout of several self-assessment initiatives. These will be reviewed and accepted by the Unit Director with any recommendations properly dispositioned. Once approval from the NRC is received to restart, the integrated outage schedule and Operations Department procedures will provide direction regarding start-up actions.

### 2. Development of Readiness Deliverables

- 2.1. Identification -- Readiness items generally evolved from materiel condition issues, NRC inspections, Millstone assessment activities, MP-3 management, Nuclear Excellence Plan, and Nuclear Safety & Oversight. Attachment A provides detailed deliverables.
- 2.2. Addition of Deliverables -- Newly identified MP-3 problems may warrant being added as restart items in the form of ORP deliverable(s). The direction and criteria of Section IV.2 serves as guidance for classifying newly identified problems for resolution.
- 2.3. Deletion of Deliverables -- It may be appropriate to delete deliverables from the MP-3 Operational Readiness Plan under certain conditions. If a deliverable has no direct or indirect impact on the ability to safely operate MP-3 and is not a corrective action required by ORP bases documents (root cause analyses, NRC inspection findings, etc.) it may be considered for deletion. Deletion of a deliverable will be coordinated and reviewed by the MP-3 Operational Readiness Manager and Corrective Action Manager and be approved by the Unit Director.

### 3. Development of The Outage Schedule

Work activities for the outage are controlled in accordance with an integrated outage schedule that contains activities that must be completed prior to start-up. In addition to satisfying Technical Specification requirements for equipment operability, the schedule will contain other maintenance activities.

Activities must be categorized as a restart item if the issue involves or could reasonably lead to:

- an event, component failure, deficiency, or condition that could result in operation in an LCO action statement, or
- failure to perform a required surveillance test or other license requirement or meet a commitment to an outside agency, or
- conditions that have resulted in repetitive safety system equipment failures, or
- potential licensing basis deficiencies requiring maintenance to restore the plant to conforming conditions (i.e., deficiencies in safety-related or other qualified equipment, e.g., EQ, Appendix R, or seismic), or
- items that impact plant operability, raise an unreviewed safety question, or indicate a discrepancy between the FSAR and the as-built plant or an operating procedure.
- deficiencies in configuration management programs, processes, engineering analysis codes, or documentation that have, or could have a reasonable likelihood of affecting equipment operability, or
- conditions that may create an unacceptable potential for an unplanned radioactivity release to the environment or discharge effluent to the environment which is in excess of limits.
- Work priorities 1 & 2 as shown in Figure 1, "Work Priorities" are start-up items and priority 3 may be designated as a start-up item as determined by management. Priority 4 is *not* start-up related.

The ORP (Restart) Punchlist is the responsibility of the ORP Manager. Restart items will be determined by MRT (for all ACRs) and Expert Panel (for other deficiencies). To remove an item from the ORP Punchlist, ORP Manager approval is required.

Close-out of startup prerequisite items shall be the responsibility of the cognizant department manager. Startup prerequisite items shall be closed out by normal process (example: action requests, ACRs) and be presented to the Management Review Team (MRT), Unit Project Manager (UPM), or Expert Panel for review as appropriate.

**Figure 1 Work Priorities**

CATEGORY	PRIORITY 1	PRIORITY 2	PRIORITY 3	PRIORITY 4
<b>Plant or Equipment Reliability</b>	Prevents operation at expected power level or requires immediate action to avoid equipment damage	Equipment problem that jeopardizes continued operation at expected power level	Improves unit performance, availability, and operability. Work may be scheduled and completed in a timely manner	General plant improvement and equipment repairs which can be done when time permits
<b>Personnel Safety</b>	Significant safety hazard requiring immediate action in order to avoid personnel injury	Safety hazard which requires attention to avoid personnel injury	Personnel safety improvements that are needed but do not present an immediate hazard	
<b>Outage Work</b>	Immediate action required to prevent adversely affecting or impeding critical path schedule	A job on the critical path schedule	May become critical path work or significantly affecting outage schedule	Does not affect critical path schedule and may be deferred to later outage without affecting reliability
<b>Regulatory Requirement</b>	Problem that results in failing to meet a regulatory requirement	Jeopardizes compliance with regulatory requirements	Routine work required by regulations	
<b>Preventive Maintenance</b>		Overdue PM which has been determined by Operations or Maintenance supervision to require a higher priority	Routine PM work	Routine PM work
<b>Security Requirement</b>	Requires multiple Security Guard posting and major system failure is imminent or has occurred  or  Major part of security system has failed creating a degradation of security which cannot be compensated	Requires Security Guard posting and excessive overtime hours will be expended unless addressed promptly  or  There are inadequate personnel to compensate for additional failures beyond this event	High priority CM, PM, SV, or modification work  or  Condition is expected to deteriorate within 1 week to a point where Security Guard posting will be required	Routine CM, PM, or modification work  or  Deterioration to a situation where posting is required, but is not expected in the near future

## **V. CLOSEOUT OF OPERATIONAL READINESS PLAN DELIVERABLES.**

The following criteria should be used in preparing, reviewing and approving the closure of Operational Readiness Plan deliverables. Preparation and review of these deliverable packages should verify that:

- the deliverable statement has been met
- the deliverable completion quality supports safe restart and operation of MP-3
- the documentation is sufficient to provide an auditable record of actions taken

### **1. Guidelines**

The following criteria are guidelines. Some of the criteria may not be applicable to all deliverable packages. Reviewers may want to add additional criteria based on their judgement and expertise of the specific deliverable.

- 1.1. The deliverable package is approved and signed by the responsible lead.
- 1.2. The package contains a cover memo outlining the description of the deliverable, the process used to satisfy it, and a summary of the results.
- 1.3. The package contains memos, forms, printouts and any other paperwork evidence necessary to judge that the deliverable statement has been met.
- 1.4. Evidence that corrective actions are implemented to prevent recurrence and address root cause findings (as applicable) of the problems which created the deliverable.
- 1.5. Any licensing basis or design basis issues raised by the deliverable or its process have been resolved.
- 1.6. Any operability or restart issues raised by the deliverable or its process have been resolved.
- 1.7. Key Performance Indicators are developed (or updated) to track deliverable items or processes.
- 1.8. If the deliverable is tied to a formal root cause analysis finding, include applicable sections of the root cause analysis.
- 1.9. If the deliverable statement cannot be met, discuss with Operational Readiness Manager.
- 1.10. Self-Assessment plans include monitoring deliverable items or processes.
- 1.11. The deliverable package is a stand-alone document.
- 1.12. The approved deliverable package is returned to the Operational Readiness Manager for inclusion in the Operational Readiness Document Library.

## **2. Deliverables close-out process**

The following describes the general steps which should occur to close out a deliverable package:

- 2.1. When the responsible lead has assembled a complete deliverable package, forward it to the Operational Readiness Manager who will screen it for completeness and consistency.
- 2.2. The Operational Readiness Manager will determine which committee (PORC, or Expert Panel) should review and approve closure of the package.
- 2.3. The responsible lead will schedule the package to be reviewed by the appropriate committee and distribute copies of the package to the committee members prior to the review meeting so they will have an opportunity to look at the information before the meeting.
- 2.4. The responsible lead will present the package for review/approval at the designated committee meeting.
- 2.5. The designated committee should formally review the package and if satisfactory, indicate its approval. If the package is not satisfactory, the committee should indicate to the responsible lead what additional action is required.
- 2.6. Original, approved deliverable packages must be forwarded to the Operational Readiness Manager for inclusion in the Operational Readiness Library.
- 2.7. If it is the final ORP Deliverable for that section, the responsible lead can now be signed off as complete. When all signatures for a given section are complete the Unit Director Review for acceptance and signature occurs.

Note: Closure of individual action request item guidance documentation is being developed and will also be included in a future revision. For the interim period, contact the Operational Readiness Manager.

### **Operational Readiness Assessment**

Assessments will be conducted by a review of the deliverables assigned and completed in Attachment A.



# **Attachment A**

**“ORP Deliverables”**

## Attachment A – ORP Deliverables

### Operational Excellence Objective (OEO) #1

#### Deliverables Associated with Becoming a Recognized Industry Leader

##### 1.1.1. Management Model & Performance Management

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
G. Winters	7/12/96	Nuclear DCA establishes MP-3 as the priority restart effort for the NU Nuclear Organization.	N/A	7/12/96
G. Winters	8/16/96	Nuclear and Unit DCA Charters are approved and DCA Team members are agreed on roles, responsibilities and expectations associated with the DCA process.	N/A	
G. Winters	8/16/96	A schedule is established to develop and implement a fully operational Nuclear DCA, in accordance with the DCA Charters and the Nuclear Excellence Plan.	N/A	
G. Winters	10/4/96	Restart initiatives not funded under the existing MP-3 budget are evaluated by the Nuclear DCA in accordance with priorities established by the Nuclear Excellence Plan and NU Nuclear Group key objectives. Approved initiatives receive funding.	N/A	
G. Winters	10/4/96	A schedule is established for transition of the Unit RAC to the Unit DCA, in accordance with the DCA Charters and the Nuclear Excellence Plan.	N/A	

G. Winters

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

## Attachment A – ORP Deliverables

### Operational Excellence Objective (OEO) #1

#### Deliverables Associated with Becoming a Recognized Industry Leader

##### 1.1.2. Management Development and Leadership

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
H. Haynes	7/31/96	The plan for MP-3 to begin the leadership & development training is approved by MP-3 management, and training has been started for managers and supervisors.		
M. Brown	8/9/96	The FPI survey is complete and the results have been utilized to confirm the needs assessment for the leadership and development training.		
H. Haynes	8/9/96	Evaluate the Leadership Development Curriculum against the FPI survey results to verify curriculum elements are responsive.		

M. Brown

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Signature

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Date

H. Haynes

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

## Attachment A – ORP Deliverables

### Operational Excellence Objective (OEO) #1

#### Deliverables Associated with Becoming a Recognized Industry Leader

##### 1.1.3. Effective Nuclear Safety and Oversight

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
T. Feigenbaum	8/30/96	Develop and communicate CNO expectations for the independent oversight function to the Nuclear Group.		
E. Desmarais	8/16/96	The selection process is complete such that all managers associated directly with MP-3 are in place to carryout NS&O responsibilities.	N/A	
E. Desmarais	9/27/96	An action plan is in place to ensure the NS&O organization is functional and effectiveness is demonstrated.		
D. Miller	7/2/96	The NS&O assessment of the MP-3 Operational Readiness Plan is complete.	N/A	7/2/96
D. Miller	10/9/96	NS&O continuously monitors unit actions and provides documentation demonstrating NS&O conclusions regarding MP3s readiness for startup to Executive Committee.	N/A	

T. Feigenbaum

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Signature

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Date

E. Desmarais

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

D. Miller

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Accepted by  
Unit Director

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Signature

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Date

## Attachment A – ORP Deliverables

### Operational Excellence Objective (OEO) #1

#### Deliverables Associated with Becoming a Recognized Industry Leader

##### 1.2.1. Plant Hardware in Good Physical Condition

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PGRC</i>	<i>Date Complete</i>
R. Enoch	9/27/96	Documentation demonstrating that all installed bypass jumpers have been reviewed for need/justification and compatibility with the FSAR.		
R. Enoch	9/27/96	Documentation demonstrating total installed bypass jumpers less than 30.		
R. Enoch	9/27/96	Documentation that there are less than 11 installed bypass jumpers which are greater than 2 cycles old.		
R. Enoch	8/30/96	Documentation detailing the schedule for planned removal of all bypass jumpers.		

R. Enoch

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Signature

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Date

##### 1.2.1. Plant Hardware in Good Physical Condition (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
D. Gerber	8/30/96	Develop and approve action plans for all Maintenance Rule (a)(1) systems to restore them to (a)(2) status.	N/A	
D. Gerber	10/4/96	Documentation demonstrating that 50% of open NCRs as of 9/6/96 are closed.		
D. Gerber	9/27/96	Documentation demonstrating that there are 0 (zero) NCRs greater than 60 days old without dispositions.		
D. Gerber	10/4/96	Documentation demonstrating all in-service tests are closed (except as required for power ascension).		

D. Gerber

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Signature

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Date

## Attachment A – ORP Deliverables

### Operational Excellence Objective (OEO) #1

#### Deliverables Associated with Becoming a Recognized Industry Leader

##### 1.2.1. Plant Hardware in Good Physical Condition (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
R. Andren	9/27/96	Documentation demonstrating all design changes are closed out within 90 days of completion.		
R. Andren	9/27/96	Conduct a review of the old Level of Effort (LOE) items and old engineering work request (EWRs) in the "pending EWR file" for impact on MP3 restart. Disposition them prior to plant start-up per Nuclear Safety Engineering Report recommendation of 7/15/96, AR No. 96000413.		
R. Andren	9/27/96	Documentation that no DBDP discrepancies remain open.		
R. Andren	9/27/96	Documentation demonstrating that all component IDs vs approved MEPL evaluations have been validated.		
R. Andren	9/27/96	Documentation demonstrating that all design or administrative discrepancies associated with the MEPL evaluations have been dispositioned.		

R. Andren

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Signature

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Date

##### 1.2.1. Plant Hardware in Good Physical Condition (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
W. Stairs	8/30/96	Documentation demonstrating all PDCEs and E&DCRs generated from 1983 thru 1991, not already reviewed during the HSRT effort for effect on FSAR, have been reviewed and operability concerns addressed.	N/A	
W. Stairs	8/30/96	Documentation demonstrating all PMRs have been reviewed and operability concerns dispositioned.	N/A	
W. Stairs	8/30/96	Documentation demonstrating S & W Project Change Requests have been reviewed and operability concerns dispositioned.	N/A	

W. Stairs

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Signature

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Date



## Attachment A – ORP Deliverables

### Operational Excellence Objective (OEO) #1

#### Deliverables Associated with Becoming a Recognized Industry Leader

##### 1.2.1. Plant Hardware in Good Physical Condition (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
J. Langan	8/30/96	Documentation that the RSS/QSS/SI hardware modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the RHR Pressure Locking/Thermal Binding hardware modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the "C" MSIV hardware modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the MSS*MOV18 A-D hardware modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the CRDM Cooling Fan replacement is complete.	N/A	
J. Langan	8/30/96	Documentation that the Main Generator Rewedge hardware modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the Battery 6 Replacement is complete.	N/A	
J. Langan	8/30/96	Documentation that the AOV Air Line replacements are complete for identified scope.	N/A	
J. Langan	8/30/96	Documentation that the FWS Over-pressurization modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the Screen Wash hardware modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the Condenser Steam Dump hardware modifications are completed.	N/A	
J. Langan	8/30/96	Documentation that the Service Water hardware modifications are completed.	N/A	

J. Langan

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Signature

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Date

## Attachment A – ORP Deliverables

### Operational Excellence Objective (OEO) #1

#### Deliverables Associated with Becoming a Recognized Industry Leader

##### 1.2.1. Plant Hardware in Good Physical Condition (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
R.B. Roy	8/30/96	Documentation demonstrating refurbishment of Intake Screen general area is complete.	N/A	
R.B. Roy	8/30/96	Documentation demonstrating that refurbishment of ESF building 24' level is complete.	N/A	
R.B. Roy	8/30/96	Documentation demonstrating that turbine building storage location project is complete.	N/A	
R.B. Roy	8/30/96	Documentation demonstrating painting of the East/West Switchgear enclosures is complete.	N/A	

R.B. Roy

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Signature

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Date

##### 1.2.1. Plant Hardware in Good Physical Condition (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
B. Pinkowitz	9/27/96	Documentation that operator burdens have been identified and submitted for corrective action such that $\leq 5$ operator burdens remain to be dispositioned.	N/A	
B. Pinkowitz	9/27/96	Identified MCB deficiencies are dispositioned within 14 days.	N/A	
D. McCorry	9/27/96	Conduct a review of open replacement item evaluations (RIEs) for impact on MP3 restart.		
D. McDaniel	9/27/96	Documentation demonstrating PTSCR has been initiated for 3RHS*V43.		
D. McDaniel	9/27/96	Document demonstrating action plan for 3HVR*FN6A/B has been developed.		

B. Pinkowitz

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Signature

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Date

D. McCorry

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Signature

\_\_\_\_\_  
Date

D. McDaniel

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Signature

\_\_\_\_\_  
Date

Accepted by  
Unit Director

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Signature

\_\_\_\_\_  
Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.1. Self-Assessment

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
R. Kacich	8/30/96	<p>Generic questions prepared by Nuclear officers addressed in a separate report approved by the Executive Committee.</p> <ol style="list-style-type: none"> <li>1. Do we understand the reasons for our current performance decline?</li> <li>2. Are you addressing the root causes for our performance decline?</li> <li>3. Have you identified and have plans to address the generic issues that could have resulted from the identified root causes?</li> <li>4. How will you prevent the same problems from occurring in the future?</li> <li>5. How do you know you are improving?</li> <li>6. How can you demonstrate current and continuing conformance with the design and licensing basis?</li> <li>7. Do we have the necessary resources to achieve Nuclear Excellence? Have management's expectations been communicated on nuclear excellence?</li> <li>8. Are there strong and effective oversight functions in effect that will identify negative trends?</li> <li>9. Do you understand the root causes of Employee Concerns and have you implemented a plan to address these?</li> <li>10. Are the roles and responsibilities clear in the organization?</li> </ol>		

R. Kacich

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Signature

\_\_\_\_\_  
Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.1. Self-Assessment (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
T. Feigenbaum	8/30/96	Assessment performed to ensure the organization understands the reasons for the current performance decline.		

T. Feigenbaum

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Signature

\_\_\_\_\_  
Date

2.1.1. Self-Assessment (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
P. Stroup	8/30/96	All MP-3 departments have completed self-assessments as assigned by the Unit Director as part of the Quarterly Self-Assessment Program.		
R. Enoch	8/30/96	Documentation that a formal method is in place to share results of self-assessments between departments.	N/A	
R. Enoch	9/27/96	Documentation demonstrating that all department self-assessments have been reviewed and recommendations have been dispositioned.	N/A	
D. Dube	8/16/96	Provide results of PRA review for MP-3 identified deficiencies, not corrected prior to restart, documenting the impact on safety to the Unit 3 Director.		

P. Stroup

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Signature

\_\_\_\_\_  
Date

R. Enoch

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

D. Dube

\_\_\_\_\_  
Signature

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.1. Self-Assessment (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
Line Organizations	9/27/96	Line organizations conduct and submit Operational Readiness self-assessments as assigned.		

Tech Support Eng.  
Dept. Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Design Engineering  
Dept. Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Operations Dept.  
Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Maintenance Dept.  
Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I & C Dept.  
Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WP&OM Dept.  
Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Accepted by  
Unit Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.2. Commitment Management

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
G. Kann	9/27/96	External commitments applicable to MP-3 are entered in AITTS and a listing provided to the Unit Director for identification of start-up items.		
M. Brothers/ Designee	9/27/96	Documentation that events which occur during the current outage are identified and dispositioned by the MQC/PORC.		

G. Kann

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M. Brothers/  
Designee

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Date

Accepted by  
Unit Director

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.3. Regulatory Communications

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
M. Brothers/ Designee	8/16/96	Documentation demonstrating the results of Vertical & Horizontal Slice Reviews are accepted by MQC for all in-scope systems and docketed with the NRC.		
T. Harpster	8/16/96	The Document Rooms which contain information to support the MP-3 Operational Readiness Plan are established.	N/A	
T Harpster	6/20/96 7/2/96	The deficiency letters have been submitted to the NRC which document: <ul style="list-style-type: none"> <li>• Identified design and configuration management deficiencies</li> <li>• How these deficiencies were discovered</li> <li>• How long each deficiency existed</li> <li>• The corrective actions for each deficiency</li> </ul> <i>Note: Dates will be added here to reflect the updates transferred to the NRC.</i>	N/A	6/20/96 7/2/96
T Harpster	7/2/96	The MP-3 Operational Readiness Plan is revised as necessary and officially transmitted to the NRC.  <i>Note: Dates will be added here to reflect the updates transferred to the NRC.</i>	N/A	7/2/96

M. Brothers/  
Designee

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Date

T. Harpster

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Signature

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Accepted by  
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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**

**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.3. Regulatory Communications (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
T. Harpster	10/10/96	Documentation demonstrating the 10CFR50.54f and Operation Readiness response to the NRC is a consensus product of MP3 management.	N/A	

T. Harpster

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Accepted by  
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Signature

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2.1.4. Conservative Operating Philosophy

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
M. Brothers/ Designee	9/27/96	Documentation that any NOV's against MP-3 are reviewed and dispositioned by the MQC/PORC.		

M. Brothers/  
Designee

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.5. Corrective Actions

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
M. Brothers/ Designee	10/4/96	Documentation demonstrating that the results of the ACR express team have been implemented.		
M. Brothers/ Designee	10/4/96	Documentation that externally-identified problems are reviewed by the MQC and utilized to assess the effectiveness of the unit's corrective action program.		
M. Brothers/ Designee	9/27/96	Documentation that all items identified as restart criteria are reviewed and accepted by either the MQC or Expert Panel.		
M. Brothers/ Designee	9/27/96	Unit Director is clearly established as the owner of the corrective action process for their units. <ul style="list-style-type: none"> <li>• Daily chairman of the unit MRT</li> <li>• Instructor/coach for unit MRT training</li> <li>• Kickoff facilitator at every corrective action organizational training session for MP-3.</li> <li>• Use status of corrective action KPI's and status of A and B priority ACR as an agenda in every weekly staff meeting.</li> <li>• Use status of KPIs, Trends, and Tracking in individual performance reviews.</li> </ul>		
M. Brothers/ Designee	9/27/96	Group managers conduct Nuclear Organization Training on new Corrective Action Manual and ACR procedure.		

M. Brothers/  
Designee

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.5. Corrective Actions (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
G. Gram	8/30/96	Corrective Action Manual and Common ACR Procedure are approved and adopted by MP-3.		
G. Gram	10/4/96	Corrective Action KPI data entered for tracking purposes.		
G. Gram	8/30/96	Conduct a review of level A, B, & C ACRs to ensure they are processed in accordance with RP-4.		
G. Gram	8/30/96	Measurements of Performance developed which are used to assess the effectiveness of the corrective action process.		
G. Gram	10/4/96	Develop core pool of at least 2 senior Root Cause Evaluators for MP-3.		
G. Gram	9/27/96	Expectation will be that at least one core pool member is required for every root cause analysis done on a unit.		
G. Gram		Develop Corrective Action Process trending information and guidelines:		
	8/16/96	• Preliminary		
	8/30/96	• Finalized		
G. Gram	10/4/96	Change the ACR Procedure to preclude closure of ACRs before corrective work completed.		
G. Gram	9/27/96	100% of all open Millstone ACRs and ARs will be reviewed for data quality and MP-3 restart.		
G. Gram	10/4/96	Unit specific Events Analysis Group established for MP-3.		

G. Gram

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.5. Corrective Actions (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
S. Herd	8/16/96	Develop an MRT training module for the new Corrective Action Manual and ACR Procedure.		
S. Herd	8/16/96	Develop a Nuclear Organization Training Module for the new Corrective Action Manual and ACR procedure.		
K. Gosselin	8/30/96	Unit Director conducts MRT training on Corrective Action Manual and ACR Procedure.		
M. Brown	8/30/96	NS&O will conduct an audit of a sample of closed A, B & C level ACRs.		

S. Herd

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Date

M. Brown

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Signature

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Date

K. Gosselin

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Date

Accepted by  
Unit Director

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.6. Configuration Management

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
J. Vargas	8/16/96	Policies, procedures and processes have been upgraded as required by the Configuration Management Plan.		
J. Vargas	7/26/96	Provide scope and audience for CMP Training to Nuclear Training for Implementation Plan.	N/A	7/12/96
J. Vargas	9/27/96	Create a master listing of all calculations generated to date so that a proper foundation for future work is established (PI-2 assessment recommendations).		
J. Vargas	8/30/96	All Category 8 DCNs have been reviewed to ensure that drawings have not been changed to reflect field conditions without first ensuring the field condition is in accordance with the intended design (PI-2 assessment recommendations).		
J. Vargas	9/27/96	DCM has been revised to ensure the Category 8 DCNs are only used for purely administrative purposes (PI-2 assessment recommendations).		

J. Vargas

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.6. Configuration Management (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
P. Blasioli	8/30/96	Identify scope and audience for FSAR training on its use and expectations per recommendation of PI-2, Rev. 2, "MP-3 Specific Assessment."		
R. Cox	8/16/96	Documentation demonstrating Phase 1 Configuration Management Plan and Configuration Controls are in place.	N/A	
R. Cox	8/16/96	Upgrade procedures to comply with CMP Implementation Phase I.		
H. Haynes	8/30/96	Develop CMP Training Implementation Plan.		
M. Brown	8/30/96	Documentation demonstrating independent assessment of system slice reviews and walkdowns complete.		

P. Blasioli

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Date

R. Cox

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Date

H. Haynes

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Signature

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Date

M. Brown

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Signature

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Date

Accepted by  
Unit Director

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Date



**Attachment A -- ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.7. 10CFR50.59 Implementation

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
M. Kai	8/30/96	All Operability Determinations which have identified degraded conditions have been evaluated through the 50.59 process.		
B. Pinkowitz	9/27/96	Request 10CFR50.59 evaluations for abnormal plant conditions as required by restart activities.		

M. Kai

Signature

Date

B. Pinkowitz

Signature

Date

Accepted by  
Unit Director

Signature

Date

2.1.8. Procedure Compliance

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
M. Brothers/ Designee	8/30/96	Communicate expectations indicating that all programs and procedures will be followed in a verbatim manner. When a procedure problem is encountered, the expectation is that the person will stop (unless an emergency condition exists) and follow the requirements to formally correct the problem.	N/A	
R. Cox	9/27/96	Review of vendor information control process complete (to verify current conditions).	N/A	
J. Vargas	9/27/96	Revise (as necessary) and implement the vendor information control program.	N/A	

M. Brothers/  
Designee

Signature

Date

R. Cox

Signature

Date

J. Vargas

Signature

Date

Accepted by  
Unit Director

Signature

Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**

**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.9. Root Cause Assessments

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
P. Blasioli	8/30/96	MP-3 Corrective Action Manager reviews all initiatives and deliverables to ensure that corrective actions for each of the root causes are in place and recommendations of the following have been adequately dispositioned. <ul style="list-style-type: none"> <li>• ACR 7007</li> <li>• QAS Failure</li> <li>• MP-3 Specific</li> <li>• FCAT/NCAT Fundamental Causes</li> <li>• JUMA (Joint Utility Management Assessment)</li> </ul>		
J. Warnock	8/16/96	Documentation demonstrating root cause analysis for the failure of the oversight organization to identify FSAR deficiencies is complete, and generic implications are identified.	N/A	
G. Pitman	7/8/96	MP-3 specific root cause analyses has been completed with recommendations to Unit 3 Director.	7/1/96	7/1/96

J. Warnock

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G. Pitman

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P. Blasioli

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Signature

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Accepted by  
Unit Director

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.10. 10CFR50.54(f) Review/Analysis

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
T. Lyons	8/16/96	Documentation demonstrating 10CFR50.54f Operational Readiness Reviews are complete.	N/A	
T. Lyons	8/16/96	Documentation demonstrating 10CFR50.54f Operational Readiness Reviews, horizontal slice reviews and walkdowns are complete.	N/A	
T. Lyons	8/30/96	Evaluate completed CMP reviews to ensure information in FSAR volumes 15 & 16 was included in initial reviews. (PI2 assessment recommendations)		
J. Vargas	8/16/96	Documentation demonstrating vertical system slice reviews and walkdowns complete.	N/A	

T. Lyons

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J. Vargas

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Unit Director

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.1.10. 10CFR50.54(f) Review/Analysis (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
D. McDaniel	8/30/96	PI-17 review of FSAR testing requirements is complete and discrepancies are dispositioned.		
D. Gerber	8/30/96	Documentation that URI 96-01-08 FSAR requirements to test safety grade interlocks has been dispositioned.		
J. Vargas	10/4/96	Incorporate information from FSAR volumes 15 & 16 into the body of the FSAR. (PI2 assessment recommendations)		
J. Vargas	10/10/96	Review and update of MP-3 Final Safety Analysis Report (FSAR) is complete.		

D. McDaniel

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Date

D. Gerber

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Signature

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Date

J. Vargas

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Date

Accepted by  
Unit Director

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Signature

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Date

2.1.11. Engineering Training

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
H. Haynes	8/30/96	Provide training to the identified Engineering staff on Design Control Manual. (ACR 7007 corrective action)		
H. Haynes	8/30/96	Provide training to the identified Engineering staff on 10CFR50.59. (ACR 7007 corrective action)		
H. Haynes	8/30/96	Provide training to the identified Engineering staff on NGP/Engineering Department Instructions. (ACR 7007 corrective action)		

H. Haynes

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Accepted by  
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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.2.1. NRC Inspection Issues

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
J. Peschel	8/30/96	Documentation demonstrating all NRC Inspection Issues (Virgilio, URIs, IFIs) have been addressed and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 95-04 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 93-06 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 91-15 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 89-22 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 89-18 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 88-15 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 86-16 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 86-10 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 86-07 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 85-22 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 85-16 issues have been reviewed for applicability and there are no operability issues.		

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**

**Deliverables Associated with Rebuilding Regulatory Confidence**

2.2.1. NRC Inspection Issues (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 85-13 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 85-05 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 84-21 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 83-42 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 83-33 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 83-32 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 82-11 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 82-08 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 81-28 issues have been reviewed for applicability and there are no operability issues.		
J. Peschel	8/30/96	Documentation demonstrating that NRC Generic Letter 81-22 issues have been reviewed for applicability and there are no operability issues.		

J. Peschel

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Date



**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**

**Deliverables Associated with Rebuilding Regulatory Confidence**

2.2.1. NRC Inspection Issues (continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
M. Venable	8/30/96	Documentation demonstrating NRC Information Notice 93-31 "MOV Failure Caused by Stem Protector Pipe Interference" has been resolved by adding cautions to station common procedures for MOV maintenance.		
M. Venable	8/30/96	Documentation demonstrating NRC Information Notice 95-35 "Degraded Ability of S/Gs to Remove Decay Heat by Natural Circulation" has been resolved by adding cautions into procedures to ensure sufficient level is maintained in S/Gs and the capability to pressurize the RCS is maintained when S/Gs are credited as a heat sink.		
M. Venable	8/30/96	Documentation demonstrating NRC Information Notice 96-06 "Design and Testing Deficiencies of Tornado Dampers at Nuclear Power Plants" has been resolved by identifying testing needed to ensure dampers will operate as designed.		
M. Venable	8/30/96	Documentation demonstrating NRC Information Notice 94-57 "Debris in Containment and RHR System" has been resolved by reviewing for applicability and potential corrective actions.		

M. Venable

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Unit Director

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.2.2. Operability Determinations

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to QMC</i>	<i>Date Complete</i>
K. Burton	8/30/96	Documentation that Operability Determinations for Cold Shutdown Issues (ACR 08315 & ACR 07269) have been evaluated and reviewed with any degraded conditions resolved.		
K. Burton	8/30/96	Documentation that Operability Determination for Containment Base Mat Porous Concrete Issue (ACR 06323) has been evaluated.		
K. Burton	8/30/96	Documentation that Operability Determination for ECCS Throttle Valve Clogging Issue (ACR 088897) has been evaluated.		
K. Burton	8/30/96	Documentation that Operability Determination for Service Water MCC/RC Booster Pump Air Binding Issue (ACR 04964) has been evaluated.		
K. Burton	8/30/96	Documentation that Operability Determination for PASS Unreliability Issue (ACR 01176) has been evaluated.		
K. Burton	8/30/96	Documentation that Operability Determination for S/G U-Tube N2 Build Up Issue (ACR 12631) has been evaluated.		
J. Langan	8/30/96	Documentation that emergent operability determinations are reviewed for acceptability		

K. Burton

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J. Langan

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**  
**Deliverables Associated with Rebuilding Regulatory Confidence**

2.2.3. Justification for Continued Operations (JCOs)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to QMC</i>	<i>Date Complete</i>
K. Burton	8/30/96	Documentation demonstrating JCOs have been reviewed and scheduled for resolution.		

K. Burton

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Accepted by  
Unit Director

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2.2.4. ACR Review

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to QMC</i>	<i>Date Complete</i>
K. Burton	9/27/96	Documentation demonstrating that level A, B & C ACRs have been reviewed in accordance with RP-4, and uncompleted corrective actions will be evaluated for significance of the remaining open items. Recommendations forwarded to the Unit Director and Corrective Action Manager.		

K. Burton

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Accepted by  
Unit Director

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Signature

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Date

2.2.5. MTF Items

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to QMC</i>	<i>Date Complete</i>
D. Gerber	9/27/96	Documentation that all MTF items (except NCRs) have been reviewed and incorporated into AITTS.		

D. Gerber

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Unit Director

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**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #2**

**Deliverables Associated with Rebuilding Regulatory Confidence**

2.2.6. QSD Items

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to QMC</i>	<i>Date Complete</i>
T. Sullivan	8/30/96	Documentation demonstrating QSD open items (including CUAT) have been reviewed and resolved.		

T. Sullivan

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

2.2.7. NSAB Items

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to QMC</i>	<i>Date Complete</i>
M. Brothers/ Designee	8/30/96	Documentation that NSAB open items have all been dispositioned.		

M. Brothers/  
Designee

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Accepted by  
Unit Director

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #3**  
**Improving Communications/Morale**

**3.1.1. Optimize Organizational Structure**

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
R. Kacich	9/27/96	The recommendations from the Nuclear Re-Engineering Team (NRET) to stabilize the organization have been approved by the Nuclear DCA, and any changes affecting MP-3 are on the schedule.	N/A	

R. Kacich

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Date

Accepted by  
Unit Director

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Signature

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Date

**3.1.2. Employee Concerns Task Plan**

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
M. Brothers/ Designee	8/30/96	An assessment of MP-3 should show that a high percentage of MP-3 personnel feel comfortable bringing safety concerns to their chain of command or the Employee Concerns Program.		
M. Brothers/ Designee	9/27/96	Documentation that employee concerns have been reviewed and no MP-3 operability questions are unresolved.		
M. Brothers/ Designee	8/30/96	Documentation that the Operational Readiness Plan is clearly communicated to MP-3 personnel with key milestone status presented in an easy, understandable manner.	N/A	

M. Brothers/  
Designee

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Signature

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #3**  
**Improving Communications/Morale**

3.1.2. Employee Concerns Task Plan (Continued)

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
T. Feigenbaum	7/2/96	Present CNO expectations to Nuclear Group personnel.	N/A	6/13/96
M. Brown	6/30/96	Conduct FPI Culture Survey	N/A	
E. Fries	8/16/96	Finalize and enter key Employee Concerns assignment milestones into AITTS.		
J. DeMella	8/30/96	Develop Employee Concerns Program monitoring strategy.		
J. DeMella	8/30/96	NRC submittal on KPIs (including Employee Concerns).		
F. Sroka	8/30/96	Develop plan for Employee Concerns related programs/procedures enhancements.		
L. Chatfield	8/16/96	Dedicated ECP Rep. established for MP-3.		
L. Chatfield	8/30/96	Implement measures to improve overall effectiveness of internal communications among management and employees in the Nuclear Group, notably in the area of CNO expectations and resolving employee concerns.		

M. Brown

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Signature

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Date

E. Fries

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Signature

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Date

T. Feigenbaum

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Signature

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Date

F. Sroka

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Signature

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Date

J. DeMella

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Signature

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Date

L. Chatfield

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #3**  
**Improving Communications/Morale**

3.1.3. Employee Communications

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
D. Winn	8/30/96	MP-3 personnel will have attended a presentation of the Excellence Plan and its relationship to the MP-3 Operational Readiness Plan and MP-3 restart.	N/A	

D. Winn

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

3.1.4. Employee Review Committee

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
R. Beckman	7/12/96	Form an Employee Review Committee for the MP-3 Operational Readiness Plan.	N/A	7/11/96
T. Lyons	10/4/96	Employee Review Committee to conduct an independent assessment of unit readiness for restart and provide documentation to the ORP Manager.		

R. Beckman

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Signature

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Date

T. Lyons

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #4**  
**Increasing Teamwork, All Five Units**

4.1.1. Continuous Improvement Team and Strategies

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
W. Nevelos	8/16/96	Members identified for Continuous Improvement Team.		
W. Nevelos	8/30/96	Initial meeting held for Continuous Improvement Team.		

W. Nevelos

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

4.1.2. Procedure Upgrade

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
T. Kirkpatrick	9/27/96	Technical procedure issues identified in the MP-3 deficiencies have been reviewed and dispositioned by the Department Procedure Coordinators to support MP-3 restart (OPS, I&C, MNT, TS, DE, GTS, HP & CHM)		

T. Kirkpatrick

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

4.1.3. Resource Sharing and Staff Utilization

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
W. Carr	8/30/96	Communicate to the entire organization that we are reassessing our previously published position of driving to 2000 employees in the NU Nuclear Group.		

W. Carr

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Signature

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Date

Accepted by  
Unit Director

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Date



**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #5**  
**Improve Employees' Ability to Conduct Work Successfully**

5.1.1. Align Human Resources

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
R. Romer	10/4/96	Approve the 1996 NPIP program revisions and communicate them to the organization.		

R. Romer

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

5.1.2. Work Control

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
J. Langan	9/27/96	Documentation demonstrating review of all priority 1, 2, & 3 AWOs for restart impact is complete and any issues identified are dispositioned.		
J. Langan	10/4/96	Documentation demonstrating that priority 1, 2 & 3 AWO backlog is < 500.		
J. Langan	10/4/96	Documentation that the AWO backlog of less than 500 contains no safety significant items.		
M. Brothers/ Designee	8/30/96	Documentation that an unplanned entry into LCO(s) goal has been established and is being monitored by unit management.		
M. Brothers/ Designee	8/30/96	Identify a "Barrier Breaker" lead for unit 3.		

J. Langan

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Signature

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Date

M. Brothers,  
Designee

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date

**Attachment A – ORP Deliverables**  
**Operational Excellence Objective (OEO) #5**  
**Improve Employees' Ability to Conduct Work Successfully**

5.1.3. Plant Testing

<i>Responsible Lead</i>	<i>Date Due</i>	<i>Description</i>	<i>Date to MQC/PORC</i>	<i>Date Complete</i>
J. Langan	8/30/96	Documentation demonstrating a centralized surveillance tracking program is in place, functional and being run by WP/OM.		
J. Langan	9/27/96	Documentation demonstrating all surveillances are scheduled within required periodicity based on new RF06 date.		
J. Langan	8/16/96	LLRT tests are completed and documented.		
J. Langan	9/27/96	Documentation that all applicable mode punch lists are complete per outage schedule.		
J. Langan	8/16/96	EDG tests are completed and documented.		
J. Langan	8/16/96	ESF/LOP tests are completed and documented.		

J. Langan

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Signature

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Date

Accepted by  
Unit Director

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Signature

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Date