

U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Report No. 50-309/85-10

Docket No. 50-309

License No. DPR-36

Licensee: Maine Yankee Atomic Power Company
83 Edison Drive
Augusta, Maine 04336

Facility Name: Maine Yankee Nuclear Power Station

Inspection At: Wiscasset, Maine

Inspection Conducted: April 22-26, 1985

Inspectors: J. A. Pull
J. A. Pull, Reactor Engineer

5/23/85
date

E. Racho
E. Racho, Reactor Engineer

5/23/85
date

Approved by: P. K. Eapen
Dr. P. K. Eapen, Chief
Quality Assurance Section
Operations Branch, DRS

5/23/85
date

Inspection Summary: Routine Unannounced Inspection (Report No. 50-309/85-10)
Conducted on April 22-26, 1985.

Areas Inspected: Document control program, corrective action program, and followup on previous NRC findings. The inspection involved 68 hours by two region-based inspectors.

Results: No violations were identified.

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1.0 Persons Contacted

Maine Yankee Atomic Power Company

*T. Boulette, Technical Support Department Head/Assistant Plant Manager
 *B. Castonguay, Office Services Section Head
 C. Cornish, Office Services Supervisor
 *R. Crosby, Quality Assurance (QA) Section Head
 *R. Forrest, Maintenance Section Head
 *J. Frothingham, Assistant Operations Department Head
 *J. Garrity, Plant Manager
 *F. Gleason, Plant Engineering Department Section Head
 A. Jones, QA Engineer
 L. Lawson, Lead QA Engineer
 *R. Lawton, Director, QA
 L. Maillet, Executive Vice President-Director of Administration
 *S. Nichols, Licensing Section
 *R. Prouty, Maintenance Department Head
 *D. Ross, Lead Engineering Assistant
 *E. Sullivan, Director, Office Services
 *V. Withee, Document Control Supervisor

U.S. Nuclear Regulatory Commission

*K. Ferlic, Project Engineer

The inspectors also interviewed other licensee personnel during the inspection.

*Denotes those present at the exit interview on April 26, 1985.

2.0 Licensee's Actions on Previous NRC Findings

(Closed) Unresolved Item (309/82-08-13): Lack of depth by the Plant Engineering Department (PED) in performing corrective action (CA) reviews. This item had also been identified in the licensee's Corrective Action audit 81-16A. As a result of MY audit 81-16A, the PED provided training to engineering personnel on the importance of performing in-depth analysis of identified problems. The licensee's QA group concurred with this corrective action and closed their item on 6/25/82.

The inspector reviewed recent QA findings against the PED and the corrective actions taken by the PED. In all cases, the corrective action was in-depth and appeared to identify the root cause. Based on this review, this item is closed.

(Closed) Unresolved Item (309/84-18-02): Lack of procedures for administering the document control program. Based on the results of an inspection in this area, see Section 3, this item is closed.

3.0 Document Control Program

3.1 References/Requirements

- 10 CFR 50, Appendix B, Criterion VI
- Maine Yankee Quality Assurance Program, Revision 2, Section VI
- ANS 3.2/ANSI N18.7 - 1976, Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants
- ANSI N45.2.9 - 1974, Requirements for Collection, Storage, and Maintenance of QA Records for Nuclear Power Plants

3.2 Documents/Activities Reviewed

- a. Administrative Procedure 0-05-1, Revision 2, Document Control
- b. 0-05-3, Revision 0, QA Records Management System
- c. 0-05-4, Revision 0, Transfer of Quality Assurance Records to the Technical File Center
- d. 0-05-5, Revision 0, Corrections or Supplements to Quality Assurance Records
- e. 0-05-6, Revision 0, Retrieval of Quality Assurance Records
- f. 0-06-1, Revision 2, Procedure Preparation, Classification and Format
- g. 0-06-2, Revision 5, Procedure Review, Approval, Distribution and Adherence
- h. 0-07-3, Revision 2, Discrepancy Reporting Procedure
- i. 0-01-1, Revision 5, Control of Activities Affecting Design
- j. 0-01-2, Revision 3, Drawing Control
- k. Administrative Department Procedure 16-25-1, Revision 1, Receipt of Quality Assurance Records into the Technical File Center
- l. Plant Engineering Department Procedure 17-22-1, Revision 1, Document Revision Procedure
- m. 17-22-2, Revision 0, Design Drawing Control
- n. 17-22-3, Revision 0, Drawing Update
- o. 17-22-4, Revision 0, Design Drawing Control Interface

- p. 17-23-2, Revision 0, Job Order Instructions
- q. Operational Quality Assurance Department Procedure 21-204, Revision 3, Instructions, Procedures, and Drawings
- r. Memorandum from F. W. Setchell, dated 12/18/84, Distribution of License Amendments (Technical Specification Changes) - Revision 1
- s. Engineering Design Change Request (EDCR) 84-43, Screen Wash Pump Duplex Strainers
- t. EDCR 83-501, High Rad Monitor Cable Penetration Swap

3.3 Details of Review

The administration of the licensee's document control program is divided between the Plant Engineering Department (PED) and the Administration Department. The Administration Department, Document Control Center (DCC), controls plant procedures, records and documents. The PED controls as-built drawings.

3.3.1 Administration Department

The inspector reviewed the procedures in Section 3.2, items a through h, k, q and r, and verified that a program had been developed for controlling procedures, documents and records. The licensee's Controlled Distribution Book, which is the Master Index for all Class A and B procedures, was reviewed to determine if it correctly reflected the latest procedure revisions. A sampling of the following procedures used by the Operations, Maintenance, and Instrumentation and Control (I&C) Departments was made and it was verified that they were using the latest revision:

<u>Operations</u>		<u>Maintenance</u>	
1-18.2	Revision 18	5-2.1	Revision 6
1-19.2	Revision 17	5-8.1	Revision 12
1-19.1	Revision 10	5-16.1	Revision 8
1-19.4	Revision 4	5-18.2	Revision 4
1-22.8	Revision 1	5-31.1	Revision 12
1-103.3	Revision 10	5-43.2	Revision 5
1-105.1	Revision 13	5-48.3	Revision 0
3-1.7	Revision 3	5-62.1	Revision 6
3-5.4	Revision 5	5-67.1	Revision 7
3-5.11	Revision 1		
3-6.2.1.2	Revision 9		
3-6.2.1.7	Revision 10		
3-6.2.1.13	Revision 9		
		<u>I&C</u>	
		6-03.3	Revision 5
		6-03.4	Revision 3
		6-06.1	Revision 1

The inspector also verified that all "C" classified documents are controlled by their respective departments. Departments are notified three months prior to a procedure's review date that the procedure is required to undergo review. Two months later, the Department is sent a second notice. If a procedure fails to undergo a review by the required review date, monthly notices are sent to the Department and upper management. The inspector reviewed this program and verified its implementation.

The inspector verified that a program exists and is being implemented for assuring that all Technical Specification changes are incorporated into the appropriate procedures, instructions, and drawings.

The Maine Yankee Technical File Index was reviewed to determine if the following documents were located and stored as indicated:

20.2.15	Chemistry Surveillance Control Charts
20.2.18	Chemistry Surveillance Trend Graphs
20.4.3	I&C 3"x3" Well Detector (NAI) Calibration
20.4.5.2	I&C Efficiency Calibration
MY 12.3	Maintenance Equipment History Files
MY 12.7	Welding Procedures and Quality Records
MY 11.10	Maine Yankee Q-29 Pressurizer Pressure Chart
	Maine Yankee Q-45 TA/TREF Channel 2 Chart

The program for assuring that records and documents are periodically sent to the DCC for storage was reviewed and its implementation verified. It was also verified that the location of inactive files are documented in the Maine Yankee Vault Index.

3.3.2 PED

The inspector reviewed the procedures in Section 3.2, items i, j, l through p, s and t, to verify a written program had been established for the control and revision of as-built drawings. This program assures that correct as-built information is provided on plant controlled drawings after implementation of an EDCR. Items s and t of Section 3.2 were reviewed and verified that the changes were accurately reflected on the as-built drawings and the drawing changes were properly reviewed and controlled. The inspector also verified that procedures have been established for controlling changes to drawings between Yankee Nuclear Service Division and the site.

The program assures that obsolete drawings are updated. The inspector reviewed the aperture card files which are the master index for the status of all drawings. He verified that the correct status of drawings are reflected on the aperture cards.

The program provides means to resolve discrepancies found between the as-built drawings and the as-constructed facility. The inspector reviewed the Drawing Change Request (DCR) Log, located in the Control Room, and verified that the DCRs were properly documented on the following drawings:

<u>Drawing No.</u>	<u>DCR No.</u>
FM-82B	84-025
FM-92A	84-38
FM-92A	84-39

The program also assigns responsibility for the control and storage of site as-built drawings.

3.4 Findings

While reviewing the Maine Yankee Technical File Index, the inspector noted that the Maintenance Department had failed to send any of their 1984 records to the DCC for microfilming. In subsequent discussions with Maintenance Department management, it was determined that this was caused by insufficient administrative staff. The licensee also indicated that this item had been identified in a recent audit, MY-85-13, Document Control, and, therefore, has recently hired an extra administrative person to work in the Maintenance Department. Prior to the inspector leaving the site, all records had been transferred to the DCC for microfilming.

While reviewing the DCR Log, the inspector noted that completed DCRs were not being documented in the Log. Again, management indicated that the above-mentioned audit had identified this. Prior to leaving the site, the inspector was notified that the Log had been updated.

No violations were identified.

4.0 Corrective Action Program

4.1 Reference/Requirements

- 10 CFR 50, Appendix B, Criterion XVI
- Maine Yankee Quality Assurance Program, Section XVI

- ANS 3.2/ANSI N18.7 - 1976, Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants
- ANSI N45.2.12 - 1977, Requirements for Auditing of Quality Assurance Programs for Nuclear Power Plants

4.2 Documents/Activities

- Maine Yankee Quality Assurance Procedure 0-00-3, Revision 7, Internal Audits
- 0-08-2, Revision 4, Corrective Action

4.3 Details of Review

The implementing procedure 0-08-2, Corrective Action Program, Revision 4, was reviewed to verify that the requirements of Criterion XVI of 10 CFR 50, Appendix B, are adequately addressed. The program provided guidance for initiation of corrective action, evaluation of identified deficiencies, and followup to assure proper and timely implementation.

The inspector reviewed findings of QA audits and QA Surveillances to verify that identified conditions adverse to quality were properly evaluated to assure appropriate correction action; that the action was timely; that the action was designed to preclude recurrence of the condition; that significant conditions adverse to quality were reviewed by appropriate level of management and reported to NRC as required; and that adherence to established implementing procedures was maintained. The documents reviewed were the following:

- MY Audit Reports #82-16A/B, Corrective Action
- MY Audit Reports #83-16A/B, Corrective Action
- MY Audit Reports #84-16A/B, Corrective Action
- MY Operational Assessment Program, 84-17
- MY Operating Experience Assessment, 84-17
- MY Surveillance Report Nos.
 - 84S-413, OQAD
 - 84S-451, I&C
 - 84S-023, Maintenance, I&C, QA
 - 84S-015, Maintenance
 - 84S-479, Maintenance
 - 84S-012, I&C

4.4 Findings

No violations were identified.

5.0 Annual QA Program Review

Based on the results of inspections of the Document Control Program, Section 3, of this report; the Records Storage Program, Section 5, of 50-309/84-18; the Corrective Action Program, Section 4, of this report; the Procurement Program, Section 3, of 50-309/85-05; and the Receipt, Storage, and Handling Program, Section 4, of 50-309/85-05, review of this program is completed.

6.0 QA/QC Interface

The inspector reviewed the audits (MY82-13, MY83-13 and MY84-13) Document Control for the past three years. The audits were thorough and identified many discrepancies later identified by the NRC. Corrective actions appeared timely and in depth.

The inspector also verified that the licensee's Quality Assurance group audits the Corrective Action program. These audits reviewed corrective actions related to previous in-plant audits (e.g., Document Control, Operations, etc.), NRC findings, LERs. The licensee performs three in-plant audits a year related to the corrective action program. There were two Corrective Action audits per year and an Operational Assessment Audit. Among the three audits, the licensee audits covered all corrective action programs.

7.0 Exit/Management Meetings

The findings of this inspection were periodically discussed with MY representatives during the course of the inspection. An exit interview was conducted on April 26, 1985, at the conclusion of the inspection (see Paragraph 1 for attendees) at which time the findings were presented to MY management. Management acknowledged these findings.

At no time during this inspection was written material provided to the licensee by the inspectors.