



KANSAS GAS AND ELECTRIC COMPANY

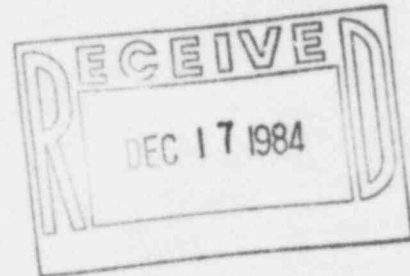
50-482/84-57

GLENN L. KOESTER  
VICE PRESIDENT - NUCLEAR

*Place in  
Docket*

December 11, 1984

Mr. Robert D. Martin  
Regional Administrator  
Region IV  
U.S. Nuclear Regulatory Commission  
611 Ryan Plaza Drive, Suite 1000  
Arlington, Texas 76011



KMLNRC 84-227

Re: Docket No. STN 50-482

Ref: Letter of 11/28/84 from RDMartin, NRC,  
to GLKoester, KG&E

Subj: Wolf Creek Preoperational Test Program

Dear Mr. Martin:

The Reference identified the logistics for an Enforcement Conference on December 4, 1984 concerning the Wolf Creek Preoperational Test Program.

The enclosure to this letter documents KG&E's commitments made during the meeting and provides a current status of those activities.

Yours very truly,

*Glenn L. Koester*

GLK:bb

Enc.

xc:PO'Connor (2)

RPDenise

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## WOLF CREEK GENERATING STATION

## PREOPERATIONAL TEST PROGRAM CORRECTIVE ACTIONS

The Wolf Creek Preoperational Test Program (PTP) was developed to verify that the as-constructed plant components and systems, including alarms and indications, fulfill their design intent; to demonstrate, to the extent practicable, proper component and system response to postulated accidents; and to familiarize operating, technical and maintenance personnel with aspects of plant operation. Prior to the Enforcement Conference, KG&E had recognized problems with meeting these objectives and had utilized internal vehicles of the overall KG&E QA program to begin corrective action. These vehicles were in the form of Corrective Action Request (CAR) 20 issued on November 9, 1984 by the Quality Assurance organization, and Internal Operations Program Deficiency (IOPD) 84-08, also issued on November 9, 1984 by the Plant organization.

This enclosure summarizes the activities associated with these two vehicles and provides a description of additional elements of KG&E's extensive corrective actions. It is recognized that previous corrective actions concerning PTP activities had, in some instances, been ineffective. However, KG&E believes that now, with the upper KG&E management attention being applied to the PTP, similar programmatic deficiencies will not occur.

The NRC stated that the meeting was called to address the numerous instances of PTP deficiencies and was not called as a result of any specific occurrence. The NRC also stated that an inspection report would be issued later documenting the findings discussed. The findings were categorized as two violations and several weaknesses of the PTP.

NRC Inspection Report 84-38 discusses some of the specific findings, but most have not been addressed in an inspection report. As such, KG&E's description of these findings may differ in minor details of the findings, but we believe the generic underlying causes of the PTP problems are addressed herein, and this information is being provided now so that an expedited review by the NRC is possible.

Violation A - Failure to Test Functional Requirements in Accordance with FSAR Commitments

The NRC had reviewed a small sampling of PTP results and found a proportionally large number (5) of FSAR commitments not included in the testing.

Response

These problems with the technical adequacy of the PTP had been identified individually over the past months. KG&E had been treating each as isolated instances of noncompliance. KG&E came to the realization, however, that there was potentially a generic problem, because of the NRC's small sample size, with the PTP.

Consequently, a review team of some of the most qualified personnel from the Operations, Quality, and Startup organizations was mobilized to review KG&E licensing documents for testing commitments and then subsequently to check KG&E PTP activities for compliance with those commitments. That review effort is continuing.

To date, the following documents have been reviewed:

1. SNUPPS FSAR through Revision 16 and identified Revision 17 material.
2. Wolf Creek FSAR Addendum through Revision 14 and identified Revision 15 material.
3. Wolf Creek SER and Supplements through SSER #4.

This effort identified about 1250 design verification commitments of which 7 were not included in the PTP, plus the 5 identified by the NRC.

Documents for which the review is not yet complete include the following:

1. Wolf Creek "Final Draft" Technical Specifications.
2. Regulatory Guide compliance was, and is, intensively reviewed as part of the normal preoperational test program procedure preparation effort. In addition, selected Regulatory Guides, per Attachment 1 will be re-reviewed for PTP compliance.

A Results Report documenting activities completed as of December 3, 1984 was provided to the NRC at the meeting. Because of the low numbers of additional items found, KG&E believes that each item is an isolated instance and the PTP activities are technically adequate and do reflect FSAR commitments. The items found have been included in appropriate test instructions.

KG&E believes that this conclusion will still be valid when all the above review activities are complete. KG&E will document to the NRC the completion of these reviews, including KG&E upper management review of the review results, by December 31, 1984.

KG&E will perform a similar indepth commitment compliance review of Initial Startup Test Program compliance. KG&E will complete this effort and document the review results to the NRC by December 31, 1984.

#### Violation B - Preoperational Test Program Procedural Violations

During NRC review of completed preoperational tests, several instances of procedural noncompliances have been found. Examples of such noncompliances include:

1. Temporary modification controls not in accordance with procedures.
2. Test discrepancy documentation errors.
3. Suspended test control activities not in accordance with procedures.
4. Inadequate test discrepancy log entries.
5. Preoperational test procedural violations.
6. Test change control program violations.

## Response

KG&E QA conducted an audit from August 31 to October 24, 1984, and identified an adverse trend concerning strict compliance with Startup Administrative procedures. A management meeting was held on September 7, 1984, between QA, Operations, and Startup to discuss the high average of about 9 procedural discrepancies in test packages reviewed by QA. Specific corrective actions were agreed to in the meeting. A subsequent QA audit which began October 8, 1984, noted a 24% improvement to about 7 errors per test package. KG&E management decided that this was still an unacceptably high error rate.

KG&E activities associated with CAR 20 and IOPD 84-08 were initiated and primarily directed towards minimizing errors in the administrative controls of the PTP. These two documents are enclosed as Attachments 2 and 3, respectively. Specific corrective actions were taken to correct the specific problems identified and they are described in the attachments. The corrective actions for programmatic concerns are discussed herein.

KG&E has identified two significant root causes for the high procedural error rate. They were:

1. Scheduling pressures.
2. Cumbersome Startup Administrative procedures.

Each of these root causes will be addressed in turn.

The most significant cause is the scheduling pressures which apparently resulted in a lack of attention to detail. This should never have happened because KG&E management has always emphasized that the schedule was secondary in importance relative to quality performance of activities. However, as construction was completed, the pressure to complete preop tests on a tight schedule was allowed, through oversight, to unduly influence test engineers. To relieve perceived scheduling pressures, the following actions were taken:

1. Upper management conducted meetings with everyone in the Startup and Operations organizations to discuss project priorities and requirements. The requirement to adhere to procedures was emphasized. Each meeting group was informed that they were expected and required to take the time to do an activity properly, regardless of scheduling impact. Proper preparation and coordination to permit activities to be performed right the first time was stressed. Similar meetings were also conducted with the Quality and Construction groups.
2. A new scheduling method was developed. The fuel load/plant completion schedules issued November 24, 1984, and subsequently, reflect the new method. The schedule has no contingency for unidentified problems, but does include increased time allowances for the completion of activities of the types which were identified in the past to have unrealistic schedules.



3. Daily site management meetings are held to go over quality concerns, tasks in progress, and problem areas. These meetings, along with the weekly schedule review meeting, provide for prompt feedback to management of schedular problems.

Management is then available to revise schedules, if appropriate, and thereby relieve undue pressures. The schedule has subsequently been adjusted in this manner several times, and should have demonstrated to test personnel that the schedule is secondary to quality.

4. Management involvement in planning and coordinating activities has been increased. Line managers were instructed, in the meetings described in 1) above, to spend more time in the field to verify that procedures are being followed and to provide coordination of problem areas.

Cumbersome Startup Administrative procedures is the other root cause. To improve procedure compliance and better understanding of Administrative procedures the following actions have been taken or directed:

1. Individuals key to the direction and control of the PTP were examined to determine their knowledge of program administrative requirements. Of the 185 individuals examined, 148 passed initially. Thirty were retrained, tested and recertified. One individual was decertified, and 6 individuals not involved in testing activities are to be retrained.
2. To ensure that the Nuclear Department personnel fully understand the significance of proper adherence to procedures, and to provide a consistent policy for disciplinary action for non-adherence to procedures, a Nuclear Department policy entitled "Adhering to Established Guidelines" was issued on November 16, 1984. The policy will be placed on the required reading list for plant operating personnel. Startup supervision will review the policy with all test engineers. These activities will be complete by December 21, 1984.
3. Startup Administrative Procedure ADM 14-200 (Preoperational Testing Implementation Procedure) is being revised to include criteria for the use of Temporary Change Notices and to limit the number of test discrepancies. The revised procedure will be issued by December 14, 1984.
4. The Operations organization has initiated a 100% re-review of all FSAR required PTP packages for compliance with Startup administrative requirements, to insure that any administrative errors missed during the initial preop post test review do not compromise the test validity. Consistent evaluation criteria is being applied during the review. The re-review does include in its scope already vaulted PTP packages. The elements of this enhanced review will be applied to those preop tests not yet completed. This effort will be complete by Wolf Creek fuel load.

5. Startup management activities have been enhanced to require more detailed involvement by the responsible supervisor prior to written test start authorization, and to provide more comprehensive daily coaching, direction, and monitoring of test engineers by their supervision.

The Startup Technical Support Group also conducts daily independent review of active plant testing. Review results are provided to the engineer and to his supervisor for follow-up during the daily coaching sessions.

Details of these enhancements are provided in Attachment 3, Section III.B.1.

6. Control Room activities are also being monitored by the Shift Advisors. Written observations of activities taking place are reported to the Superintendent of Operations. Corrective action is taken based upon the observations, when required. The observations will continue until the Plant Manager concurs they are no longer needed. More detail concerning these observations is given in Attachment 3, Section III.B.3.

Since the PTP is almost complete, it must be recognized that Startup activities will be complete in a short time, and, therefore, extensive efforts to correct Startup procedures would have little effect. Instead, KG&E has started converting the necessary Startup procedures over to permanent Operating procedures. This effort is to be complete by fuel load.

The potential also exists for some Operations Administrative procedures to be considered cumbersome. However, since KG&E management has stressed to the affected personnel the importance of compliance with procedures, KG&E will strictly follow any procedure until such time as the procedure is revised. KG&E procedures have been, and will continue to be, revised in this manner when the need for such revisions are identified and approved.

#### Weaknesses in the Preoperational Test Program

The NRC stated that the following were weaknesses in the Wolf Creek PTP:

1. Acceptance criteria for tests were not evaluated against technical specification acceptance criteria.
2. Testing methods and acceptance criteria were not reflective of potentially limiting plant conditions.
3. Inappropriate instrumentation was used during testing.
4. Substantial test procedure changes were required throughout the PTP.
5. Several tests were voided late in the PTP package review process.
6. Test packages were vaulted without controls to ensure that the packages were complete.

7. Test package review time is untimely.
8. Preoperational test scheduling creates undue pressure.
9. Test engineers were not familiar with system operation.
10. Control Room Operations' personnel were not aware of testing activities in progress.

Response

1. The actual concern was a preop test which was more restrictive than the requirements of Regulatory Guide 1.108 in the testing of the emergency diesel generator. The Technical Specification correction was due to a reference in the Technical Specifications to the Regulatory Guides. This Regulatory Guide, however, is also a commitment of the FSAR.

As stated above, in order to insure there are no other corrections to the PTP from the Technical Specifications, a review of the Preop Acceptance Test Criteria will be made of each preop test against the Technical Specifications for that system.

2. As stated above, the FSAR commitment compliance reviews have determined that the PTP does, except for isolated instances, reflect limiting plant conditions. For those isolated instances test results will be evaluated and extrapolated as appropriate.
3. Increased awareness by the various reviewing organizations, i.e., Operations, Results Engineering, Quality Engineering, and Quality Control, of this weakness will insure this type of concern is prevented.
4. The corrective actions of CAR-20 and IOPD 84-08 address this weakness.
5. The Startup supervision review efforts, the increased Startup supervision presence in the plant, and the Startup administrative procedure revision criteria, described above, have given lower tier Startup personnel guidelines and checks on testing activities such that late test voiding should be minimized in the future. These guidelines will ensure that when test packages reach the JTG significant deficiencies will no longer exist.
6. A system is now in place to insure all vaulted packages are page numbered prior to submittal to the vault. In addition, the JTG preop procedure review comments will be added to the vaulted completed test package.
7. KG&E acknowledges that test reviews have taken longer than is desirable. Elements of the corrective actions described in this letter will result in more timely test review.
8. Activities to reduce scheduling pressures were described above.

9. The test start authorization program will reconfirm that each test engineer is knowledgeable and prepared to conduct the specific test.
10. The Plant Manager met with all the Shift Supervisors and Supervising Operators stressing that Control Room Operations personnel must be cognizant of all activities ongoing in the plant, including Startup testing activities. KG&E management observations have since identified that Operations personnel are now more knowledgeable of plant testing activities down to the level of the specific step being worked for tests in progress.

#### Summary

KG&E acknowledges that PTP deficiencies did exist. While each in the past were treated as isolated instances, the number of such instances caused KG&E to evaluate the underlying causes for the deficiencies. The main causes were determined to be schedular pressures and difficult to use administrative procedures. KG&E management has taken the appropriate preventative and remedial actions to address these effects so that future activities will not have similar deficiencies.

Management has reinforced to the JTG that their PSRC Subcommittee role, as the final authority for approval of PTP results, places the burden for a quality PTP on them.

Management has also put more emphasis on converting from a construction atmosphere and controls to an operating environment and controls, including more supervisory involvement in ongoing activities. One of supervisions primary functions will be to stress the Wolf Creek "do it right the first time" philosophy.

KG&E is providing this response to the NRC prior to the issuance of your inspection report so as to help resolve the noted violations and weaknesses in an expeditious manner.

KG&E  
REGULATORY GUIDE REVIEW SUMMARY  
12/11/84

REG GUIDE	REV	DATE	TITLE (SUBJECT)	REVIEW	REASON
1.1	0	11/2/70	SAFEGUARDS PUMPS NPSH	YES	
1.2	0	11/2/70	RY THERMAL SHOCK	NO	3,4
1.3	2	6/74	ASSUMPTIONS FOR BWR RADIOLOGIC. ANAL	NO	N/A
1.4	2	6/74	ASSUMPTIONS FOR PWR RADIOLOGICAL ANAL	YES	
1.5	0	3/71	ASSUMPTIONS FOR BWR STEAM LINE BREAK	NO	N/A
1.6	0	3/71	IND OF POWER SYSTEMS	YES	
1.7	2	11/78	LOCA COMBUSTIBLE GAS CONTROL	YES	
1.8	2	2/79	PERSONNEL SELECTION & TRAINING	NO	5
1.9	1	11/78	QUALIFICATION OF DIESEL GENERATORS	YES	
1.10	1	1/73	CONCRETE CADWELD SPLICES	NO	7,1
1.11	0	3/71	CTMT INSTRUMENT LINE PENETRATIONS	YES	
1.12	1	4/74	INSTRUMENTATION FOR EARTHQUAKES	YES	
1.13	1	12/75	SPENT FUEL STORAGE DESIGN	YES	
1.14	1	8/75	RCP FLYWHEEL INTEGRITY	NO	1,3,4
1.15	1	12/72	REBAR TESTING	NO	7
1.16	--	-----	REPORTING OF OPERATING INFORMATION	NO	5,6
1.17	--	-----	INDUSTRIAL SABOTAGE PROTECTION	YES	
1.18	1	12/72	STRUCTURAL ACCEPTANCE TEST	YES	
1.19	1	8/72	NDE OF CONTAINMENT LINER WELDS	NO	7,1
1.20	2	5/76	REACTOR VESSEL INTERNALS VIBRATION	YES	
1.21	1	6/74	RAD RELEASE MEASUREMENT/REPORTING	YES	
1.22	0	2/72	PERIODIC TESTING OF PROT SYSTEMS	YES	
1.23	--	-----	ONSITE METEOROLOGICAL PROGRAM	YES	
1.24	0	3/72	ASSUMPTIONS FOR WASTE GAS TANK FAILURE	YES	
1.25	0	3/72	FUEL HANDLING ACCIDENT ASSUMPTIONS	YES	



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REG GUIDE	REV	DATE	TITLE (SUBJECT)	REVIEW	REASON
1.26	3	2/76	QUALITY GROUP CLASSIFICATIONS	NO	5
1.27	2	1/76	ULTIMATE HEAT SINK	YES	
1.28	2	2/79	QA REQUIREMENTS (DESIGN & CONSTRUCTION)	NO	5,1
1.29	3	9/78	SEISMIC DESIGN CLASSIFICATION	NO	5
1.30	0	8/72	QA REQUIREMENTS (INST & ELEC TESTING)	YES	
1.31	3	4/78	FERRITE CONTROL IN WELDING	NO	5,7
1.32	2	2/77	SAFETY-RELATED ELECTRICAL POWER SYSTEMS	YES	
1.33	2	2/78	QA PROGRAM (OPERATIONS)	NO	5,6
1.34	0	12/72	ELECTROSLAG WELDING CONTROL	NO	5,7
1.35	3	4/79	ISI FOR UNGROUTED TENDONS	YES	
1.36	0	2/73	NON-METALLIC INSULATION	NO	1,7
1.37	0	3/73	QA FOR CLEANING	NO	5
1.38	2	5/77	QA FOR SHIPPING, STORAGE, ETC.	NO	5
1.39	2	9/77	HOUSEKEEPING REQUIREMENTS	NO	5
1.40	0	3/73	CONTAINMENT MOTOR QUALITY TESTING	YES	
1.41	0	3/73	PREOP TESTING OF ONSITE ELECTRICAL	YES	
1.42	--	-----	(NONE - WITHDRAWN)	NO	N/A
1.43	0	5/73	STAINLESS WELD CLAD CONTROL	NO	5,7
1.44	0	5/73	SENSITIZED STAINLESS STEEL CONTROL	NO	5,7
1.45	0	5/73	RCPB LEAK DETECTION SYSTEMS	YES	
1.46	0	5/73	PIPE WHIP PROTECTION	NO	1,7
1.47	0	5/73	STATUS INDICATION	YES	
1.48	0	5/73	SEISMIC I OPERABILITY TESTING/LOADS	NO	3,4
1.49	1	12/73	POWER LEVELS	NO	1,4
1.50	0	5/73	WELDING PREHEAT CONTROL	NO	5,7

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REG GUIDE	REV	DATE	TITLE (SUBJECT)	REVIEW	REASON
1.51	--	-----	(NONE - WITHDRAWN)	NO	N/A
1.52	2	3/78	HEPA/CHARCOAL FILTER TESTING	YES	
1.53	0	6/73	SINGLE FAILURE CRITERIA	YES	
1.54	0	6/73	QA FOR PROTECTIVE COATINGS	NO	5,7
1.55	0	6/73	CONCRETE PLACEMENT	NO	7,1
1.56	1	7/78	WATER PURITY MAINTENANCE (BWR)	NO	N/A
1.57	0	6/73	DESIGN/LOADING LIMITS FOR CTMT LINER	NO	1,4,7
1.58	1	9/80	QUALIFICATION OF TESTING PERSONNEL	NO	5
1.59	2	8/77	DESIGN BASIS FLOODS	NO	1
1.60	1	12/73	RESPONSE SPECTRA	NO	1,4
1.61	0	10/73	DAMPING VALUES	NO	1,4
1.62	0	10/73	MANUAL INITIATION OF PROT ACTIONS	YES	
1.63	2	7/78	CONTAINMENT ELECTRICAL PENETRATIONS	YES	
1.64	2	6/76	QA FOR DESIGN	NO	1,5
1.65	0	10/73	MATERIALS INSPECTIONS FOR RV STUDS	NO	5,7,1
1.66	--	-----	(NONE - WITHDRAWN)	NO	N/A
1.67	0	10/73	INSTALLATION OF O/P PROT DEVICES	YES	
1.68	2	8/78	INITIAL TEST PROGRAM	YES	
1.68.1	1	1/77	TEST OF FEEDWATER/COND FOR BWR'S	NO	N/A
1.68.2	1	7/78	TEST OF REMOTE SHUTDOWN CAPABILITY	YES	
1.68.3	0	4/82	TEST OF I & C AIR SYSTEMS	NO	N/A
1.69	0	12/73	RADIATION SHIELDS	NO	1,7
1.70	3	11/78	FSAR FORMAT GUIDE	NO	5
1.71	0	12/73	WELDER QUAL (LIMITED ACCESS)	NO	5
1.72	2	11/78	FIBERGLASS SPRAY PANEL PIPING	NO	N/A

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REG GUIDE	REV	DATE	TITLE (SUBJECT)	REVIEW	REASON
1.73	0	1/74	QUAL TESTS OF CONT EMO'S	YES	
1.74	0	2/74	QA DEFINITIONS	NO	5
1.75	2	9/78	PHYSICAL IND OF ELECT SYSTEMS	YES	
1.76	0	4/74	DESIGN BASIS TORNADO	NO	1,4
1.77	0	5/74	CONTROL ROD EJECTION ASSUMPTIONS	NO	4
1.78	0	6/74	CONTROL ROOM HABITABILITY ASSUMPTIONS	YES	
1.79	1	9/75	ECCS PREOPERATIONAL TESTING	YES	
1.80	0	6/74	INSTRUMENT AIR PREOPERATIONAL TESTING	YES	
1.81	1	1/75	SHARED ELECT SYSTEMS FOR MULTI-PLANTS	NO	N/A
1.82	0	6/74	ECCS SUMPS	YES	
1.83	1	7/75	ISI FOR STEAM GENERATOR TUBES	NO	7
1.84	16	5/80	ASME CODE CASES	NO	1,5
1.85	16	5/80	ASME CODE CASES (MATERIALS)	NO	1,5
1.86	0	6/74	TERMINATION OF OPERATING LICENSES	NO	5,6
1.87	1	6/75	CONSTRUCTION OF HIGH TEMP REACTORS	NO	N/A
1.88	2	10/76	HANDLING OF QA RECORDS	NO	5
1.89	0	11/74	QUALIFICATION OF 1E EQUIPMENT	NO	3
1.90	1	8/77	ISI FOR GROUTED TENDONS	NO	N/A
1.91	--	-----	TRANSPORT ROUTE EXPLOSIONS	NO	4,5
1.92	1	2/76	SEISMIC MODAL RESPONSE COMB	NO	4,1
1.93	0	12/74	AVAILABILITY OF ELECTRICAL POWER SOURCES	YES	
1.94	1	4/76	QA FOR CONSTRUCTION	NO	5,7
1.95	1	1/77	CONTROL ROOM PROT FOR CHLORINE	YES	
1.96	1	6/76	BWR MSIV'S	NO	N/A
1.97	1	8/77	POST-ACCIDENT MONITORING	YES	

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REG GUIDE	REV	DATE	TITLE (SUBJECT)	REVIEW	REASON
1.98	0	3/76	BWR OFFGAS ASSUMPTIONS	NO	N/A
1.99	1	4/77	RX VESSEL MATERIAL RADIATION DAMAGE	NO	3,4
1.100	1	8/77	SEISMIC QUAL OF ELECTRICAL EQUIPMENT	NO	3,4
1.101	--	-----	(NONE - WITHDRAWN)	NO	N/A
1.102	1	9/76	FLOOD PROTECTION	YES	
1.103	1	10/76	POST-TENSIONED/PRE-STRESSED CONT	YES	
1.104	0	2/76	OVERHEAD CRANE SYSTEMS	NO	W/D
1.105	1	11/76	INSTRUMENT SETPOINTS	YES	
1.106	1	11/76	EMD THERMAL OVERLOADS	YES	
1.107	1	2/77	QUAL FOR TENDON GROUTING	NO	N/A
1.108	1	8/77	DIESEL GENERATOR TESTING	YES	
1.109	1	10/77	APPENDIX I DOSE CALCULATIONS	NO	4
1.110	0	3/76	RADWASTE COST/BENEFITS ANALYSIS	NO	4
1.111	1	7/77	ESTIMATING AIR RELEASE DISPERSION	NO	4
1.112	0	5/77	EFFLUENT RELEASE CALCULATIONS	NO	4
1.113	1	4/77	ESTIMATING WATER RELEASE DISPERSION	NO	4
1.114	1	11/76	OPERATOR GUIDANCE	NO	5,6
1.115	1	7/77	TURBINE MISSILE PROTECTION	NO	1,4
1.116	0	5/77	QA FOR MECHANICAL EQUIPMENT	NO	5
1.117	1	4/78	TORNADO DESIGN CLASSIFICATION	NO	1,5
1.118	2	6/78	TESTING OF ELECTRICAL SYSTEMS	YES	
1.119	--	-----	(NONE - WITHDRAWN)	NO	N/A
1.120	1	11/77	FIRE PROTECTION	YES	
1.121	0	8/76	STEAM GENERATOR TUBE PLUGGING	NO	6,7
1.122	1	2/78	FLOOR RESPONSE SPECTRA	NO	1,4

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REG GUIDE	REV	DATE	TITLE (SUBJECT)	REVIEW	REASON
1.123	1	7/77	QA FOR PROCUREMENT	NO	5
1.124	1	1/78	COMP SUPP SERVICE LIMITS	NO	4
1.125	1	10/78	MODELS FOR HYDRAULIC STRUCTURES	NO	3,4
1.126	1	3/78	FUEL DENSIFICATION MODEL	NO	4
1.127	1	3/78	WATER CONTROL STRUCTURE INSPECTION	NO	5,7
1.128	1	10/78	STORAGE BATTERY INSTALLATION	YES	
1.129	1	2/78	MAINTENANCE & TESTING OF BATTERIES	YES	
1.130	1	10/78	COMP SUPPORT SERVICE LIMITS	NO	1,4
1.131	0	8/77	QUAL TESTS OF ELECTRICAL CABLES	NO	3
1.132	1	3/79	SITE INVEST. FOR FOUNDATIONS	NO	5,7
1.133	1	5/81	LOOSE PARTS MONITORING	YES	
1.134	1	3/79	MEDICAL EVALUATION OF OPERATORS	NO	5
1.135	0	9/79	NORMAL WATER LEVEL & DISCHARGE	YES	
1.136	1	10/78	MATERIAL FOR CONCRETE CONTAINMENT	NO	1
1.137	1	10/79	DIESEL GENERATOR FUEL OIL	YES	
1.138	0	4/78	SOILS ENGINEERING ANALYSIS	NO	4
1.139	1	2/80	RESIDUAL HEAT REMOVAL	YES	
1.140	0	3/78	AIR FILTRATION CRITERIA	YES	
1.141	0	4/78	CONTAINMENT ISOLATION SYSTEM	YES	
1.142	0	4/78	SAFETY-RELATED CONCRETE STRUCTURES	NO	1,4
1.143	0	7/78	RADWASTE DESIGN GUIDANCE	NO	1
1.144	1	9/80	QA AUDITING	NO	5
1.145	0	8/79	ATMOSPHERIC DISPERSION MODELS	NO	4
1.146	--	8/80	QUALIFICATIONS FOR QA AUDIT PERSONNEL	NO	5
1.150	1	2/83	REACTOR VESSEL UT	NO	3,7



CODE	REASON
1 DESIGN -	Design statement only, or commitment satisfied by the design process alone. Also includes construction-related activities.
2 TYPICAL -	Not an acceptance criterion requiring preoperational test verification.
3 TEST -	A commitment satisfied by type, model or vendor testing alone.
4 ANALYSIS -	A commitment satisfied by analysis only, or a combination of analysis and test.
5 PROGRAM -	A commitment satisfied by programmatic controls, which needs not be reflected in individual preoperational tests.
6 STARTUP -	A commitment satisfied by post fuel load testing, rather than preoperational testing.
7 COMPONENT -	Satisfied by component or NDT testing, rather than preoperational testing.
8 DUPLICATE -	An item which duplicates other identified commitments.

N/A NOT APPLICABLE - Not applicable to WCGS



INTEROFFICE CORRESPONDENCE

TO: R.T. Rhodes  
FROM: W.J. Rudolph II *WJR*  
DATE: November 9, 1984  
SUBJECT: Corrective Action Request (CAR) No. 20

KQWLKWO 84-655

Attached is Corrective Action Request (CAR) #20 which is being issued to obtain corrective actions to problems associated with procedural compliance (implementation).

The problem was initially identified while performing Audit TE: 50140-K007 "Preoperational Testing" and resulted in a senior management meeting on September 7, 1984. A subsequent QA audit and an analysis of previous audit and surveillance reports have indicated continuing implementation problems.

Please respond to this Corrective Action Request by completing Section 5 of the subject CAR. Your schedule for implementing corrective actions and an explanation of any actions you have already taken should be submitted to me by November 16, 1984.

WJR/sjs

Attachments

cc: G.L. Koester  
R.M. Grant  
C.C. Mason  
R.J. Glover  
C.G. Patrick  
C.E. Parry

WOLF CREEK GENERATING STATION  
CORRECTIVE ACTION REQUESTCAR NO. 20

## 1. CONDITION DESCRIPTION:

See attached, Section I

## 2. RESPONSIBLE ORGANIZATION:

KG&amp;E Operations and Startup

## 3. CAUSE OF CONDITION:

See attached, Section IV

## 4. RECOMMENDED CORRECTIVE ACTION:

See attached, Section V

[Signature] 11-9-84 pm  
Reviewer Date  
C. A. P. H. 11-9-84

[Signature] 11-9-84  
Quality Branch Representative Date

## 5. SCHEDULE FOR IMPLEMENTATION OF ACTION:

Responsible Supervisor \_\_\_\_\_ Date \_\_\_\_\_

6. NRC REPORTABLE: Yes

☒ No7. STOP WORK ACTION TAKEN: Yes  
If Yes, Report # \_\_\_\_\_☒ No

## 8. CORRECTIVE ACTION VERIFIED - Method of Verification:

Quality Branch Representative \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

9. CAR CLOSED: Yes

Quality Branch Representative \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

## 10. APPROVAL

Director - Quality \_\_\_\_\_

DATE \_\_\_\_\_

I. **CONDITION DESCRIPTION**

A. Procedural Compliance

The continued lack of procedural compliance in the Startup and Operations organizations has diminished the effectiveness of their Quality Assurance Programs and hence constitutes a Quality Program Breakdown. This is particularly relevant to pre-operational testing activities.

B. Management Discipline

Problems associated with procedural compliance were previously brought to the attention of Startup/Operations management. The corrective action measures taken thus far have been relatively ineffective.

II. **OBJECTIVES**

- To determine the primary causes for the Quality Program Breakdown.
- To firmly obtain management awareness of the significance of the problems.
- To obtain the necessary level of management discipline that will facilitate procedural compliance.
- To ensure that the personnel performing safety-related activities are aware of procedural requirements.
- To ensure that the proper quality attitude is established and maintained throughout the Operations and Start-up organizations.
- To obtain objective evidence of remedial actions for items that have not been previously evaluated and/or corrected.
- To obtain objective evidence of measures taken that will prevent recurrence.

III. **BACKGROUND INFORMATION**

- Between January, 1984 and the present, fourteen (14) audits and thirty-seven (37) surveillances resulted in the identification of ninety (90) instances of procedure noncompliances. The majority of the findings represent minor instances of procedural noncompliance however the cumulative effect represents a significant Quality concern. (See Attachment A).

- On September 7, 1984, a management meeting was held to discuss concerns raised by the Manager Quality Assurance (WCGS) at the September 6, 1984 Project Quality Review Meeting. The concerns specifically addressed a continuing negative trend associated with the administrative compliance to Startup test procedures. Startup and Operations management committed to the implementation of corrective actions designed to eliminate procedural noncompliances. (See Attachment B)
- On October 26, 1984 the Manager Quality Assurance (WCGS) and a NRC Reactor Inspector discussed NRC concerns relative to procedural compliance in the Startup and Operations organizations. It was noted by the NRC that this issue would be a topic of discussion during a scheduled meeting with senior NRC and KG&E management personnel at Region IV headquarters on October 29, 1984.
- On October 29, 1984 the above noted meeting took place during which senior NRC personnel expressed significant concerns relative to the issue of procedure compliance and that an escalation process associated with NRC violation levels was being implemented.
- On October 30, 1984 the KG&E Project Director convened a meeting to discuss the concerns expressed by the NRC. Startup and Operations management were directed to prepare a detailed Corrective Action Plan to address the procedure compliance concerns.
- On November 9, 1984 KG&E QA issued Corrective Action Request #20.

#### IV. CAUSE OF CONDITION

- A. The following causes have been identified as contributing to the continued lack of procedural compliance.
- Schedule pressures resulting in a lack of attention to detail.
  - Failure of management and supervision to recognize the benefits of, establish and maintain a positive quality attitude at the "worker" level (i.e. implementation level).
  - Confusing and/or cumbersome implementation procedures coupled with the lack of training to Quality Program and procedural requirements.



## V. FINDINGS, IMPACTS, RECOMMENDED CORRECTIVE ACTIONS

Finding #1: Contrary to 10CFR50, Appendix B, Criteria V titled "Instructions, Procedures and Drawings"; there is a lack of procedural compliance associated with preoperational testing activities.

Impact: The cumulative effect of the procedural noncompliances could adversely affect the validity of the test results.

Recommended Corrective Action:

- 1a) Decrease the apparent schedule pressures on the personnel performing testing activities.
- 1b) Perform and document a review of all FSAR required and currently vaulted (as of 11/09/84) pre-operational test packages to identify all instances of procedural noncompliance; Or, implement the recommended corrective actions associated with QPV 9/84-59A.
- 1c) Test and re-certify all Startup/Operations personnel actively engaged in performing startup testing. The examination should be documented and include the following topics:
  - Quality Program Requirements (e.g., Nuclear Department Policy Manual, FSAR, etc.)
  - The specific procedures that govern their scope of work. (e.g., ADM's, etc.)
  - Other applicable general site procedures (e.g., ADM 01-033, ADM 01-063, etc.)

NOTE: General Employee Training (GET) is not considered sufficient.
- 1d) Develop and implement a Nuclear Department Policy describing the importance of procedural compliance and providing actions to be taken, including disciplinary actions, if willful and/or repetitive procedural noncompliance occurs.
- 1e) For individuals not achieving the requisite pass/fail criteria associated with the examination of 1c (above) perform the following:
  - Immediately relieve the individual of all Startup testing responsibilities.
  - Re-train and re-exam the individual.
  - Upon re-examination, if failure occurs dismiss the individual or permanently relieve them of Startup testing involvement.

- lf) Reiterate to all personnel that verbatim compliance to the test procedures and administrative requirements is mandatory and takes precedence over schedule considerations.
- lg) Incorporate the following criteria in the preoperational testing implementation procedure, ADM 14-200:
  - a. The issuance of five (5) or more major TCN's should require a procedure revision.
  - b. Eliminate the use of minor TCN's.
  - c. In no case shall the number of test steps changed by TCN's exceed 30% unless the procedure is revised.
  - d. If more than five (5) test discrepancies are identified due to procedural noncompliances, the entire test shall be repeated. Exceptions to this recommendation may only be granted by the Plant Manager.

\*\*\*\*\*

Finding #2: Contrary to 10CFR50 Appendix B, Criterion XVI, titled "Corrective Action", the significant conditions adverse to quality that have been identified in this document have not received the level of management attention necessary to correct the conditions and to prevent their recurrence.

Impact: The apparent lack of communication and reinforcement of positive quality attitudes on the part of management and supervision may have adversely affected the quality attitudes of the workers (implementation level).

Recommended Corrective Action:

- 2a) Identify any additional "root causes" that have not been previously identified in this report.
- 2b) Explain the failure of the 9-7-84 management meeting (Attachment B) to rectify the procedural compliance problems.
- 2c) Ensure that the causes identified in recommendation 2b (above) will not preclude the effectiveness of the proposed corrective action measures.

2d) Explain the failure of Startup/Operations management to utilize the means already established (e.g., Quality Assurance Trend Analysis Reports, Management inputs, Audit and Surveillance Reports, JTG Meeting Minutes) to identify a significant trend adverse to quality associated with the implementation of procedures.

2e) Explain the failure of Startup and Operations management to:

- Identify these generic concerns prior to Quality Assurance reporting the problems.
- Take prompt and thorough corrective action.

2f) Explain why the activities were not stopped prior to the issuance of this Corrective Action Request.

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BACKGROUND INFORMATION

SAMPLE OF IMPLEMENTATION FINDINGS - JANUARY, 1984 TO PRESENT  
(Not All Inclusive)

Date	Event	Comments
08/22/84	S-1116	Contrary to ADM 01-036 and ADM 08-300, Section XI repairs were conducted w/o implementing the requirements of the above ADMs. (QPV 8/84-36)
09/17/84	S-1153	Contrary to ADM 14-414, improper processing "Rework Plan Tracking & Completion" form. (QPD 9/84-57)
03/23/84	57953-K030	Contrary to ADM 01-048, material requisitions did not reference the correct requirements on Level V evaluation sheets. (QPV 3/84-01)
03/23/84	57953-K030	Contrary to ADM 07-406, procurement documents were vaulted without the correct approval signatures. (QPD 3/84-02)
05/08/84	57953-K042	Contrary to ADM 01-043, a Vendor Work Plan was not completed prior to Westinghouse performing work on S/G's. (QPV 4/84-32)
05/23/84	S-1041	Contrary to ADM 14-200, S.U.E. failed to adequately verify system instrumentation. (QPD 5/84-39)
05/23/84	S-1039	Contrary to 10 CFR 50, App. "B", Crit. V, flushing & hydro procedures and results were not "of a type appropriate to circumstances"; very difficult to follow. (QPV 5/84-29)
06/14/84	S-1061	Contrary to ADM 14-406, Equipment Removal Tags were being improperly utilized. (QPV 6/84-47)
06/14/84	S-1061	Contrary to ADM 14-104, System Cleanness Verification Diagrams failed to indicate proper flush pkg. scope. (QPV 6/84-44)
06/22/84	S-1070	Contrary to FHP-01-001, fuel handling cable was tensioned while fuel assembly was still clamped. (QPD 6/84-58)
07/12/84	S-1085	Contrary to ADM 14-200, TCN QC verification was not properly N/A'd or signed. (QPD 7/84-16)

Date	Event	Comments
07/12/84	S-1085	Contrary to ADM 14-200, Improper chronolog entries were made regarding test discrepancies. (QPD 7/84-17)
08/07/84	S-1102	Contrary to ADM 02-020, Operations did not properly maintain operating logs. (QPD 8/84-11)
08/07/84	S-1102	Contrary to ADM 02-020 and Standing Order #26, clear and concise entries with regard to equipment operations are not being made in C/R logs. (QPD 9/84-12)
09/10/84	S-1145	Contrary to ADM 14-200, preop test SU3 BG06 was started w/o authorization. (QPV 9/84-15)
09/10/84	S-1145	Contrary to ADM 14-200, second party verification of valve line-up was not performed. (QPV 9/84-16)
09/24/84	S-1162	Contrary to ADM 14-200, system walkdown to verify readiness was not performed adequately. (QPV 9/84-68)
10/09/84	S-1181	Contrary to ADM 14-200, proper chronolog entries were not made pertaining to test discrepancies and test validity. (QPD 10/84-13)
02/23/84	57953-K031	Contrary to SQCI-09, S/U failed to respond to Deficiency Reports 103 and 111. (QPV 2/84-08)
02/23/84	57953-K031	Contrary to SQCI-09, S/U QC failed to issue Delinquency Notices to S/U for not responding to Deficiency Notices. (QPV 2/84-09)
03/07/84	57953-K032	Contrary to ADM 14-200, S.U.E. used a superseded drawing for the conduct of SU3 NG02 preop. (QPD 2/84-48)
03/08/84	57953-K034	Contrary to SQCI-08, S/U QC failed to adequately monitor and ensure compliance to Startup Information Bulletins (SIB's). (QPD 2/84-51)
03/08/84	57953-K034	Contrary to SQCI-08, failure to adequately complete S/U QC Monitoring Reports. (QPD 2/84-52)



Date	Event	Comments
03/23/84	57953-K035	Contrary to ADM 14-401, a superseded form was utilized for the completion of "Design Comment Report S/U-1" (QPD 3/84-10)
03/23/84	57953-K035	Contrary to ADM 14-003, ACN's were processed, accepted and placed in the vault w/o the proper attachments. (QPD 3/84-09)
04/18/84	57953-K037	Contrary to ADM 14-411, S.U.E. failed to ensure vendor work was not started prior to approval. (QPV 4/84-02)
04/18/84	57953-K037	Contrary to ADM 14-411, Vendor Work Plans failed to contain applicable Receiving Inspection Report Numbers. (QPV 4/84-03)
04/18/84	57953-K037	Contrary to ADM 14-411, S/U processed and placed into the vault incomplete Vendor Work Plans. (QPV 4/84-04)
03/26/84	S-955	Contrary to ADM 14-201, insufficient instructions were provided to perform activities contained on App. "D" of SUL JEL00. (QPV 3/84-56)
04/27/84	S-1011	Contrary to ADM 14-404, work on cent. charging pump "B" was performed that was not delineated in original CWP or subsequent instructions. (QPV 4/84-43)
04/27/84	S-1011	Contrary to ADM 14-411, Work Plan Change Notice was processed and implemented w/o QC or STS approval. (QPV 4/84-42)
04/27/84	S-1011	Contrary to SQCI-11, S/U QC failed to properly complete the S/U QC Insp./Verification Plan. (QPV 4/84-44)
05/09/84	S-1029	Contrary to ADM 14-404, S/U failed to verify by initial and date all of the mini-test procedure steps. (QPV 5/84-14)
05/09/84	S-1029	Contrary to ADM 14-106, testing was started prior to completion of test prerequisites. (QPV 5/84-15)
05/09/84	S-1029	Contrary to SUL-EP100, seven (7) unacceptable flush samples were obtained w/o notification and evaluation by the Flush & Hydro Engineer. (QPV 5/84-16)

Date	Event	Comments
05/09/84	S-1029	Contrary to ADM 14-106, three (3) personnel verified steps within SUL-EP100 w/o signing App. "A" of the test procedure. (QPD 5/84-17)
06/28/84	S-1076	Contrary to ADM's 14-200 & 14-404, S.U.E. performed test steps out of sequence. (QPV 6/84-71)
06/28/84	S-1076	Contrary to App. "B", Crit. V, flow path 2.8 was established and used contrary to Subsection 7.8 of the procedure. (QPV 6/84-72)
06/28/84	S-1076	Contrary to ANSI N45.2.1, four (4) flow paths were flushed at less than normal design velocity. (QPD 6/84-73)
09/11/84	S-1140	Contrary to ADM 07-100, ninety-seven (97) temporary procedure changes were not reviewed or approved by PSRC or Plant Manager. (QPD 9/84-01)
09/11/84	S-1149	Contrary to ADM 07-100, Temp. Procedure Change "HFT-122" is missing. (QPD 9/84-27)
09/17/84	S-1157	Contrary to ADM 14-200, test discrepancy noted w/o explanation. (QPV 9/84-56)
02/17/84	S-889	Contrary to ADM 14-404, S/U issued CWP to KG&E Maintenance w/o Appendix "B" attached. (QPD 2/84-37)
02/17/84	S-889	Contrary to ADM 14-200, SU3 BB11 test steps were performed out of sequence. (QPV 2/84-38)
06/12/84	57953-K048	Contrary to ADM 14-106, code stamp holder failed to review Major TCN's. (QPV 6/84-17A)
06/12/84	57953-K048	Contrary to ADM 14-105, code stamp holder failed to sign off equipment removal and installation appendix. (QPV 6/84-18)
06/12/84	57953-K048	Contrary to ADM 14-105, S/U failed to identify code stamp holder on signatures list. (QPV 6/84-19)

Date	Event	Comments
06/19/84	S-1065	Contrary to ADM 01-002, "Walk-through" JTG ACN approval forms are not being retained as lifetime QA records. (QPV 6/84-51)
06/19/84	S-1065	Contrary to ADM 01-002, JTG procedure review comments not consistently "attached to" or "referenced in" meeting minutes. (QPV 6/84-53)
07/06/84	57953-K050	Contrary to ADM 01-033, Wolf Creek Event Reports were initiated contrary to procedural requirements. (QPV 7/84-03)
10/18/84	50140-K003	Contrary to ADM 14-402, S/U failed to identify SFR's as NCR's when required. (CAR-18; Work Hold #22)
10/18/84	50140-K003	Contrary to ADM 14-402, S/U failed to identify the method of SFR implementation. (CAR-18; Work Hold #22)
08/30/84	50140-K005	Contrary to NDPM-III-11, Operations failed to retain signature registration forms as permanent plant records. (QPV 8/84-40)
10/19/84	S-1191	Contrary to ADM 03-101, an individual was observed in a radiation controlled area and was not conforming to the requirements of RWP 6840012A. (QPD 10/84-34)
10/19/84	S-1191	Contrary to ADM 03-300, the H.P. failed to provide for adequate logging of serial numbers of self-reading dosimeters. (QPD 10/84-36)
10/19/84	S-1191	Contrary to ADM 03-300, the H.P. failed to log "time out" and "dosimeter reading". (QPV 10/84-37)
09/28/84	S-1173	Contrary to MGE-E00P-07, six (6) units of electrical equipment on the "NG" system had moderate to heavy accumulations of dirt. (QPD 9/84-34)
09/11/84	S-1153	"SAFEGUARDS" (QPD 9/84-28)
08/08/84	S-1105	Contrary to ADM 05-600, Fuel Transfer Record 6A contained incorrect dates for the transfer of fuel assemblies. (QPD 8/84-15)

Date	Event	Comments
10/25/84	50140-K004	Contrary to ANSI N18.7, S/U failed to provide adequate control for items labelled as "reject" on RIRs. (QPV 10/84-05)
10/25/84	50140-K004	Contrary to ADM 07-408, failed to classify an SFR containing safeguards information as such. (QPD 10/84-08)
10/25/84	50140-K004	Contrary to ADM 14-407 & ADM 01-033, S/U failed to generate a Defect/Deficiency Report for RIR's that had the "Reportability" block checked (yes). (QPV 10/84-09)
07/17/84	S-1088	Contrary to ANSI N45.2.9, Ops. allowed the test approval signature on a Component Test Record to be obliterated (i.e., invalidated). (QPD 7/84-20)
07/17/84	S-1088	Contrary to SU6 EL17-03, S/U failed to provide "significant digits" on the test record that is required to validate the acceptance criteria. (QPD 7/84-21)
02/23/84	S-892	Contrary to ADM 14-413, S/U failed to initiate a CWP to document and authorize work on instr. sensing lines and supports. (QPV 2/84-40)
02/23/84	S-892	Contrary to 10 CFR 50, App. B, Crit. V, S/U verbally directed DIC to perform work on safety related equipment w/o approved procedures. (QPV 2/84-40)
02/23/84	S-892	Contrary to ADM 14-404, S/U directed DIC to disassemble an ASME III/3 pressure boundary w/o notification of the code stamp holder. (QPV 2/84-40)
02/22/84	S-866	Contrary to ADM 14-200, S/U conducted SU4-FC01 preop w/o implementing the latest design changes. (Unknown to System Engr.). (QPV 2/84-23)
05/08/84	57953-K040	Contrary to ADM 02-101, Ops. failed to provide required information on eleven (11) "wire and jumper" reports that were vaulted. (QPD 4/84-17)
05/08/84	57953-K040	Contrary to ADM 02-101, Ops. failed to "provide for" and "maintain objective evidence of" a semi-annual review of lifted wires and jumpers. (QPD 4/84-18)

Date	Event	Comments
04/10/84	S-971	Contrary to 10 CFR 50, App. B, Crit. XV, S/U failed to document a nonconforming condition identified during hydro of the CVCS system. (QPV 4/84-09)
06/14/84	S-1061	Contrary to ADM 14-106, S/U failed to write a TCN that would allow a step sequence change during a "mini-test". (QPV 6/84-43)
06/14/84	S-1061	Contrary to ADM 14-405, S/U failed to control "temporary modifications" in accordance with procedure. (QPV 6/84-46)
06/14/84	S-1061	Contrary to ADM 14-406, S/U failed to properly utilize Equipment Removal Tags and the Equipment Removal Log. (QPV 6/84-47)
05/23/84	S-1041	Contrary to ADM 14-200, S/U failed to conduct an adequate test briefing resulting in an uncoordinated test with several unnecessary delays. (QPD 5/84-37)
05/23/84	S-1041	Contrary to 10 CFR 50, App. "B", Crit. XIV, S/U failed to provide adequate measures to prevent inadvertant/unauthorized manipulation of valves. (QPD 5/84-38)
08/06/84	57953-K055	Contrary to HPH 02-005, the H.P. failed to conduct required sealed source leak checks. (QPD 8/84-04)
08/06/84	57953-K055	Contrary to ADM 03-500, H.P. conducted calibrations with personnel who are not qualified. (QPD 8/84-05)
08/22/84	S-1125	Contrary to ADM 04-010, Chemistry issued a revision to the Chem. Spec. Manual w/o PSRC and Plant Manager approval. (QPV 8/84-18)
08/22/84	S-1125	Contrary to ADM 04-011, KG&E Chemistry inadequately completed daily logs, such that results appeared indeterminate. (QPD 8/84-39)
09/14/84	S-1154	Contrary to ADM 04-020, KG&E Chemistry failed to perform required chemistry analysis. (QPD 9/84-52)



Date	Event	Comments
09/14/84	S-1154	Contrary to 10 CFR 50, App. "B", Crit. V, KG&E Chemistry conducted sulfate analysis on the S/G's w/o an approved procedure. (QPD 9/84-52)
08/29/84	S-1119	Contrary to ADM 14-408, S/U failed to receive adequate information relative to instrumentation used during testing and subsequently found out of calibration. (QPD 8/84-26)
08/29/84	S-1119	Contrary to ADM 08-801, the I&C calibration Laboratory Tech. was not reviewing the "History of Use Log's" when an instrument was found to be out of calibration. (QPD 8/84-41)
09/18/84	S-1159	Contrary to ADM 14-408, S/U failed to consistently send "M&TE Use Information" to I&C for evaluation as to use of out of cal. instruments. (QPV 9/84-58)
09/21/84	S-1164	Contrary to ADM 08-210, WCGS Maintenance failed to perform/document evaluations on equipment where instrumentation found to be out of cal. was used. (QPV 9/84-72)
10/11/84	S-1183	Contrary to ADM 13-102 & ADM 01-034, Operations allowed storage of uncontrolled combustible materials in safety-related areas of the power block. (QPV 10/84-18)
10/11/84	S-1183	Contrary to ADM 01-034, Operations failed to perform and document the required housekeeping/cleanliness inspections. (QPD 10/84-19)
10/11/84	S-1183	Contrary to ADM 01-034, ADM 01-008, ADM 01-001 and 10 CFR 50, App. "B", Crit. II, V, and VI, KG&E Plant Support failed to utilize proper procedures for access control and failed to conduct training to these procedures. (QPV 10/84-21)
08/30/84	S-1129	Contrary to ADM 14-402, S/U failed to issue an SFR for installation of a Non-Q (Non-Conforming) spring can at Hanger BG22-H007. (QPV 8/84-44)



## INTEROFFICE CORRESPONDENCE

TO: TE: 50140-K007 KQWLKQW 84-346  
FROM: W.J. Rudolph II *WJR*  
DATE: September 12, 1984  
SUBJECT: Minutes and Action Items: 9/7/84 Management Meeting  
on Procedure Compliance

A Management Meeting was held on 9/7/84 by the KG&E Project Director to discuss concerns raised by the Manager Quality Assurance (WQGS) at the 9/6/84 Project Quality Review Meeting. The concerns specifically addressed an increasing negative trend associated with compliance to Startup test procedures. KG&E Quality Assurance asserts that these procedural violations have been a contributing factor in the complexity and difficulty associated with pre-operational test package content and review, respectively. The overall effect resulting in a risk of reduction in quality.

This document is being attached to Audit Report TE: 50140-K007 as a means of documenting the above noted Quality concerns and, obtaining senior project management attention and commitment to take initial swift, thorough and appropriate corrective action.

Meeting Summary

The Manager Quality Assurance (WQGS) opened the meeting by outlining his concerns relative to the identification of an adverse trend observed during a review of preoperational test results. "Administrative Procedure Non-Compliance" has been a topic of concern for some time and several actions have been taken in the past to correct the problem, including retraining of Startup personnel. However, as a result of reviewing (5) Test Results Packages, the problem appears to be continuing. (See Attachment 1 for summary of package review.). After identification of the problem, the meeting was opened up to discussion on how to correct the problem and prevent reoccurrence.

The Project Director expressed serious concerns with several aspects of this problem, including plant licensing, Startup Engineer responsibilities and startup management/supervision obligations. The Project Director then asked the Startup Manager to explain past and present actions taken to resolve this issue.

The Startup Manager and his representatives described actions that have been taken, and in-process changes that will relieve the Startup Engineers of some of this administrative burden inherent with pre-operational testing. The following items were presented:

- Pre-Op Implementation Training Conducted (9/83, 1/84, 3/84, 4/84, 7/84 and 8/84)
- Direction to Startup Engineers to:
  - Stop
  - Evaluate
  - Correct problems
- Full shift coverage of testing activities by the Tech. Support Group
- TCN's routed through Tech. Support
- Increased surveillances by Supervisors
- Modification of the Administrative Procedures

The Manager Quality Assurance (WQGS) reiterated, that the problem was one of inadequate attention to administrative detail that could result in a risk to data validity.

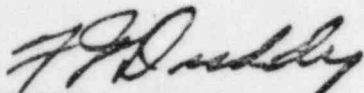
The Startup Manager responded by citing the added burden placed on startup engineers by the magnitude of the administrative detail in the procedures.

The Project Director again stated his position that a timely schedule can be achieved; however, it will be met with Quality as first priority. He added that it was the responsibility of startup management and supervision to identify the causes of this procedural violation trend and implement appropriate actions immediately to correct this trend.

As a result of the meeting, the following commitments were made:

1. TCN's will be routed through Technical Support for review.
2. Administrative Procedures will be revised to relieve the administrative burden on the S/U Engineers.
3. Disciplinary action will be taken, when appropriate.
4. S/U will conduct a meeting with first line supervisors to discuss the problem and QA will attend the meeting.
5. QA will provide the Plant Manager with a list of all unresolved comments relative to the five (5) pre-operational tests reviewed by QA.

Also, the issue of retention of package review "Comment Sheets" as QA Records was addressed, and it was decided that a separate meeting to resolve the question would be held at a later date.



F.J. Duddy  
KG&E Project Director



W.J. Rudolph II  
Manager Quality Assurance (WCGS)

9-12-84

WJR/dkb

Attachments

The following personnel attended the subject meeting:

R.M. Grant	Director - Quality
F.J. Duddy	WCGS Project Director
W.J. Rudolph II	Manager Quality Assurance (WCGS)
F.T. Rhodes	WCGS Plant Manager
R.J. Glover	Startup Manager
C.G. Patrick	Superintendent Quality Evaluations
T.G. Dempster	Superintendent Startup QC
J.A. Zell	Superintendent of Operations
T. Gardner	Lead System Test Supervisor (S/U)
K. Ellison	Technical Support Supervisor
R.M. Stambaugh	Supervisor Audits
C.A. Daley	Lead Auditor
T.E. Hough	Auditor
F.G. Gunnon	Quality Engineer
C.J. Hoch	Quality Technologist

WCGS INTERNAL OPERATIONS  
PROGRAM DEFICIENCY

I.

NUMBER 84-08  
DATE 11-09-84  
PAGE 1 OF 1

II. CONTROLLING DOCUMENT/REQUIREMENT:

See attached Condition/Description

III. RESPONSIBLE SECTION/GROUP:

All Operations Groups plus Startup

IV. REQUIREMENT:

See attached

V. FINDING:

See attached

VI. RECOMMENDATION:

See attached

VII. RESPONSE DUE DATE

See attached

VIII. PLANT MANAGER REVIEW:

*[Signature]*

DATE 11-9-84

IX. CORRECTIVE ACTION DOCUMENTATION RECEIVED:

DATE \_\_\_\_\_

COMMENTS:

IX. ITEM CLOSED: PLANT MANAGER OR DESIGNEE \_\_\_\_\_ DATE \_\_\_\_\_



## I. Condition/Description

The programmatic controls of the Startup and Operations Quality-Program are not being implemented in a manner consistent with good operation of a nuclear plant.

## II. Background Information/Findings

A number of NRC concerns and Quality concerns have been addressed to the Startup and Operations area. These concerns have been individually addressed, however, it is not obvious that the needed corrective action has taken place.

1. CAR 17 - The mistakes made in the conduct of the Work Request Program.

Findings - The Work Request Program has been corrected to solve the identified concern of CAR 17. The additional concerns in WRs are mentioned below.

2. QA violations pertaining to mistakes in conduct of testing activities. Some, but not necessarily all, are listed below.

<u>Number</u>	<u>Deviation/Violation</u>
QPV 8/84-08	SU6ME11, Rev. 2, requires the code stamp holder be notified to participate in the disassembly of ASME items. The Equipment Removal and Installation Appendix for SU6ME11, Rev.2, BG02FP2 indicates the initials of a KG&E QC Inspector as the code stamp holder.
QPV 8/84-44	ADM 14-402: Failure to issue SFR for installation of a non-Q (nonconforming) spring can at hanger BG22-H007.
QPV 9/84-15	ADM 14-200 - Section 6.0 of SU3BG06 was signed off prior to test start authorization contrary to ADM 14-200.
QPV 9/84-16	Contrary to ADM 14-200 CKL were completed by Operations without second party verification by the System Startup Engineer.
QPD 9/84-57	Contrary to ADM 14-414, tracking and completion forms have not been processed for seven RWPs.
QPD 10/84-13	Contrary to ADM 14-200 Test Discrepancy to SU3NE01 was not explained in either the TD Log or Chronological Log.

- QPV 10/84-05 Contrary to ADM 14-407, control of items removed or rejected has not been adequately controlled.
- QPD 10/84-07 Contrary to ADM 14-416, the responsible reevaluation engineer did not enter the NCR number on the closed NDC.
- QPD 10/84-08 Contrary to ADM 07-408, an SFR containing safeguards information was not classified as a safeguards document and was transmitted to the QARR.

Findings - Although specific action was taken in each case, this concern is valid - see corrective action.

### 3. Identified NRC Concerns

- A. Failure to take appropriate action covering Daniel QC Hold Tags in field on Startup or Operations controlled systems.

Findings - This concern is valid. See corrective action.

- B. Inadequate control of records going to Training, such that unsigned records were entered into the system as complete.

Findings - This concern is valid. See corrective action.

- C. Inadequate knowledge of procedures by Startup and Operations during testing.

Findings - This concern is not substantiated although it is recognized that depth of knowledge is a subjective matter. See corrective action.

- D. Improper use of Work Request Program on Q/Non-Q identification and priority assignments.

Findings - This concern is partially substantiated. The Q/Non-Q concern is not valid. The referenced work was classified correctly as Non-Q. The concern on improper use of Priority 1 is valid. See corrective action.

- E. Excessive delay in Document Control function in Control Room procedures between issuance and entry into Control Room procedure manuals.

Findings - This concern is valid. See corrective action.

- F. Failure to follow requirements for Control Room required reading.

Findings - This concern is not valid. The required reading program is being conducted correctly. The inadequacy noted appears to have been caused by a misunderstanding of the procedural requirements.

- G. A perception that excessive schedule demands were causing errors.

Findings - This concern is valid. See corrective action.

- H. A perception that Operations and Startup perceived the QA Department as a "necessary evil" or "paper tiger".

Findings - This perception is subjective in nature. Although it cannot be directly verified, see corrective action.

4. An overall concern with the adequacy of the management of the Startup Program in the prevention of these kinds of problems.

Findings - This perception is subjective and by default correct, i.e., if management had performed correctly one can assume these problems would not have occurred - see corrective action.

### III. Corrective Action

In order to address corrective actions in both the narrow specific cases and the generic cases, the following corrective actions will be taken.

#### A. Specific Corrective Action for individual items.

##### 1. Inadequate control of training records.

A complete review of the licensed operator training records has been made. This task involved 2,600 Qual cards and about 25 cards with missing dates or signatures were found and corrected. In order to insure all necessary training records are checked a program has been initiated to completely check the records base and verify the adequacy of the computer data base. The schedule for this activity will proceed into 1985, however, all hard copy records necessary for plant licensing will be checked by December 20, 1984. This review will be based on training commitments in the FSAR.

##### 2. Failure to properly observe and take appropriate action on non-KG&E tags such as Daniel QC Hold Tags.

The corrective action is in several parts. A memo will be distributed to all KG&E Operations, Startup and QC personnel reminding them that any tag, regardless of its source, must be followed until such time as it is properly removed. In addition, these specific instructions will be added to the Operators required reading, instructing them to be extremely observant during operations, including normal rounds, valve lineups, etc. Specific attention to this area will also be addressed during the transfer function from Startup to Operations of system jurisdictional responsibility.

##### 3. Improper use of Priority 1 on Work Requests.

The responsibility of proper priority classification is designated to the Shift Supervisor. In order to insure that this is enforced, the Superintendent of Operations has instructed his personnel to insure these rules are correctly followed. In addition, the Plant Manager is meeting with each Shift Supervisor and Supervising Operator and re-emphasizing the requirement of the Administrative System. This action to be complete by November 9, 1984.

4. Excessive delay in Procedural Document Control distribution.

This problem occurred due to the failure of management to properly prioritize the Document Control function during a period of very heavy procedure distribution. (21,585 copies of procedures were distributed in the affected 31-day period.) This prioritization has been done effective November 2, 1984, by the Superintendent of Regulatory, Quality and Administrative Services per letter KWOLKWO 84-687. Effective immediately all Administrative procedures will receive a priority such that a maximum of two days will be allowed in word processing and no longer than two days following Plant Manager approval for proper distribution. This action is complete.

B. The generic areas of concern will be handled as follows.

1. In order to insure an achievable objective of 0 errors in the administrative control of the Startup Program the following actions will be taken.

1.1 Individuals key to the direction and control of the Preoperational Test Program will be examined and retrained as necessary to assure a high confidence in their knowledge of program administrative requirements.

- System Test Supervisors
- System Lead Engineers
- Test Directors (Control Room)
- Shift Test Supervisors

1.2 System Engineers, Technical Support Engineers and others directly participating in the conduct of preoperational tests will be examined and retrained as necessary.

NOTE The testing will be scheduled as soon as practical. If a person requiring the test fails to get 80% they will be relieved of their plant testing responsibilities until such time as they are retrained as necessary and they have passed a similar test. The testing results will be submitted to the Nuclear Training Manager for permanent retention. The conduct of the tests will be under the Startup Training Supervisor to insure test security is maintained.



- 1.3 Prior to the start of any test, the Lead Startup Engineer (or designee) is required to authorize the test start by signature on the test cover sheet. The information he requires to grant test start authorization will be enhanced to assure that:
- The procedure is current and correct.
  - The system(s) or area(s) to be tested are ready to be tested in accordance with the approved procedure.
  - The Test Engineer is thoroughly familiar with and knowledgeable of the system status, the details of the test procedure, and administrative requirements.
  - Preparations and planning for the conduct of the test - personnel, test equipment, operations interfaces, etc., have been appropriately addressed.
  - The engineer understands what other plant activities are on-going or planned that could impact his test and the relationship of his test to these other activities.
  - The engineer understands the absolute requirements to conduct his test without administrative and procedural errors (verbatim compliance) - even at the expense of the project schedule
- 1.4 The requirement for direct involvement of supervision in the conduct of testing will be enforced to assure daily coaching, direction and monitoring of test engineers.
- 1.5 Supplemental training/briefings will be conducted as indicated by trends or specific situations. This may be directed to individuals, groups, or all personnel involved in preoperational testing.
- 1.6 Daily independent reviews of all active test procedures will be conducted by Startup Technical Support. Review results will be reviewed with the test engineer and a copy of the review comments will be delivered to the test supervisor for follow-up during his daily coaching, direction and monitoring of the test engineers. These reviews will be done and documented using checkoff lists to insure all important points are covered.

- 1.7 All personnel will again be advised that verbatim compliance to the test procedures and administrative requirements is an absolute requirement and takes precedence over schedule considerations. Failure to follow procedures constitutes a real jeopardy to the entire Wolf Creek Generating Station Project and consequently, individuals failing to comply with these requirements will be subject to disciplinary action, which could include dismissal.
2. One source of errors is the misuse of minor TCNs when major should have been used. Effective November 9, 1984, the use of minor TCNs in the Preop Startup Test Program will be discontinued. All procedural changes will be made by Major TCN. In addition the following guidelines will be used by the Joint Test Group in evaluating the approval of TCNs vice a procedural revision.
- a. The issuance of 5 or more TCNs will be considered as a "normal" level to cause a revision to the procedure. This is not a firm requirement and can be modified if the specific TCNs are of a minor nature.
  - b. In no case shall the number of test steps changed by TCNs exceed 25% of total steps.
  - c. If more than 5 test discrepancies are identified due to procedural non-compliance on tests commenced after November 7, 1984, the entire test shall be repeated. Exceptions to this may only be granted by the Plant Manager.
3. In order to achieve the 0 error objective in Operations the following specific actions are being taken.

In the Operations Section, the "Shift Advisors" have taken on a new roll. They are now performing a regular observation program of Control Room activities with and including written observations of the activities taking place. These observations are using specific checklists to insure all necessary areas are observed. Observed problems will be reported to the Superintendent of Operations immediately and necessary corrective action taken. This action is complete and ongoing. It will continue until its function is no longer needed. The decision to stop will be made by the Superintendent of Operations after consultation with the Plant Manager. The Plant Manager has met with all affected Superintendents, the Training Manager, and the Startup Manager emphasizing the concept of 0 errors. In addition, the Director of Nuclear Operations and the Plant Manager will meet with all employees on a group-by-group basis to go over the specific concerns and to insure the necessary understanding by all personnel of what it takes to achieve this level of accomplishment. This activity will be scheduled during the weeks of November 5 and November 12 with action to be completed by November 16, 1984.

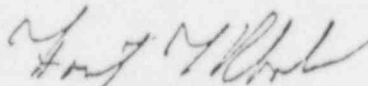
In these meetings the specific subject of schedule impact will be addressed to insure that no individual involved believes now or in the future that schedule adherence is as important as 0 errors and or safe operation. In addition, the subject of the level of understanding as to the importance of QA will be addressed.

In order to insure a consistent policy is taken regarding disciplinary action for procedure adherence, and to insure all Nuclear Department personnel fully understand the significance of, or proper adherence to procedures, a Nuclear Department policy will be proposed to management.

In addition to the above corrective action, effective November 12, 1984, daily meetings will be held by the Plant Manager. Attendees will be, at a minimum, the PSRC members or a representative. Subject of the meetings will be such areas as: 1) Quality problems/outstanding QPVs, QPDs, CARs, etc., 2) Work in progress, administratively and in field, 3) Problem areas. These meetings will continue until such time as the need no longer exists.

Summary:

The programs outlined in this memo are considered appropriate to control and solve the noted concerns. A schedule of completion is attached.



Forrest T. Rhodes  
Plant Manager

## Completion Schedule of Remaining Corrective Action

### Training Records

1. Cold License training for operators and staff personnel, including STA and mitigating core damage training. December 3, 1984
2. Health Physics/Chemistry Groups training
  - technician course
  - practical training
  - PWR plant chemistryDecember 10, 1984
3. I&C Training
  - technician course
  - vendor training
    - GE
    - radiation monitoring
    - microcomputers
    - ventilationDecember 20, 1984
4. Reactor Engineers (Nuclear Engineer's Course) November 23, 1984
5. Computer Personnel
  - BOP computer (Honeywell)
  - NSSS Computer (Westinghouse)December 20, 1984
6. Non-licensed Operator Training (systems) December 17, 1984
7. General Employee and Radiation Training December 20, 1984
8. PWR and Professional Training December 3, 1984
9. Mitigating Core Damage
  - Health Physics personnel
  - Chemistry personnel
  - I&C personnelDecember 17, 1984
10. Fire Brigade Training December 20, 1984

Completion Schedule of Remaining Corrective Action  
(cont'd)

Daniel/or Other Type Hold Tags

- |   |                  |
|---|------------------|
| 1. Memo -                                 | November 9, 1984 |
| 2. Inserted into Required Reading Program | November 9, 1984 |

Work Request Processing

- |  |                  |
|--|------------------|
| 1. Interview by Plant Manager with each<br>Shift Supervisor and Supervising Operator | November 9, 1984 |
|--|------------------|

Startup Corrective Action

- |   |                   |
|---|-------------------|
| 1. Program examination                    | November 19, 1984 |
| 2. Test Authorization                     | November 9, 1984  |
| 3. Daily independent review               | November 6, 1984  |
| 4. Program change to eliminate minor TCNs | November 9, 1984  |

Operations Corrective Action

- |   |                   |
|---|-------------------|
| 1. Plant Manager and Director Nuclear<br>Operations Meetings  | November 16, 1984 |
| 2. Draft Nuclear Department Policy on<br>Procedure Compliance | November 16, 1984 |





## INTEROFFICE CORRESPONDENCE

To: Distribution  
From: Forrest Rhodes  
Date: November 9, 1984  
Subject: Transfer of Systems from Startup to Operations

KWOLKW 84-596

Please alert your respective personnel who are involved in the system transfer evolution as to the importance of insuring all tags hanging on the components are appropriate.

Although in most cases we are not conducting a formal walkdown, I do expect a "tag walkdown". I feel the failure of our organization to catch old Daniel tags, for example, may be indicative of a general feeling of invisibility to non-KG&E tags. This, of course, is inappropriate and must be put under control.

A handwritten signature in cursive script, appearing to read 'Forrest T. Rhodes'.

Forrest T. Rhodes  
Plant Manager

FTR/jld

Distribution: Bob Glover  
Jim Zell  
Bill Rudolph (CAR #20 File)



## INTEROFFICE CORRESPONDENCE

To: Distribution

From: Forrest Rhodes

Date: November 9, 1984

Subject: Hold Tags

KWOLKW 84-594

On this job it is possible, and in many cases, probable that a number of different types of "Hold Tags" are encountered. These range from Daniel QC Hold to KG&E "Do Not Operate" tags. It is the policy of KG&E and this job that all installed tags are presumed correct and the requirements of the specific tag must be followed. If a tag is found that prevents you from performing your assigned function, the appropriate action to remove/modify the tag must be followed. The requirements of the tag will not be violated.

Anyone who knowingly violates a tag requirement will be subject to disciplinary action.

Forrest T. Rhodes  
Plant Manager

FTR/jld

- Distribution:
1. All KG&E Operations and QC employees
  2. All Startup employees
  3. Required reading list - Operations
  4. Gary Fouts
  5. Bill Rudolph (CAR #20 File)



## INTEROFFICE CORRESPONDENCE

To: Distribution  
From: Forrest Rhodes  
Date: November 9, 1984  
Subject: Daily Meetings

KWOLKW 84-595

Effective November 12, 1984, a daily meeting will take place at 0800 in the Operations Conference Room. The attendees will be:

- 1) the PSRC members or a representative of the member,
- 2) the Startup Manager or representative,
- 3) additional personnel as designated separately.

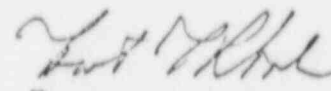
**Note:** These are not PSRC meetings per se and the PSRC Clerk is not required to attend.

The agenda of each meeting will include a five minute, or less, presentation by each member on the following areas:

1. Outstanding Quality concerns, QPVs, etc.
2. Work in progress in field.
3. Administrative work in progress.
4. Problem areas.

The meetings will be expected to last no longer than thirty minutes normally.

The present Operations Staff Meeting on Mondays is cancelled.

  
Forrest T. Rhodes  
Plant Manager

FTR/jld

Distribution: PSRC Members  
Gary Fouts  
Chuck Mason  
Bob Glover  
Bill Rudolph (CAR #20 File)



## INTEROFFICE CORRESPONDENCE

To: Bill Rudolph  
From: Forrest Rhodes  
Date: November 20, 1984  
Subject: Corrective Action Schedule CAR 20

KWOLKQW 84-227

Finding #1Recommended Corrective Action

- 1a., 1f. See attached Corrective Action Documentation
- 1b. This will be completed by a complete review per the first recommendation with the following change. In addition to the vaulted records, all preop test packages now in the field will also be given an additional review in accordance with the response guidelines of OPV 9/84-59A. This additional activity will be complete by December 15, 1984.
- 1c., 1e. The testing to insure the confidence necessary is being conducted at this time and will be complete in accordance with IOPD 84-08.
- 1c. Exception is taken to the specific subject matter under bullet #1 of CAR 20 1c. None of the observed problems appear to be caused by a lack of FSAR or Nuclear Department Policy Manual knowledge. The inclusion of these areas into the exam would dilute the effectiveness of an exam which needs to carefully examine the ability of the Startup personnel to follow the lower tier procedures which carry out the directives and policy of the higher tier procedures and documents.
- 1d. The development of a draft policy will be done per IOPD 84-08. This action is complete, the proposed draft policy was submitted to management November 16, 1984.
- 1e. Exception is taken to bullet #3 of Recommended Corrective Action 1e. The decision to take disciplinary action will be done on a case-by-case basis in accordance with KG&E policy. Decisions in this area are management decisions and are not considered a part of the formal CAR response.

- 1g. See IOPD 84-08. The elimination of minor TCNs is complete as of November 9, 1984. The action is being done under management directive. The necessary corrections to the ADM 14-200 will be done by Wednesday, November 21, 1984.

In addition to the corrective actions taken, or to be taken, a number of additional steps are being taken. An active program is underway to eliminate the procedures which are cumbersome by shifting the programs from the ADM 14 series to the regular Operations permanent ADM procedures. This activity will be complete by December 20, 1984, for those procedures judged to require the action. This effort will be a joint Quality, Operations and Construction effort and will concentrate initially on the CWP procedures.

## Finding #2

### Recommended Corrective Action

- 2a. No additional "root" causes have been identified at this time.
- 2b. The result of the actions taken by Startup and Operations management at the September 7, 1984, Management Meeting were in fact valid and considered appropriate at the time. The number of administrative errors were decreased by the actions taken just before and after the meeting. The actions taken, however, were not sufficient to completely resolve the problems identified since some of these same problems have continued to occur, specifically the administrative errors in the conduct of the Preop Test Program. A re-evaluation of the identified course of action on September 7 has revealed one area where the action was not sufficient. The training given per the September 7 letter was not verified by examination. This is now being done per the requirements of IOPD 84-08. In addition to this particular requirement, the remaining portions of IOPD 84-08, Section B1, directly affect this area and are part of the required corrective action.
- 2c. The corrective action being performed in accordance with IOPD 84-08 does address the causes identified in CAR 20 and will enhance the effectiveness of the Corrective Action Program.

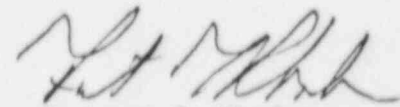


2d., (3d.), 2e., (3e.), 2f., (3f.)

The failure of Operations/Startup management to identify the adverse trend is, of itself, not a complete statement of the condition. Operations and Startup management have, during this period, used all available information to identify problems and take the appropriate corrective action.

The Joint Test Group, in carrying out its responsibilities over the past year, has required such actions as the reconduct of several preop tests due to excessive administrative errors. For a number of approved tests, the approval was rescinded due to excessive number of TCNs. Specific training, for example, was mandated by the JTG in July due to the noted administrative errors on SU4FC01. A number of changes in the administrative program in Startup were required in an attempt at the time (July 1984) to insure the TCNs were technically accurate, and to improve the Startup drawing control in the field. In April 1984 SU3AB05 was halted by the JTG due to excessive TCNs and a possible loss of test control. All AB05 personnel were required to be retrained. The primary aim and direction has been to insure a quality product in the field in every case, and to require retest if the completed Preop Test Package left any significant doubt to that conclusion.

The result of these efforts has been the correction of many problems to insure the conduct of a proper program of high quality in the Startup area. The concern over these potential concerns, usually technical in nature, has been at a high level during the complete Startup Program. The trend that has not, until now, been sufficiently addressed, primarily the mistake of an administrative nature, was basically that the Operations/Startup management did not come to an awareness level wherein the necessary corrective action would have been taken. That level of awareness has now occurred and will remain as an integral part of the management philosophy of Wolf Creek Generating Station Operations.

  
Forrest T. Rhodes  
Plant Manager

FTR/jld

attachment

CORRECTIVE ACTION DOCUMENTATION

Reference Document #: IOPD 84-08

Date: 11-16-84

Deficiency:

The programatic controls of the startup and operations Quality Program are not being implemented in a manner consistent with good operation of a Nuclear Plant.

Immediate Action (as applicable):

Issuance of IOPD 84-08 and implementation of Corrective Actions.

Cause:

See IOPD 84-08 and CAR #20, finding 1a, 1f

Action to Correct Observed Condition:

See Attached

Date Completed: 11-16-84

Remedial Actions (if required)

N/A

Preventive Action Plan:

Management will continue to monitor closely for any Administrative errors and will immediately address and investigate any such errors noted.

Continued on Suppl. Sheets? Yes

Preparer signature: M. W. Williams

Date: 11-16-84

Approval: M. W. Williams  
Section Superintendent

Date: 11-16-84

Approval: N/A  
Plant Manager (For NRC Items)

Date: \_\_\_\_\_

COMPLETION: Date Completed 11-16-84

Signed: M. W. Williams  
Superintendent of Reg, Qual, Admin

IOPD 84-08 Corrective Action Continued

Action to Correct Observed Condition:

The Plant Manager has met with all Superintendents, the Training Manager, and the Startup Manager to emphasize the concept of zero errors. The Director of Nuclear Operations and the Plant Manager met with all available employees on a group-by-group basis between November 9, 1984 and November 16, 1984. During these meetings it was emphasized to all employees that compliance to procedures and administrative controls is an absolute requirement and takes precedence over any schedule considerations. It was stressed to all individuals that schedule adherence is not as important as zero errors and/or safe operation. The importance of OA was also addressed and emphasized.

The small number of employees who were unavailable, such as back shift workers, vacations, etc., are being rescheduled to attend the meetings prior to November 30, 1984.