

NORTHEAST UTILITIES



THE CONNECTICUT LIGHT AND POWER COMPANY
WESTERN MASSACHUSETTS ELECTRIC COMPANY
HOLYOKE WATER POWER COMPANY
NORTHEAST UTILITIES SERVICE COMPANY
NORTHEAST NUCLEAR ENERGY COMPANY

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July 5, 1985

Docket No. 50-213

50-245

50-336

A04906

Dr. Thomas E. Murley, Regional Administrator
Region I
U. S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Gentlemen:

Millstone Nuclear Power Station, Unit Nos. 1 and 2
Haddam Neck Plant
Systematic Assessment of Licensee Performance

The Staff recently forwarded the SALP Board Reports⁽¹⁾ for the 18 month period ending February 28, 1985, for Haddam Neck, Millstone 1, and Millstone 2. Subsequent to receipt of SALP Board Reports, a meeting was held on June 4 between members of the Staff and members of Connecticut Yankee Atomic Power Company (CYAPCO), and Northeast Nuclear Energy Company (NNECO).

The purpose of this letter is to respond to and comment on the findings of the SALP Board with particular emphasis on the Board recommendations for the individual evaluation categories. Attachment A to this letter contains the response to each of the Board's recommendations for the Haddam Neck Plant. The responses to the Board's recommendations for Millstone Unit No. 1 and Millstone Unit No. 2 are contained in Attachments B and C, respectively.

Both NNECO and CYAPCO take very seriously the ratings and recommendations given by the Board as one input to evaluating and improving our overall performance. As reflected by our comments and observations during the June 4 meeting, we generally concur with the Board's observations and previously have taken or are taking steps to address the concerns identified. It remains our objective to achieve Category I ratings in all functional areas for subsequent SALP evaluations, and the attachments to this letter describe some of the steps we will be taking to fulfill that objective.

Notwithstanding our general agreement with the SALP evaluation, there is one NRC comment with which we disagree. Specifically, page 27 of the Connecticut Yankee evaluation discusses the Design Change Control/Quality Assurance area. After discussing various facets of the reactor cavity seal failure recovery effort, the NRC states that:

(1) T. E. Murley letter to J. F. Opeka, dated May 20, 1985.

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"No strong licensee effort to prevent recurrence was observed".

We disagree with this statement and request that it be changed in the final SALP report.

Significant management initiatives were undertaken to re-emphasize the importance of quality in design change activities. As discussed in detail in previous correspondence, these initiatives included:

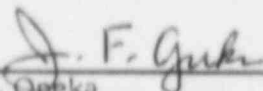
- o A memorandum to all Nuclear Engineering and Operations personnel which stressed the importance of doing it right the first time,
- o A safety ethic training program,
- o A series of management briefings stressing the importance of safety and quality in all nuclear activities,
- o Significant, intensive efforts to remedy the specific deficiencies revealed as a result of the cavity seal failure, and
- o Co-sponsorship of an industry-wide seminar in cooperation with the Institute of Nuclear Power Operations (INPO) to strengthen industry awareness of the issue.

In light of the above and other related efforts, we believe that the previously quoted excerpt from the SALP report should be amended.

We trust that the actions presented in the attachments for addressing the concerns of the Board and our general comments will be considered in subsequent SALP evaluations. We will be updating you regarding the status of implementing the corrective actions discussed herein prior to the next SALP evaluation.

Very truly yours,

CONNECTICUT YANKEE ATOMIC POWER COMPANY
NORTHEAST NUCLEAR ENERGY COMPANY



J. F. Opeka
Senior Vice President

cc: D. M. Crutchfield
G. C. Lainas

Docket No. 50-213

Attachment A

Connecticut Yankee Atomic Power Company

Haddam Neck Plant

Response to SALP Report

July, 1985

Functional Area: PLANT OPERATIONS

Board Recommendations:

- (A) Improve the quality and aggressiveness of self appraisal
- (B) Continue emphasis on operator requalification
- (C) Continue initiatives to improve procedural review
- (D) Assess the adequacy and timeliness of PIR/CR disposition

RESPONSE:

- (A) The SALP report results have increased management concern for self appraisal and self-identification programs in that an upgrading of the following existing programs is under consideration:

- Plant Information Reports
 - Nonconformance Control Report System
 - Quality Assurance Monitors
 - Employee Beneficial Suggestion Program
 - Radiological Incident Report
 - Station Housekeeping and Inspection Program

Additionally, the onsite Safety Review Group began conducting a review of "work in progress" starting June, 1985 and the Quality assurance audits will become more performance oriented.

- (B) The licensed operator requalification program is being strengthened in 1985 by the addition of a theory upgrade program for operators who received license training prior to 1981. Additionally, a written examination will determine which other operators will be required to take the theory upgrade program. Strengthening of the requalification program is being achieved by the administration of more comprehensive annual examinations (including oral, walk-through, and written sections) and background training on ERG-based qualified third-party examination of the 1985 program and trainee knowledge.

Beginning operation in 1986, the Connecticut Yankee Plant Reference Simulator will become a part of operator requalification training. The 1986 requalification program will be executed on a one-in-six rotation with a combination of upgraded classroom materials and training. These actions, coupled with improvement and expansions of learning objectives, training materials, evaluation methods, and operator feedback is expected to provide the licensed operators with an effective requalification program.

- (C) The following existing programs will continue to improve procedural review and adherence:
 - (1) Use of standard review checklist during procedural review to increase overall quality of procedures.

- (2) Continuation of emphasis of strict procedural adherence. A method currently used at the Millstone site involving management review and reissue of appropriate standing memos to remind station personnel of the importance of following procedures and initiating changes to those procedures found to be weak, will be considered for use at Haddam Neck.
 - (3) Continued preparation of Emergency Procedure Guidelines (EPG's).
 - (4) Finalization of all applicable annunciator response procedures.
- (D) The PIR/CR system has had internal reviews conducted by the on-site Safety Engineering Review Group. The results of the review indicated that further root cause analysis is required for PIR's. As a result of this review, a root cause analysis form is currently in trial use. The form requires a root cause analysis to be completed for each PIR assigned a controlled routing (CR).

It should be noted that during the first two quarters of 1985 the total number of outstanding controlled routings was reduced by approximately 25%. During the same period 748 controlled routings were assigned while 942 were completed. It is anticipated that this positive trend will continue in the coming months.

As additional root causes are identified and corrected the number of PIR/CR's is expected to drop even further which should aid in improving the timeliness of PIR/CR dispositioning. CYAPCO will continue to evaluate the adequacy and timeliness of PIR/CR dispositioning during the next six months.

Functional Area: RADIOLOGICAL CONTROLS

Board Recommendations:

- (A) Efforts should be made to strengthen management oversight and intradepartmental communications. An effective system for evaluating and correcting self-identified deficiencies should be developed.
- (B) The licensee should expedite efforts to seek a Technical Specification Amendment for PASS containment isolation valves to allow resumption of full system surveillance.

RESPONSE:

- (A) Efforts to strengthen management oversight were described previously in Licensee Event Report 50-213/84-020-00. A task force of experienced plant personnel was assembled to evaluate the current method of coordinating work schedules among departments and to improve intradepartmental communications. The efforts are continuing.

As a result of the findings of NRC Inspection 84-30, we modified the Radiation Work Permit (RWP) Discrepancy Report and implemented a Radiological Incident Report for more serious events. The RWP Discrepancy Report, the Radiological Incident Report and the corrective actions associated with both have reduced and almost eliminated RWP discrepancies. No further action is required.

- (B) The subject License Amendment request will be submitted to the Staff during July, 1985, and we will continue attempts to expedite amendment issuance.

Functional area: SURVEILLANCE

Board Recommendations:

- (A) Continue initiatives to upgrade surveillance procedures.
- (B) Improve management control over items like CLRT issues in order to assure that resolution is not unduly delayed.

RESPONSE:

- (A) A previously existing initiative to upgrade the surveillance program is expected to be completed in June, 1986.
- (B) We have reviewed the overall management control issue regarding Local Leak Rate Testing (LLRT) and Integrated Leak Rate Testing (ILRT) and agree with the findings of the board. It is our intention to strengthen our existing management controls by reshaping our ILRT/LLRT program to be consistent for all of our operating nuclear units. A Nuclear Engineering and Operations Procedure on ILRT, now undergoing internal review, will include specific assignment of responsibilities to ensure timely and accurate responses to NRC questions. This reshaping will be completed prior to the next scheduled ILRT (Connecticut Yankee-first quarter 1986).

Functional Area: FIRE PROTECTION/HOUSEKEEPING

Board Recommendations:

- (A) Maintain attention to Fire barriers.
- (B) Discuss with NRC the status of findings and corrective actions related to the Appendix R implementation program.

RESPONSE:

- (A) CYAPCO will maintain its attention to Fire barriers with the following:

Training on fire barriers has been added to General Employee Training (GET) and maintenance staff training as appropriate. A memorandum concerning fire protection barriers has been sent to station personnel. Maintenance personnel conduct a bimonthly fire door inspection under our preventive maintenance program.

Procedures in place to address fire barriers include:

- o Control of Betterment Construction Work Activities -- requires a prejob walkdown to include locating and inspecting all fire barriers.
 - o Control of Fire Doors -- establishes procedures for fire door requirements.
 - o Performance of Fire Protection Reviews -- to conduct plan. design change request reviews.
 - o Installation, Repair and Inspection of Fire Barrier Penetration Seals -
- to inspect all fire seals and ensure any barrier penetrated is resealed.
- (B) The initial comprehensive submittal of our Appendix R approach was in March, 1982. Subsequent clarification letters and new interpretations issued by the Staff resulted in a complete third party review⁽²⁾ to validate and update our original submittals and incorporate new NRC interpretations. It is noted that Generic Letter 85-01 strongly suggests that still further NRC guidance, or requirements, can be expected. In early 1985 this third party reanalysis was completed. Subsequent internal review of this re-evaluation has revealed the need for new exemptions and hardware modifications. The documentation associated with this effort is being prepared and is planned to be submitted within the next few months.

⁽²⁾ See the W. G. Counsil letter to R. H. Vollmer, dated June 18, 1984.

The non-outage related hardware modifications are planned to be completed in accordance with 10CFR50.48 schedules. Some outage related work is expected to be completed by the second quarter of 1986, and schedular relief will be requested for the extensive switchgear room modifications.

Functional area: EMERGENCY PREPAREDNESS

Board Recommendations:

- (A) Continue efforts to improve the coordination of emergency response activities.

RESPONSE:

- (A) As noted in the SALP report, the March 30, 1985 annual exercise was arranged to re-demonstrate areas where corrective actions were necessary after the NRC findings in the 1984 exercise. These were successfully demonstrated.

In regard to the one violation for failure to train six (6) personnel assigned Emergency Planning duties in 1983, there have been changes made to formalize the commitments contained in the February 16, 1984 letter⁽³⁾ to the NRC. The six items of concern (recommendations) related to the dose assessment program have been reported on in our letter dated August 8, 1984.⁽⁴⁾ All items except one have been resolved. The remaining item, 50-213/84-06-03, systematic computational comparison between licensee dose models and those used by the State, is in progress and is scheduled to be completed by the end of the calendar year 1985.

(3) W. G. Counsil letter to T. T. Martin, Response to I&E Inspection 50-213/83-28, dated February 16, 1984.

(4) W. G. Counsil letter to T. T. Martin, Response to I&E Inspection 50-213/84-06, dated August 8, 1984.

Functional Area: DESIGN CHANGE CONTROL/QUALITY ASSURANCE

Board Recommendations:

- (A) Continue implementation of DCC/QA program improvements and review the effectiveness of the QA/QC surveillance effort.

RESPONSE:

- (A) We have reviewed the Design Change Control (DCC) QA issue and agree with the findings. Connecticut Yankee will continue implementation with DCC/QA improvements as noted in the SALP report. Furthermore, NUSCO QA will conduct a review of the coverage and effectiveness of the quality control surveillance activities at Connecticut Yankee. This review will be completed by November, 1985.

Functional Area: LICENSING ACTIVITIES

Board Recommendations:

- (A) As indicated in Sections B and D, the licensee should aggressively pursue licensing resolution in the areas of 10CFR50 Appendix J compliance and,
- (B) operation of the post-accident sample system at power.

RESPONSE:

- (A) A comprehensive submittal addressing all unresolved items associated with Appendix J compliance is planned for the fourth quarter of 1985.
- (B) As indicated in our response (B) in the Radiological Controls Functional Area, the subject License Amendment request will be submitted to the Staff during July, 1985, and we will continue attempts to expedite amendment issuance.

Docket No. 50-245

Attachment B
Northeast Nuclear Energy Company
Millstone Unit No. 1
Response to SALP Report

July, 1985

Functional Area: PLANT OPERATIONS

Board Recommendation:

- (A) Provide a more vigorous self-appraisal function in order to achieve better internal identification of problem areas such as the high failure rate on initial operator qualification.

RESPONSE:

- (A) Management evaluations are being conducted during the training process and following final examinations. Trainees not meeting performance criteria during training are evaluated for continued participation. Before candidates are recommended for licensing, management reviews progress examinations conducted during the training program, simulator evaluations, final and written examination results, and performance in training watches.

Functional Area: RADIOLOGICAL CONTROLS

Board Recommendation:

- (A) Evaluate specific training for first-level supervisors as a measure for improving adherence to requirements.
- (B) Upgrade adherence to routine radiation protection requirements by individual workers.

RESPONSE:

- (A) Having evaluated the need for specific training for first level supervisors, NNECO has determined that all station personnel should be instructed/reinstructed in the importance of procedure establishment, implementation and maintenance. This subject material will be included in these training programs:

- New Employee Indoctrination (NEI)
 - General Employee Training (GET)
 - Radworker Training (RT)

- (B) The Station Superintendent has issued a memorandum to all station personnel which stresses the importance of following all radiation protection requirements. NNECO supervisory personnel have also been assigned to observe radiological protection practices within the units and report all observations and findings to the Health Physics Supervisor.

Additionally the Training Department has been requested to re-emphasize, in their NEI/GET/RT classes, the importance of following all radiation protection requirements.

Functional Area: MAINTENANCE

Board Recommendations:

- (A) Improve shelf-life program and storage program for welding electrodes.

RESPONSE:

- (A) ACP-QA-06 Revision 0, "Procurement and Evaluation of Shelf Life Material", was SORC approved on July 29, 1984. Its purpose is to identify a method of verifying the acceptability for use of applicable degradable items which may have deteriorated while in storage and defines the procedure for procuring shelf life material. As an upgrade to the original ACP, Revision 1 was approved on May 7, 1985. This revision 1) provides originators and reviewers with procedural guidance related to the shelf life of component parts, 2) specifies action to be taken when shelf life information is not received, and 3) adds responsibility of including documentation of the evaluation of degradable items prior to use to the job supervisor. The changes serve to improve the shelf-life monitoring program.

Regarding storage of welding electrodes, the Unit 2 Instrument and Control Department has the responsibility for calibration of the storage oven temperature monitors. The calibration program for these monitors is defined in procedure IC 2419D, Mandated Non-Safety Related Equipment Calibration.

Functional Area: SURVEILLANCE

Board Recommendation:

- (A) Upgrade QA of critical surveillance testing such as containment integrated leak rate testing.

RESPONSE:

- (A) Millstone Unit No. 1 personnel have recognized the previous shortcomings in performance of integrated leak rate testing. This is largely due to infrequent performance of the test. In order to correct this problem, Unit 1 Engineering Department Instruction 1-ENG-3.01, Primary Containment Integrated Leak Test, was prepared and issued June 3, 1985. This instruction provides detailed information for planning and execution of the ILRT, including training and inter-department involvement. The instruction will be reviewed and revised as necessary prior to the next ILRT.

The QA program/procedures as currently written provide for the NNECO QA/QC Department to perform monitors on surveillance testing. Consistent with this, the QA/QC Department has and will continue to monitor various surveillance testing activities. The QA/QC Department will monitor testing activities deemed critical at the request of the appropriate superintendent.

Functional Area: FIRE PROTECTION/HOUSEKEEPING

Board Recommendation:

- (A) Address the cluttered yard condition.
- (B) Resolve Appendix R implementation

RESPONSE:

- (A) The station is aware of and sensitive to the cluttered yard conditions. This situation was aggravated by our being restricted from one of our radwaste burial sites and our self imposed ban on making radioactive waste shipments. We have resumed shipment of radioactive waste and are making a concerted effort to clean up the backyard. A Radwaste Reduction Facility is currently under construction and should be completed by September of this year. This will provide us with additional indoor storage capabilities.

Additionally, as the Millstone Unit No. 3 construction approaches completion, the congestion in the yard will be greatly relieved as the common site service groups will be able to expand into the Millstone Unit No. 3 yard.

- (B) The initial comprehensive submittal of our Appendix R approach was in March, 1982. Subsequent clarification letters and new interpretations issued by the Staff resulted in a completed third party review⁽⁵⁾ to validate and update our original submittals and incorporate new NRC interpretations. It is noted that Generic Letter 85-01 strongly suggests that still further NRC guidance or requirements can be expected. Subsequent internal review of this re-evaluation⁽⁵⁾ has revealed the need for new exemptions and hardware modifications. The documentation associated with this effort is being prepared and is planned to be submitted within the next few months.

Hardware modifications which are non-outage related are planned to be completed in accordance with 10CFR 50.48 schedules. Implementation of the outage related work will be scheduled following receipt of the NRC SER.

(5) See W. G. Council letter to R. H. Vollmer, dated June 18, 1984.

Functional Area: EMERGENCY PREPAREDNESS

Board Recommendation:

- (A) Evaluate measures for assuring timely completion of action items.

RESPONSE:

- (A) We have more formalized our training program. The NRC's concerns in this area are recognized and are being addressed.

Function Area: REFUELING AND OUTAGE MANAGEMENT

Board Recommendation:

- (A) Improve self-assessment to identify items such as failure to follow through on commitments and design modifications.

RESPONSE:

- (A) Tracking of commitment items will be improved. This will be accomplished through issuance of a Millstone Unit 1 Superintendent's assignment number for each commitment item. Additionally, commitment items will be noted as such on the assignment log. Tracking of design changes has greatly improved as a result of recent major revision of ACP-QA-3.04, Design Change Control. No further action in tracking of design modifications is considered to be required at this time.

Functional Area: LICENSING

Board Recommendation:

- (A) Improve management of licensing activities to avoid late responses.
- (B) Improve coordination of activities with NRR in regard to schedule, prioritization, and project status.

RESPONSE:

(A) & (B)

A combination of manpower shortages due to unfilled vacancies in the operating plant licensing group and the work loads on the engineering staff resulted in resource limitations regarding schedular requirements in the area of licensing activities. As of the end of the first quarter of 1985, the operating plant licensing staff was at full strength. Increased telephone contact and meetings with NRC Project Managers, coupled with more global resource management via the ISAP, are expected to improve coordination of activities and timeliness of results.

Docket No. 50-336

Attachment C
Northeast Nuclear Energy Company
Millstone Unit No. 2
Response to SALP Report

July, 1985

Functional Area: PLANT OPERATIONS

Board Recommendations:

- (A) Upgrade controls over computer codes, particularly of associated qualification certifications.

RESPONSE:

- (A) A significant effort has been underway for over a year to upgrade computer software in use within NUSCO for Category 1 engineering analyses. An overall action plan was prepared and approved in June, 1984 by both the Senior Vice President, Nuclear Engineering and Operations (NEO), and the Vice President, Information Resources Group (IRG). Since that time, three NEO level procedures governing this activity have been prepared and issued. Efforts are continuing in this area.

We disagree with the NRC's characterization that "the deficient certification of individuals to conduct PWR safety analyses using sophisticated computer code (RETRAN) is a significant flaw in management involvement in the assurance of quality at a fundamental level." One of the seven individuals listed as Qualified RETRAN Users had not run the RETRAN code prior to being placed on this list. It was management's judgement that this person's extensive qualifications warranted an exception to our normal requirements for becoming a Qualified RETRAN User and that this action would not compromise the assurance of quality. The individual in question earned a Ph.D. in Nuclear Engineering in 1980 and has significant computer oriented analytical engineering expertise including that with thermal/hydraulic programs comparable to RETRAN. Nevertheless, his name was subsequently removed from the Qualified RETRAN User list.

Function Area: RADIOLOGICAL CONTROLS

Board Recommendations:

- (A) Continue recent emphasis on improving radioactive material transportation controls.
- (B) Assure better adherence to radiation protection procedures by workers.

RESPONSE:

- (A) As a result of the violation that was identified at the Barnwell, South Carolina burial site we have implemented the following actions to correct this problem:
 - 1. Reorganize the Radioactive Materials Handling Department. The Radioactive Materials Handling Supervisor will now report to the Health Physics Supervisor. The Health Physics Supervisor will spend increased time in the Radioactive Materials Handling Area. He will approve all shipments prior to their departure from the site. The Radioactive Materials Handling Group will be divided into three groups: a) Tool Decon Facility, b) Packaging and c) Shipping. It is our opinion that with this organization we will be able to better supervise and control the activities within the Radioactive Materials Handling Group.
 - 2. A specific packaging procedure will be developed for LSA boxes. This procedure will contain the following provisions; a) Health Physics Technicians will monitor the packaging of LSA boxes, b) only material that is less than 160 mr/hr will be placed into these boxes, c) the boxes will be packaged in such a manner as to minimize any movement of the material within the box during shipment and d) fifty-five gallon drums will not be placed into these boxes.
 - 3. Any material that is greater than 160 mr/hr, that is compactible will be placed into a fifty-five gallon drum and compacted. If it is non-compactible, it will be placed into an approved shipping liner and will be sent to the burial site in a shipping cask.
- (B) The Station Superintendent has issued a memorandum to all station personnel which stresses the importance of following all radiation protection requirements. NNECO supervisory personnel have also been assigned to observe radiological protection practices within the units and report all observations and findings to the Health Physics Supervisor.

Additionally the Training Department has been requested to re-emphasize, in their New Employee Indoctrination, General Employee Training, and Radiation Training classes, the importance of following all radiation protection requirements.

Functional Area: MAINTENANCE

Board Recommendation:

- (A) Improve shelf-life program and storage program for welding electrodes.

RESPONSE:

- (A) ACP-QA-06 Revision 0, "Procurement and Evaluation of Shelf Life Material", was SORC approved on July 29, 1984. Its purpose is to identify a method of verifying the acceptability for use of applicable degradable items which may have deteriorated while in storage and defines the procedure for procuring shelf life material. As an upgrade to the original ACP, Revision 1 was approved on May 7, 1985. This revision 1) provide originators and reviewers with procedural guidance related to the shelf life of component parts, 2) specifies action to be taken when shelf life information is not received, and 3) adds responsibility of job supervisor to include documentation of the evaluation of degradable items prior to use. The changes serve to improve the shelf-life monitoring program.

Regarding storage of welding electrodes, the Millstone Unit 2 Instrument and Control Department has the responsibility for calibration of the storage oven temperature monitors. The calibration program for these monitors is defined in procedure IC 2419D, Mandated Non-Safety Related Equipment Calibration.

Functional Area: FIRE PROTECTION/HOUSEKEEPING

Board Recommendations:

- A) Address the cluttered yard condition. Upgrade housekeeping in areas noted as candidates for improvement.
- B) Resolve Appendix R implementation.

RESPONSE:

- A) Improvement in yard housekeeping is addressed in the Millstone Unit 1 response to Fire Protection/Housekeeping recommendations. Additionally, other Millstone Unit 2 areas identified as needing housekeeping improvement are the Enclosure Building, Equipment Access Hatch Area, the Auxiliary Building Refueling Water Storage Tank Pipe Chase Area and the Safeguards Pump rooms. Housekeeping improvement of these areas will be made.
- (B) The initial comprehensive submittal of our Appendix R approach was in March, 1982. Subsequent clarification letters and new interpretations issued by the Staff resulted in a completed third party review⁽⁶⁾ to validate and update our original submittals and incorporate new NRC interpretations. It is noted that Generic Letter 85-01 strongly suggests that still further NRC guidance or requirements can be expected. Subsequent internal review of this re-evaluation⁽⁶⁾ has revealed the need for new exemptions and hardware modifications. The documentation associated with this effort is being prepared and is planned to be submitted within the next few months.

Hardware modifications which are non-outage related are planned to be completed in accordance with 10CFR50.48 schedules. Implementation of the outage related work will be scheduled following receipt of the NRC SER.

(6) See W. G. Counsil letter to R. H. Vollmer, dated June 18, 1984.

Functional Area: EMERGENCY PREPAREDNESS

Board Recommendation:

- (A) Evaluate measures for assuring timely completion of action items.

RESPONSE:

- (A) We have more formalized our training program. The NRC's concerns in this area are recognized and are being addressed.

Functional Area: LICENSING

Board Recommendation:

- (A) Improve management of licensing activities to avoid late responses.
- (B) Improve coordination of activities with NRR in regard to schedule, prioritization, and project status.

RESPONSE:

(A&B)

A combination of manpower shortages due to unfilled vacancies in the operating plant licensing group and the work loads on the engineering staff resulted in resource limitations regarding schedular requirements in the area of licensing activities. As of the end of the first quarter of 1985, the operating plant licensing staff was at full strength. Increased telephone contact and meetings with NRC Project Managers, coupled with more global resource management via the ISAP, are expected to improve coordination of activities and timeliness of results.