



GPU Nuclear Corporation

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August 2, 1985

Mr. Harry B. Kister, Chief
Division of Project and Resident Programs
U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, PA 19406

Dear Mr. Kister:

Subject: Oyster Creek Nuclear Generating Station
Docket No. 50-219
Inspection Report 85-13

Attachment I to this letter provides our responses to the Notices of Violation contained in Appendix A of your letter dated June 7, 1985. As this letter was delayed in its transmittal to the Oyster Creek Nuclear Generating Station, an extension to the due date of the identified Notices was granted per telecon by the NRC Senior Resident Inspector, W. Bateman.

In the event that any comments or questions arise, please contact Mr. John Rogers of my staff at (609)971-4893.

Very truly yours,

Peter B. Fiedler
Vice President and Director
Oyster Creek

PBF/JJR/dam(0037A)
Attachments

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

Mr. Jack N. Donohew, Jr.
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NRC Resident Inspector
Oyster Creek Nuclear Generating Station

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ATTACHMENT I

Violation A

Concern

10 CFR 50, Appendix B, Criterion V and the Oyster Creek Operational Quality Assurance Plan, Section 3 require that activities affecting quality shall be prescribed by and accomplished in accordance with documented instructions, procedures, and drawings.

10 CFR, Appendix B, Criterion XVI and Section 8 of the Oyster Creek Operational Quality Assurance Plan require that conditions adverse to quality be promptly identified and corrected.

GPUN QA Procedure No. 1000-ADM-7215.01, Rev.0-00, GPUN Quality Deficiency Reports, requires that the party assigned responsibility to take corrective action to address the quality deficiency must respond in writing within 30 days.

Contrary to the above, as of April 17, 1985, the onsite Maintenance and Constructions Department had not responded to Quality Deficiency Report No. 84-75, Dated 8/3/84, regarding bypass of QC holdpoints.

Response

GPUN concurs in the violation.

1. Corrective Actions which have been taken:
 - a. Quality Deficiency Report (QDR) 84-75 was addressed and resolved.
 - b. All MC&F supervisory personnel have attended training provided by Operations Quality Assurance (QA) personnel in the requirements of the QDR program, specifically, addressing those requirements relating to timely responses to QDRs.
 - c. QA has taken action to reindoctrinate QA personnel regarding the deficiency follow-up and escalation program requirements.
 - d. MC&F has developed and implemented an internal tracking system to preclude the occurrence of QDR due dates being exceeded.
2. Corrective steps which will be taken to avoid further violations:
 - a. MC&F is issuing a "Job Supervisor's Manual" which will deal in part with QDR requirements. Full compliance will be achieved when the manual is issued, presently projected for August 31, 1985.

Violation A (cont'd)

- b. QA is reviewing all open QDRs to ensure that they address all aspects of the follow-up and escalation program. Full compliance will be achieved by August 15, 1985.

Violation B

Concern

Technical Specification 6.8.3 requires, in part, that temporary changes to procedures be documented and subsequently reviewed and approved within 14 days of implementation.

Contrary to the above, as of April 25, 1985, temporary changes to procedures were not being reviewed within 14 days of implementation.

Response

GPUN agrees with the violation.

GPUN has investigated the causes for failure to review and approve all temporary changes within fourteen (14) days, as required by Technical Specification 6.8.3. The primary reason for the large number of temporary procedure changes processed (in excess of 1000 temporary changes in 1984), is the high level of procedural compliance required by Oyster Creek policies and procedures.

1. Corrective steps which have been taken:

- a. All temporary changes to Oyster Creek Division procedures are logged in the Control Room. A copy of this log is reviewed weekly by the Safety Review Manager's office. Copies of any changes not submitted for review are obtained by the Safety Review Manager.
- b. Logs of temporary changes to Maintenance, Construction & Facilities Procedures are maintained by the MC&F Manager, Technical Support. These logs are forwarded to the Safety Review Manager for review weekly to assure that temporary changes have been submitted for review.
- c. Quality Assurance personnel stop daily at the Safety Review Manager's office to pick up, deliver or "review on the spot", temporary procedure changes.

Violation B (cont'd)

2. Corrective steps which will be taken to avoid further violations:

- a. A task force chaired by the QA site manager was established by the Deputy Director, Oyster Creek to recommend changes to meet the 14 day requirement. Although the task force has not completed its assignment, recommendations will focus on the following:
 1. Reduction in the number of temporary changes, without degrading the high level of procedure compliance.
 2. Addition of personnel to expedite procedure review and approval.
- b. The requirement for in-line QA review of procedures has been evaluated and many procedures are having the QA in-line review requirement deleted.

3. Date when full compliance will be achieved.

Full compliance is anticipated by December 31, 1985.