



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD, SUITE 210  
LISLE, ILLINOIS 60532-4352

June 15, 2020

Mr. Robert Craven  
Site Director  
NextEra Energy Point Beach, LLC  
6610 Nuclear Road  
Two Rivers, WI 54241-9516

SUBJECT: INFORMATION REQUEST TO SUPPORT UPCOMING PROBLEM  
IDENTIFICATION AND RESOLUTION INSPECTION AT POINT BEACH  
NUCLEAR PLANT, UNITS 1 AND 2

Dear Mr. Craven:

This letter is to request information to support our scheduled Problem Identification and Resolution (PI&R) inspection beginning August 10, 2020, at your Point Beach Station, Units 1 and 2. This inspection will be performed in accordance with the NRC baseline Inspection Procedure 71152.

Experience has shown that these inspections are extremely resource intensive both for the NRC inspectors and the utility staff. In order to minimize the impact that the inspection has on the site, and to ensure a productive inspection, we have enclosed a list of documents required for the inspection.

The documents requested are copies of condition reports and lists of information necessary to ensure the inspection team is adequately prepared for the inspection. The information requested prior to the inspection may be provided in either CD-ROM/DVD, a web-based document repository, or hard copy format and should be ready for NRC review by July 24, 2020. Mr. Christopher Hunt, the lead inspector, will contact your staff to determine the best method of providing the requested information.

If there are any questions about the material requested or the inspection in general, please contact Mr. Christopher Hunt at 630-829-9511 or [Christopher.Hunt@nrc.gov](mailto:Christopher.Hunt@nrc.gov).

This letter does not contain new or amended information collection requirements subject to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.). Existing information collection requirements were approved by the Office of Management and Budget, Control Number 3150-0011.

The NRC may not conduct or sponsor, and a person is not required to respond to, a request for information or an information collection requirement unless the requesting document displays a currently valid Office of Management and Budget control number.

This letter, its enclosure, and your response (if any) will be made available for public inspection and copying at <http://www.nrc.gov/reading-rm/adams.html> and at the NRC Public Document Room in accordance with 10 CFR 2.390, "Public Inspections, Exemptions, Requests for Withholding."

Sincerely,

**/RA/**

Nestor J. Feliz-Adorno, Chief  
Branch 4  
Division of Reactor Projects

Docket Nos. 50-266; 50-301  
License Nos. DPR-24; DPR-27

Enclosure:  
Requested Information to  
Support PI&R Inspection

cc: Distribution via LISTSERV®

Letter to Robert Craven from Nestor Feliz-Adorno dated June 15, 2020.

SUBJECT: INFORMATION REQUEST TO SUPPORT UPCOMING PROBLEM  
IDENTIFICATION AND RESOLUTION INSPECTION AT POINT BEACH  
NUCLEAR PLANT, UNITS 1 AND 2

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DATE	6/15/2020	6/15/2020			

**OFFICIAL RECORD COPY**

## **Requested Information to Support Problem Identification and Resolution Inspection**

Please provide the information, if not provided via an accessible website, on a compact disc for the team lead (Christopher Hunt) and one for the Resident Office. Unless otherwise specified, the time frame for requested information is for the period of July 1, 2018, through the time the data request is answered. Please label any electronic files with file content information. For requested lists, please provide the information in a "sortable" Excel spreadsheet format. If lists are provided in a "sortable format," the sort preference in the following items is not required as long as all of the requested information is provided.

In addition, inspectors will require computer access to the corrective action program (CAP) database and your document retrieval system while on site. If possible, WIFI wireless internet access is also requested.

### **PROGRAM DOCUMENTS**

1. Copies of current administrative procedures associated with the corrective action program. This should include procedures related to: (1) corrective action process (including procedures on how to perform causal evaluations); (2) operating experience program; (3) self-assessment program; (4) operability determination process; (5) degraded/non-conforming condition process (e.g., IMC 0326); (6) system health process or equivalent equipment reliability improvement programs; and (7) operational decision making (ODMI) process.
2. A current copy of the Employee Concerns Program/Ombudsman administrative procedure(s).
3. Description of any substantive changes made to the CAP since the last Problem Identification and Resolution (PI&R) Inspection (August 2018). Please include the effective date with each listed change.

### **ASSESSMENTS**

4. A copy of Quality Assurance (QA) audits of the corrective action program—and if done, audits of the QA program—for the last two years.
5. A copy of self-assessments and associated condition reports generated in preparation for this PI&R inspection.
6. A list of all other QA audits completed in the last two years, with a brief description of areas audited. Please indicate where issues requiring corrective action were identified.
7. The schedule of future QA audits going out to no more than two years.
8. A copy of completed CAP self-assessments for the last two years and the plan/schedule for future CAP self-assessments.
9. A chronological list of department and site self-assessments completed in the last two years (include date completed).

Enclosure

10. A list of condition reports (CRs) written for findings or concerns identified in self-assessments and audits. Include a short description/title of the finding, its status, and include a cross-reference to the audit or self-assessment number.

#### CORRECTIVE ACTION DOCUMENTS

11. A copy of completed root cause evaluations generated since July 2018 with a brief description of the issue. Provide status of any actions developed as part of the evaluations. Include a reference, if not part of the root cause package, to the documents and/or CRs directing and tracking the actions.
12. A list of all other causal evaluations completed since July 2018 with a brief description of the issue. Provide status of any actions developed as part of the evaluations. Include a reference, if not part of the apparent cause package, to the documents and/or CRs directing and tracking the actions.
13. A list of all open CRs sorted by significance level and then initiation date. Include CR number, the date initiated, a brief description/title, system affected if any, significance level, and anticipated completion date, if available.
14. A list of closed CRs since July 2018 sorted by significance level and then initiation date. Include CR number, a brief description/title, the date initiated and closed, assigned organization, system affected, cause codes assigned, and whether there was an associated operability evaluation.
15. A list of open corrective actions, sorted by significance/priority level, with a brief description/title, initiating date and due date. The list should include the number of due date extensions and be grouped by the responsible department.
16. A list of CRs generated by the corporate office July 2018 that involve or affect plant operation, sorted by significance level. Include the date initiated, a brief description/title, site(s) affected, system affected, assigned organization, and status (if closed include date closed; if open, include scheduled date to be closed).
17. A list of effectiveness reviews completed since July 2018 with a brief description of the results. Include a cross-reference to the CRs for which the effectiveness review was conducted and, if applicable, CR numbers documenting any additional follow-up actions.
18. A list of CRs initiated since July 2018 for inadequate or ineffective corrective actions. Include the date initiated, a brief description/title, significance/priority level, system affected, assigned organization, and status (if closed include date closed; if open, include scheduled date to be closed). Include a cross-reference to the CR or evaluation that generated the original corrective action.
19. A copy of any performance reports or indicators used to track CAP effectiveness. The end-of-quarter data will suffice; monthly reports are not required.

20. A data table (or similar format) showing the total number of CRs generated per year since 2015 sortable by department (i.e. operations, engineering, security etc.). A data table showing the number of issues identified externally (NRC, INPO, other etc.) per year as compared to internally since 2015.

### TRENDS

21. List of CRs initiated since July 2018 for trends. Include the date initiated, a brief description/title, significance/priority level, and status (if closed include date closed; if open, include scheduled date to be closed).
22. Copies of any completed trend reports for CRs. Quarterly trend reports are acceptable; copies of all monthly reports are not required.
23. Copies of all apparent, common and/or root cause evaluations regarding adverse human performance trends.

### OPERATING EXPERIENCE

24. A copy of the most recent operating experience program effectiveness review and/or assessment/audit.
25. A list of operating experience documents reviewed (after initial preliminary screening) since July 2018 and any associated CRs. Please provide identification of the originating organization, the initiating organization's document/reference number, your identification number if different than the originators, a brief description/title of the issue, and status of the review and any developed follow-up actions. Indicate the initiation date and the closure date or the anticipated closure date if available.

### SYSTEMS AND COMPONENTS

26. A list of the top ten risk significant systems and top ten risk significant components.
27. A list of operability determinations/evaluations that were opened and evaluated since July 1, 2018. Include a brief description/title, date initiated, date closed or date scheduled to be closed. Also include any operability evaluations that were initiated prior to July 2018, that remain open.
28. Cause analysis, corrective actions documents, health reports, and trend analysis for systems and components considered Maintenance Rule (a)(1). Provide this information starting one year earlier from when the system or component entered (a)(1) status. Include dates when system/components entered (a)(1) status and, if applicable, returned to (a)(2) status. For recurring reports, quarterly reports are sufficient; monthly reports are not required.
29. Copy of the Procedure containing the list of time-critical actions and the procedure that governs them.
30. A list of temporary modifications that were installed since July 2018, with a brief description/title, installation date, and current status. Include any in-place temporary modifications that were installed prior to July 2018.

## SCWE

31. Copy of the results of completed safety culture and/or /safety conscious work environment (SCWE) surveys or self-assessments. Include reference to associated CRs and status of the CRs actions. Also include schedule/plans for future surveys.
32. Copy/list of SCWE issues identified through alternate avenues, such as the employee concerns programs. In lieu of describing issue in the data package, provide a paper copy to the lead inspector at the start of the inspection.

## REGULATORY ISSUES

33. Copies of CRs, investigations/evaluations (ACE/RCE/other), and corrective actions taken for issues identified in NRC findings documented in and since the third quarter of 2017. Identify the status of the associated corrective actions and any effectiveness reviews completed or scheduled as a result. Include a copy of effectiveness reviews that were done. Include a cross-reference to the NRC's inspection report item identification number.
34. A list of CRs for licensee identified violations that have been documented in NRC inspection reports. Include the CR number, brief description/title, date initiated and the status (if closed include date closed; if open, include scheduled date to be closed).
35. A list and status of any corrective actions that are still open associated with greater than green findings/performance indicators.
36. A list of CRs associated with NRC identified issues. Include the CR number, brief description/title, date initiated and the status (if closed include date closed; if open, include scheduled date to be closed).
37. A list of degraded/non-conforming conditions identified since July 1, 2018. Include the CR number, brief description/title, date initiated, and date closed or projected closeout date. Include open issues that were identified prior to July 1, 2018.
38. A list of current control room deficiencies and operator work-arounds, sortable by priority, with a brief description/title and corresponding CR and/or work order number.

## 5-YEAR REVIEW

39. A list of CRs and WOs regarding the Instrument and Service Air systems that have been generated since July 1, 2015. Include the CR number, brief description/title, level of evaluation (i.e. root cause, apparent cause, common cause etc.), date initiated, and the status (if closed include date closed; if open, include scheduled date to be closed).
40. A list of open work orders and modifications on the Instrument and Service Air systems. Any license renewal aging management inspection performed on the Instrument and Service Air systems since July 2015.

## ADMIN

41. A copy of the latest plant organizational chart with position titles, names, and phone listing.
42. Scheduled dates, times, and location for all meetings associated with implementing the CAP (e.g. CR screening meetings, corrective action review board meetings). Include work order screening/assessment meetings.

### Documents Requested to be Available On-Site during the Inspection:

- a. Updated Safety Analysis Report.
- b. Technical Specifications.
- c. Procedures and procedure index.
- d. A copy of the QA manual.
- e. A list of issues brought to the ECP/ombudsman and the actions taken for resolution.
- f. A list of the codes used in the CAP.
- g. A copy of the latest independent/offsite organization review of safety culture and or SCWE and internal equivalent assessments if not provided as part of the requested data package.

### Other:

On the first day of the inspection, or early on the second day, please provide the inspection team a briefing of your CAP including an overview of your actions, if any, associated with recent industry efforts to improve the efficiency of the CAP (e.g. cumulative effects/delivering nuclear promise initiative(s)/CAP 02, etc.). Include your expectations for personnel using the program and how the work order system fits into the overall scheme for addressing identified issues. Also please demonstrate how to use a station computer to access CAP data.

Typically, the lead inspector may request to talk to/interview approximately 20 to 40 personnel, either in groups of 4 to 8 individuals or by walking around, to seek information about the plant's SCWE. Due to the current pandemic environment, the lead inspector will work with your staff to arrange a suitable forum to conduct these interviews, considering current social distancing guidelines, site personnel availability due to remote working arrangements, and the physical presence of the inspection team on site. If on site interviews are conducted, the inspectors will choose from your furnished organization charts, or by virtue of staff availability, people they would like to interview and ask you to set up times and locations. The inspector will provide his selections at least one day prior to a suggested interview date. Each interview session will last about 30 to 60 minutes; the inspector will ask you to schedule the interview sessions at least 90 minutes apart.



The inspector will ask you to refrain from debriefing personnel after the interviews; your briefing of personnel prior to the sessions is acceptable but not required. Also, other team members may be talking to personnel about your people's perception of the site's SCWE and CAP effectiveness.