



**UNITED STATES
NUCLEAR REGULATORY COMMISSION**
REGION IV
1600 EAST LEMAR BOULEVARD
ARLINGTON, TEXAS 76011-4511

June 28, 2021

Mr. Robert Franssen, Site Vice President
Entergy Operations, Inc.
Grand Gulf Nuclear Station
P.O. Box 756
Port Gibson, MS 39150

**SUBJECT: GRAND GULF NUCLEAR STATION - NOTIFICATION OF NRC
SUPPLEMENTAL INSPECTION OF ACTION MATRIX COLUMN 3 (DEGRADED
PERFORMANCE) INPUTS AND REQUEST FOR INFORMATION**

Dear Mr. Franssen:

In a letter dated June 22, 2021, you informed the U.S. Nuclear Regulatory Commission (NRC) that the Grand Gulf Nuclear Station was ready for the NRC to perform a supplemental inspection in response to degraded performance that led to the facility being moved into Column 3 of the Action Matrix. The inspection will be conducted in accordance with NRC Inspection Procedure (IP) 95002, "Supplemental Inspection Response to Action Matrix Column 3 (Degraded Performance) Inputs." The on-site inspection is scheduled to be performed August 23 through September 3, 2021.

In order to ensure a productive inspection, we have enclosed a request for documents needed for this inspection. The documents identified are those that will be needed by the inspectors prior to their arrival for the on-site for the inspection. It is important that all of these documents are up-to-date and complete in order to minimize the number of additional documents that may be needed to support the inspection. If possible, we would request that this information be provided electronically. Any material that is not available electronically should be printed and available for the first day of on-site inspection activities.

We have discussed the schedule for these inspection activities with your staff. If you have questions regarding our schedule or the material being requested, please contact April Nguyen at (630) 829-9587. She may also be reached electronically at April.Nguyen@nrc.gov.

In accordance with Title 10 of the *Code of Federal Regulations* (10 CFR) 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records System (PARS) component of NRC's Agencywide Documents Access and Management System (ADAMS), accessible from the NRC Web site at <http://www.nrc.gov/reading-rm/adams.html> (the Public Electronic Reading Room).

Sincerely,

Jason W. Kozal, Chief
Reactor Projects Branch C
Division of Reactor Projects

Docket No. 05000416
License No. NPF-29

Enclosure: Supplemental Inspection Document Request

cc w/encl: Distribution via ListServ™

GRAND GULF NUCLEAR STATION - NOTIFICATION OF NRC SUPPLEMENTAL
INSPECTION OF ACTION MATRIX COLUMN 3 (DEGRADED PERFORMANCE) INPUTS AND
REQUEST FOR INFORMATION – DATED JUNE 28, 2021

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|--------|--------------|--------------|--|--|
| OFFICE | SRI:RIII/DRP | BC:RIV/DRP/C | | |
| NAME | ANGuyen AMN* | JKozal JK | | |
| DATE | 6/25/21 | 6/28/21 | | |

OFFICIAL RECORD COPY

SUPPLEMENTAL INSPECTION DOCUMENT REQUEST

Inspection Report: 05000416/2021040

On-site Inspection Dates: August 23 through September 3, 2021

Inspection Procedures: 95002, "Supplemental Inspection Response to Action Matrix Column 3 (Degraded Performance) Inputs"
40100, "Independent Safety Culture Assessment Followup"

| | | |
|--------------------|---|---|
| <u>Inspectors:</u> | April Nguyen, Lead Inspector (630) 829-9587 April.Nguyen@nrc.gov | John Ellegood (817) 200-1939 John.Ellegood@nrc.gov |
| | Bryan Bergeon (817) 200-1415 Bryan.Bergeon@nrc.gov | Margaret Tobin (404) 997-5191 Margaret.Tobin@nrc.gov |
| | Rayo Kumana (817) 200-1970 Rayomand.Kumana@nrc.gov | John Vera (817) 200-1989 John.Vera@nrc.gov |
| | Molly Keefe-Forsyth (301) 415-5717 Molly.Keefe-Forsyth@nrc.gov | Leanne Flores (observer) (817) 200-1463 Leanne.Flores@nrc.gov |
| | Justin Vazquez (observer) (301) 415-0530 Justin.Vazquez@nrc.gov | Rebecca Sigmon (observer) (301) 415-0895 Rebecca.Sigmon@nrc.gov |

The following information should be sent to the U.S. Nuclear Regulatory Commission (NRC) inspection team members in electronic format by July 23, 2021, to facilitate in-office preparation. The information should be current as of the date it is entered into the system (or printed). Once reviewed, the inspectors will request from your staff additional documents needed during the on-site inspection weeks. Also, we request that you categorize the documents in your response with the numbered list below. Please provide requested documentation electronically unless hard copies are requested. If requested documents are large and only hard copy formats are available, please inform the inspector(s), and provide subject documentation during the first day of the on-site inspection. Draft documentation should not be provided as part of this information request. It is also requested that access to the internet be provided for each inspector in the room provided to the inspection team. If you have any questions regarding this information request, please contact the lead inspector as soon as possible.

Enclosure

Procedures

1. Administrative procedure(s) governing the site's corrective action program, to include but not limited to:
 - a. Initiating, screening, and categorizing condition reports
 - b. Creating and executing corrective actions for resolution of issues
 - c. Root cause evaluation process
 - d. Adverse condition analysis process
 - e. Common cause assessment
 - f. Safety Culture component evaluation
 - g. Effectiveness reviews
 - h. Operating experience program
 - i. Self-assessment program
2. Administrative procedure(s) governing operability determinations and functionality assessments and the operational decision making process
3. Administrative procedure(s) governing the engineering evaluation and design change/modification process and the Title 10 of the *Code of Federal Regulations* (10 CFR) 50.59 process (if not included in the other documents)
4. Administrative procedure(s) governing work planning, scheduling, and risk assessment
5. Administrative procedure(s) governing the system health process or equivalent equipment reliability improvement program

Reports and Corrective Action Documents

1. The root cause investigation reports for the five individual events that led to plant scrams in 2020 and contributed to the "Performance Indicator of Unplanned Scrams per 7000 Critical Hours" crossing into the yellow threshold
2. All corrective action documents referenced in the root cause evaluations (please identify which documents go with which root cause evaluations)
3. Documentation supporting completion of any corrective actions from the root cause evaluations (please identify which documents go with which root cause evaluations)
4. Current schedule and resource commitment documents for any open corrective actions associated with the root cause evaluations
5. Schedule and status of any on-going, planned, or completed effectiveness reviews stemming from the root cause evaluations for the five scrams
6. The common cause assessment completed for the degradation in performance in 2020
7. All corrective action documents referenced in the common cause assessment
8. Documentation supporting completion of any corrective actions from the common cause assessment

9. Current schedule and resource commitment documents for open corrective actions associated with the common cause assessment
10. Schedule and status of any on-going, planned, or completed effectiveness reviews stemming from the common cause assessment
11. Licensee event reports and NRC event notifications for the unplanned scrams that occurred in 2020
12. A simplified table that lists all events for the unplanned scrams that occurred in 2020 including the date of the event, associated condition report numbers, associated reporting items such as NRC event notification numbers and licensee event reports, and if corrective actions are complete or still in-progress. If the corrective actions are still in-progress, then please list the expected completion date
13. Any Quality Assurance or Nuclear Oversight assessments of the root cause evaluations for the five scrams
14. Any corporate or “mock” assessments conducted on the causal products and/or corrective actions for the five scrams and common cause assessment
15. A list of all Quality Assurance or Nuclear Oversight assessments performed since October 2019
16. A list of all self-assessments and/or external audits performed since October 2019
17. The root cause evaluation(s) performed in response to the station crossing the white threshold in the third and fourth quarters of 2018 for the “Performance Indicators for Unplanned Scrams per 7,000 Critical Hours” and “Unplanned Power Changes per 7,000 Critical Hours”
18. The root cause evaluation(s) performed in response to the station crossing the white threshold in the third quarter of 2016 for the “Performance Indicators for Unplanned Scrams per 7,000 Critical Hours”
19. All corrective action documents and support documents that demonstrate completion for the corrective actions to prevent recurrence for the root causes referenced in items 17 and 18
20. Any additional common cause or adverse condition analyses performed for the events referenced in items 17 and 18 that led to the white performance indicators

Safety Culture

1. A copy of the Independent Safety Culture Assessment completed by Utilities Service Alliance in 2021
2. Meeting minutes from the Safety Culture Panel Monitoring Team trimester meetings in 2020 and the first trimester of 2021

3. Corrective action documents or other tracking mechanisms for actions taken as a result of items identified through safety culture monitoring and assessment
4. Administrative procedure(s) governing the Employee Concerns Program
5. Any Quality Assurance or Nuclear Oversight assessments of safety culture

General Plant Information and Documentation

1. Technical specifications and bases
2. Updated final safety analysis report
3. Site organization charts
4. Site phone book
5. Site business plan and any recovery plans that outline actions taken to address identified gaps
6. Any historic site business and/or recovery plans that outline actions taken in response to degraded performance from 2017 until the current plan (requested in item 5)

Miscellaneous Items

1. Work week schedules for the on-site inspection weeks
2. Normal weekly meeting schedule to include time and location of recurring meetings such as corrective action review meetings, plan-of-the-day meetings, etc.
3. Supplemental inspection team contacts

If the information requested above will not be available, please contact April Nguyen as soon as possible.