

MAY 03 1984

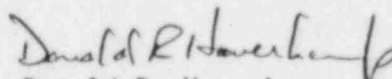
MEMORANDUM FOR: Richard W. Starostecki, Director, Division of Projects  
and Resident Programs

FROM: Donald R. Haverkamp, Acting Office Allegation Coordinator

SUBJECT: ALLEGATION RI-84-A-0061 (NINE MILE POINT 2):  
IMPROPER DISPOSITION ("EDITING") OF QA AUDIT FINDINGS

The subject allegation, received by NRC Headquarters about April 16, 1984 and by NRC Region I on April 27, 1984, has been entered in the NRC Allegation Tracking System (see enclosure 1).

The allegation was reviewed and evaluated for follow-up actions during an allegation panel meeting on April 30, 1984 (see enclosure 2).



Donald R. Haverkamp  
Acting Office Allegation Coordinator

Enclosures:

1. NRC Form 307
2. NRC Region I Form 207

cc w/encs:

H. Kister  
S. Collins  
R. Gramm  
S. Ebnetter  
L. Bettenhausen  
A. Gody  
D. Capton  
J. Gutierrez  
R. Christopher, OI:RI  
Allegation File

8510220176 851010  
PDR FOIA  
GARDE85-613 PDR

**ALLEGATION DATA**  
Instructions on reverse

**RECEIVING OFFICE**

**1. Facility(ies) Involved:**

(If more than 3, or if generic, write GENERIC)

(Name)

NINE MILE POINT

Docket Number (if applicable)

0	5	0	0	0	4	1	0

**2. Functional Area(s) Involved:**

(Check appropriate box(es))

<input type="checkbox"/>	operations	<input type="checkbox"/>	onsite health and safety
<input checked="" type="checkbox"/>	construction	<input type="checkbox"/>	offsite health and safety
<input type="checkbox"/>	safeguards	<input type="checkbox"/>	emergency preparedness
<input type="checkbox"/>	other (Specify) _____		

**3. Description:**

(Limit to 100 characters)

I	M	P	R	O	P	E	R	D	I	S	P	O	S	I	T	I	O	N	(	"	E	D
I	T	I	N	G	I	N	G	)	O	F	Q	A	A	U	D	I	T	F	I	N	D	I
N	G	S																				

**4. Source of Allegation:**

(Check appropriate box)

<input type="checkbox"/>	contractor employee	<input type="checkbox"/>	security guard
<input type="checkbox"/>	licensee employee	<input type="checkbox"/>	news media
<input type="checkbox"/>	NRC employee	<input type="checkbox"/>	private citizen
<input type="checkbox"/>	organization (Specify) _____		
<input checked="" type="checkbox"/>	other (Specify) <u>Anonymous Former Employee</u>		

**5. Date Allegation Received:**

MM	DD	YY
0	4	1
6	8	4

**6. Name of Individual Receiving Allegation:**

(First two initials and last name) Unknown

**7. Office:**

I	E		
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**ACTION OFFICE**

**8. Action Office Contact:**

(First two initials and last name) S. J. Collins

**9. FTS Telephone Number:**

4	8	8	-	1	1	2	6
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**10. Status:**

(Check one)

<input checked="" type="checkbox"/>	Open, if followup actions are pending or in progress
<input type="checkbox"/>	Closed, if followup actions are completed

**11. Date Closed:**

MM	DD	YY

**12. Remarks:**

(Limit to 50 characters)


**13. Allegation Number:**

Office	Year	Number
R	I	
-	8	4
-A-	0	0
	6	1

ALLEGATION

REPORT

NAME:	ALLEGATION:	FACILITY:	
Anonymous Individual	Improper distribution ("editing")	Nine Mile Point 2	
ADDRESS:		FILE NO:	
None given	of QA audit findings	RI-84-A-0061	
		DATE:	
		4/16/84 (NRC:HQ)	
		TIME:	
PHONE:	CONFIDENTIALITY REQUESTED:	N/A	DOC NO: 50-410
None given		YES NO	

SUMMARY OF INFORMATION:

See attached letter from an anonymous individual dated 4/10/84

NOTE: Ltr received by W. Haass on 4/23/84 & by D. Haverkamp on 4/27/84. W. Haass will attempt to retrieve ltr from PDR distribution per telecon on 4/20/84.

D. R. Haverkamp 4/20/84  
Acting OAC

PAGE OF  
PREPARED BY:

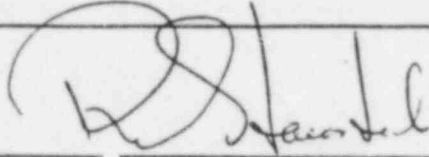
DATE:

ACTION REQUIRED (TO BE COMPLETED BY OAC AFTER INITIAL PANEL MEETING):

① W. Bateman / R. Gramm review the identified documents during current insp. period. Determine whether or not irregularities are apparent, \* based on comparison of original draft and final "edited" versions of QA Audit No. 4 (ECD 5/31/84) Complete insp. doc. (ECD 6/20/84). and discussions w/ QA auditors if appropriate.

② S. Collins send clearext memo to OAC w/ cy of insp. rpt. (ECD 6/30/84).

REVIEWED BY:



DATE:

5-2-84

Allegation Panel Meeting on 4/30/84. Panel members included R. Starostecki, H. Kister, S. Collins, L. Bettenhausen, D. Haverkamp

\* If irregularities are detected, promptly inform S. Collins / H. Kister so that OI:RI assistance is requested.

Vm  
4/23/84  
W. J. Hannon

April 10, 1984

Mr. Richard C. DeYoung, Director  
Office of Inspection & Enforcement  
U. S. Nuclear Regulatory Commission  
Washington, D. C. 20555

Dear Mr. DeYoung:

I recently resigned from Niagara Mohawk Power Corporation - (the Quality Assurance Department). I hope you might forgive me if I do not sign this letter. If the NRC is interested in getting to the root cause of the Q. A. problems at Nine Mile Point Unit No. 2, I direct your attention to the following:

Seek the original draft of Q. A. Audit No. 4 conducted internally between January 24 - February 3, 1984. The computer reference is 4048C which had some 30 findings.

Seek the final "edited" version of this same audit, same date. Computer reference 4162c.

Seek an interview with the company auditors of Audit No. 4 who have been unmercifully harrassed since their conclusion of this audit.

Seek the April 5, 1984 letter (QA840573 "B" 17.0-A1) and review all auditors thereon. Two of them on page 2 were Lead Auditors who had their credentials pulled - they were leading Audit No. 4. They will talk to you.

A friend of the industry.

50-414

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PDR ADOCK 05000410  
A PDR

IE28  
/0

JUNE 4, 1984

ME TO TO: SAM COLLINS

From: BOB GRAMM

SUBJECT: FOLLOWUP TO ALLEGATION RI-84-A-0061 REGARDING  
NMPC AUDIT #4

On May 23 the resident met with Wes Williams (MAC-Audit 4 reviewer), Tom Lee (MAC-Audit 4 reviewer) and Tony Laratta (NMPC-Audit 4 Lead Auditor). The translation of the draft audit 4 findings into the final audit report was discussed. The audit reviewers indicated their philosophy was to condense audit findings within a given area (e.g. for the Surveillance Report Area, 9 nonconformances were consolidated into 1). The audit was initiated and conducted under NMPC supervision, however the two MAC personnel reviewed the findings.

The inspector recognizes that for audit 4, over 30 nonconformances were condensed into 8 nonconformances. That ratio appears to be greater than normal management editorializing of an audit report. To ascertain if audit concerns were translated from the draft to the final audit, the inspector developed the attached matrix. Several discrepancies were noted, these items were discussed with the above listed NMPC personnel and their comments are included on the matrix.

1. After the initial meeting, the resident separately met with the lead auditor, Laratta. Tony Laratta stated that the MAC personnel have brought a different philosophy to NMPC in regards to the conduct of auditing. He stated that his signature on the final audit indicates that he concurs with the handling of the audit findings. Laratta stated that he has not received any explanation regarding his de-certification from lead auditor status.

3. On May 31 the resident and site detailed SRI met with Jim Perry (NMPC Director of QA), Charlie Beckham (NMPC - QA Manager) and Art Friedman (MAC - manager of Human Organizational Effectiveness Dept). Audit 4 was discussed further, the particular MRC concerns and NMPC responses are outlined below:

a) concern - Draft Audit 4 recommended that the audit findings be reviewed for 50.55e reportability. The lead auditor indicated that a significant deficiency report had been filed with D. Palmer (QA manager). How were these dispositioned?

response - No record of a significant deficiency report exists within reviewed NMPC files in relationship to Audit 4 findings. On May 25<sup>th</sup> NMPC Licensing performed a review of Audit 4 final issued nonconformances, a determination was made that the findings are not reportable under 50.55e.

b) concern - By reducing the number of issued nonconformances from ~30 to 8, isn't the overall impact lost of the problem severity?

response - Perry is of the opinion that the final audit report did not water down the audit findings. He stated that with the new MAC auditing philosophy in place and with training of the auditors in the techniques that this type of situation would not develop again.

c) concern - Was the site surveillance program adequate as it existed or had a QA program breakdown occurred?

response - The program as implemented on site had numerous deficiencies. The old program was adequate but a new program has been instituted to strengthen the licensee QA program; NMPC recognized the QA problems after the CAT inspection and was moving to address them. New MAE supplied site QA personnel reported to NMP-2 the week of the Audit 4 exit. The new team had preconceived ideas about required changes to <sup>the</sup> site surveillance program. The end results were not affected by Audit 4.

d) concern - what actions are to be taken (if any) relative to the decertification of the two lead auditors involved in Audit 4 and has there been harassment of the auditors?

response - Perry stated that based upon his review of the lead auditors performance that he intends to re-certify the individuals immediately. Perry stated that he has reviewed both sides of the claimed harassment issues surrounding audit 4 members and concluded that there have not been incidents of harassment.

4. The resident has the following observations:

- several findings existed within the draft audit for training program problems. The major issue was a letter written by Dise which delegated training responsibilities to a new employee. Perry has rescinded that directive and placed responsibility back to QA supervisors.



- The Nonconformance system is no longer used by site QA.
- The old surveillance program has been abandoned. New detailed checklists are used to conduct surveillances. Reports are closed in a timely manner or escalated to Corrective Action Request status (15 day limit) such that issues are promptly addressed by SWEC.
- A site audit program has been established. The auditors qualifications have been verified to be valid by the licensee, after the conduct of audit 4.
- NMPC 50.55e procedure is currently under revision. This audit provided an example where NMPC employees did not follow the procedure to contact NMPC licensing for reportability review.
- With the exception of the portion of the audit findings dealing with the Employee training program, it appears that the draft audit findings have been responded to. The site QA manager indicated that a QAP is under development which covers the site QA training program.

5) The resident notes that the draft audit findings have been greatly condensed to their final released format. Of prime importance is whether the findings have been resolved by NMPC QA. With the exception of findings regarding the Employee training program, it is the opinion of the resident that the safety significant concerns have been addressed.

Bob Hamm

# AUDIT 4 REVIEW - NONCONFORMANCE REPORT SYSTEM

FINAL AUDIT 4 REPORT	FINAL AUDIT 4 NONCONFORMANCE	DRAFT AUDIT 4 REPORT	DRAFT AUDIT 4 NR	EXPLANATION
<p>1) SOME NR FILES MISPLACED</p>				
<p>2) SOME NRs CLOSED w/o CORRECTIVE ACTION VERIFICATION</p>	<p>2) IMPLEMENTATION OF CORRECTIVE ACTION NOT VERIFIED</p>	<p>2) LACK OF CORRECTIVE ACTION VERIFICATION</p>	<p>2) VERIFICATION OF NR ACTIONS NOT ALWAYS ACCOMPLISHED</p>	
<p>3) SOME RESPONSES TO NRs NOT REVIEWED</p>	<p>3) RESPONSES TO NRs NOT REVIEWED WITHIN 2 WEEKS OF RECEIPT</p>	<p>3) NR RESPONSE NOT TIMELY REVIEWED</p>	<p>3) RESPONSES TO NRs NOT APPRAISED WITHIN 2 WEEKS OF RECEIPT</p>	
<p>4) DISCREPANCIES BETWEEN NR INFO AND SITE LOG</p>				
<p>5) SITE NR LOG NOT MAINTAINED UP TO DATE</p>	<p>5) NR LOG NOT MAINTAINED UP TO DATE</p>	<p>5) NR LOG NOT UPDATED</p>	<p>5) NR LOG NOT UPDATED WHEN REQUIRED</p>	<p>REQUIREMENT NOT IN QAPs</p>
	<p>* Recommended that open NRs be reviewed to verify processing requirements. Train personnel so that future NRs properly processed.</p>	<p>6) LACK OF QA ENGINEER TO FOLLOWUP AND STATUS NRs</p>	<p>6) QA ENGINEER NOT AVAILABLE TO STATUS NRs</p>	
		<p>* Recommended that all site generated NRs be reviewed to ensure followup and resolution</p>		

# AUDIT 4 REVIEW - SURVEILLANCE REPORT SYSTEM

FINAL AUDIT 4 REPORT	FINAL AUDIT 4 NONCONFORMANCE	DRAFT AUDIT 4	DRAFT AUDIT 4 NR	EXPLANATION
<p>1) Some SRs NOT CLEARLY STATED</p> <p>2) Some SRs NOT APPROPRIATELY SIGNED</p> <p>3) Some SRs NOT APPROPRIATELY REVIEWED AND CLOSED OUT</p> <p>4) NO SCHEDULE FOR CONDUCT OF SURVEILLANCES</p> <p>5) DIFFERENCES BETWEEN SR AND INFO RECORDED ON SR LOG</p>	<p>1) SRs NOT ALWAYS CLEARLY STATED</p> <p>2) SRs NOT ALWAYS CORRECTLY SIGNED</p> <p>3) SRs NOT ALWAYS PROPERLY CLOSED</p> <p>4) NO ESTABLISHED SCHEDULE FOR CONDUCT OF SRs</p> <p>5) SR LOG NOT CORRECTLY FILLED OUT</p> <p>6) SURVEILLANCE CHECKLIST NOT REVIEWED OR APPROVED</p> <p>Recommendation - train personnel to procedural requirements                      - evaluate personnel performance                      - review past/future SRs to assure compliance</p>	<p>1) SRs NOT DOCUMENTED IN SUFFICIENT DETAILS</p> <p>2) SR CLOSED BY SR PREPARER</p> <p>3) SR CLOSED w/o CORRECTIVE ACTION VERIFICATION</p> <p>4) NO ESTABLISHED SCHEDULE FOR CONDUCT OF SRs</p> <p>5) DISCREPANCIES IN SR LOG INFO</p> <p>6) INCONSISTENT AND INFREQUENT USE OF CHECKLISTS</p> <p>7) LACK OF EVIDENCE THAT SURVEILLANCE CONDUCTED BY KNOWLEDGEABLE PERSONNEL</p> <p>8) LACK OF SR FOLLOWUP</p> <p>9) FOLLOWUP TO SRs VIA PAPER STUCK ON</p> <p>Recommendation - Review all 1982/1983 SRs for compliance to QA program and for corrective action verification</p>	<p>1) SRs NOT CLEARLY DOCUMENTED</p> <p>2) SR CLOSED BY INITIATOR</p> <p>3) SR CLOSED w/o CORRECTIVE ACTION VERIFICATION</p> <p>4) NO ESTABLISHED SCHEDULE FOR CONDUCT OF SRs</p> <p>5) DISCREPANCIES IN SR LOG</p> <p>6) CHECKLISTS NOT REVIEWED NOR APPROVED</p> <p>8) LACK OF SR FOLLOWUP WITH RECEIVER</p> <p>9) FOLLOWUP DOCUMENTATION WITH STICK ON TO SRs</p>	<p>OPINION OF AUDITORS</p> <p>PROBLEM TO BE DETECTED DURING 100% SR REVIEW</p>

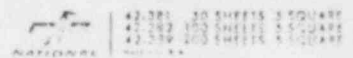
# AUDIT 4 LEAD AUDITOR CERTIFICATION PROCESS

FINAL AUDIT 4 REPORT	FINAL AUDIT 4 NONCONFORMANCE	DRAFT AUDIT 4	DRAFT AUDIT 4 NRS	EXPLANATION
<p>1) 2 OF 5 SITE LEAD AUDITORS MAINTAINED AS QUALIFIED W/ MAINTAINING NEEDED QUALIFICATIONS</p> <p>2) 4 OF 5 SITE LEAD AUDITORS CERTIFIED UPON BASIS OF SURVEILLANCE RATHER THAN AUDIT PARTICIPATION</p> <p>3) NO RECORDS IN TRAINING FILES TO DOCUMENT LEAD AUDITOR TRAINING</p>	<p>1) LIST OF QUALIFIED LEAD AUDITORS NOT MAINTAINED AS CURRENT</p> <p>2) AUDITORS APPROVED FOR CERTIFICATION PRIOR TO PARTICIPATING IN 5 AUDITS OR SURVEYS</p> <p>3) CERTIFICATION RECORDS NOT MAINTAINED IN QAD FILES</p>	<p>1) 2 OF 5 AUDITORS CERTIFIED W/ MAINTAINING AUDIT PROFICIENCY</p> <p>2) AUDITORS CERTIFIED ON BASIS OF SURVEILLANCE RATHER THAN AUDIT PARTICIPATION</p> <p>3) NO RECORDS AVAILABLE TO SUPPORT ACTIVITY SUPPORTING QUALIFICATION</p> <p>4) NONE OF SITE LEAD AUDITORS QUALIFIED</p> <p>5) ONE AUDITOR QUALIFIED ON PARTICIPATION IN 2 SURVEYS</p> <p>6) LEAD AUDITOR TRAINING RECORDS MICROFILMED IN SELECTIVE MANNER</p> <p>7) NO ACCURATE DATA MAINTAINED ON AUDIT PARTICIPATION</p>	<p>2) AUDITORS CERTIFIED ON BASIS OF SURVEILLANCE RATHER THAN AUDIT PARTICIPATION</p> <p>3) NO RECORDS AVAILABLE TO SUPPORT LEAD AUDITOR QUALIFICATION</p>	<p>REDAUNDANT FINDING</p> <p>FINDING 2 OF FINAL AUDIT 4 ADDRESSES THIS</p> <p>SEE RECOMMENDATION OF FINAL AUDIT 4</p>
<p>Recommendations - review and verify certification records are proper - evaluate any audits in which improperly certified personnel participated - revise current practices for certification and train personnel &amp; maintain lead auditor records</p>		<p>RECOMMENDATION - review audits conducted by questionable lead auditors</p>		

AUDIT 4 EMPLOYEE TRAINING PROGRAM

FINAL AUDIT 4 REPORT	AUDIT 4 FINAL NONCONFORMANCES	DRAFT AUDIT 4 REPORT	DRAFT AUDIT NIRS	EXPLANATION
1) ONE TRAINING RECORD NOT PROPERLY DUPLICATED	2) 3 & 6 MONTH PROGRESS REPORTS ALWAYS PREPARED AND SUBMITTED.	2) 3 & 6 MONTH PROGRESS REPORTS NOT PREPARED	2) 3 & 6 MONTH PROGRESS REPORTS NOT PREPARED	FINDING OF FINAL AUDIT DOCUMENT CONTROL
2) 3 & 6 MONTH PROGRESS REPORTS FROM SUPERVISOR TO GAD MANAGEMENT NOT ALWAYS PREPARED	3) IMPROPER DELEGATION OF TRAINING PROGRAM RESPONSIBILITY	3) IMPROPER DELEGATION OF TRAINING PROGRAM RESPONSIBILITY	3) IMPROPER DELEGATION OF TRAINING PROGRAM RESPONSIBILITY	FINDING OF FINAL AUDIT DOCUMENT CONTROL
	4) PROFICIENCY DEVELOPMENT FILES NOT MAINTAINED FOR PRE-EMPLOYMENT EXPERIENCE, NO JOB MATRIX	4) PROFICIENCY DEVELOPMENT FILES NOT MAINTAINED FOR PRE-EMPLOYMENT EXPERIENCE, NO JOB MATRIX	4) PROFICIENCY DEVELOPMENT FILES NOT MAINTAINED FOR PRE-EMPLOYMENT EXPERIENCE, NOT MAINTAINED BY SITE OR SUPERVISOR	FILES MAINTAINED BY GAD IN SYRACUSE
	5) TRAINING RECORDS NOT IN FIRE PROOF SAFE OR DUPLICATED	5) TRAINING RECORDS NOT IN FIRE PROOF SAFE OR DUPLICATED	5) INADEQUATE FACILITIES TO RETAIN TRAINING RECORDS	OR
	6) TRAINING FILES NOT ON-SITE SINCE AUG '82	6) TRAINING FILES NOT ON-SITE SINCE AUG '82	6) TRAINING FILES NO LONGER ON-SITE	ARE NOT PROCEDURAL REQUIREMENTS
	7) DUPLICATE TRAINING FILM RECORDS @ UNIT 1 NOT AVAILABLE TO UNIT 2 SUPERVISOR	7) DUPLICATE TRAINING FILM RECORDS @ UNIT 1 NOT AVAILABLE TO UNIT 2 SUPERVISOR	7) NO DUPLICATE RECORDS FOR UNIT 2 SUPERVISOR	
	8) INCOMPLETE MICROFILM TRAINING RECORDS	8) INCOMPLETE MICROFILM TRAINING RECORDS	8) INCOMPLETE MICROFILM RECORDS	

# AUDIT 4 REVIEW DOCUMENT CONTROL



FINAL AUDIT 4 REPORT	FINAL AUDIT 4 NRs	DRAFT AUDIT 4 REPORT	DRAFT AUDIT 4 NR	EXPLANATION
<p>1) QA MANUAL NOT CURRENT</p> <p>2) LETTERS TO DIRECT QA ACTIVITIES BYPASSED PROCEDURES</p>	<p>1) CONTROLLED COPY QAP NOT CURRENT</p> <p>2) QA LETTERS DELEGATED TRAINING RESPONSIBILITY BEYOND INTENT OF QAPS</p> <p>Recommendations - review &amp; identify other letters which bypass the QA Program - ensure personnel use procedures to direct future QA activities</p>	<p>1) CONTROLLED COPY QAPS INCOMPLETE</p>	<p>1) CONTROLLED COPY QAPS INCOMPLETE</p>	

## OPEN ITEM FOLLOWUP

<p>1) NO CHECKLIST USED PER QAP AND ITEM CLOSED w/o CORRECTIVE ACTION VERIFICATION</p>	<p>1) CHECKLISTS ARE NOT BEING USED FOR PROCUREMENT DOCUMENT REVIEW</p> <p>Recommendation - Initiate use of checklists</p>	<p>1) CHECKLISTS FOR FPR NOT BEING USED</p>	<p>1) CHECKLISTS NOT UTILIZED</p> <p>2) CORRECTIVE ACTION TO NR 13 NOT IMPLEMENTED</p>	
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AUDIT 4 ORGANIZATIONAL DESCRIPTION

FINAL AUDIT 4 REPORT	FINAL AUDIT NONCONFORMANCE	DRAFT AUDIT REPORT	DRAFT AUDIT NRS	EXPLANATION
<p>1) ORGANIZATIONAL CHARTS FOUND TO BE OUT OF DATE</p> <p>2) PROCEDURES DEFINED JOB POSITIONS WHICH NO LONGER EXIST</p> <p>3) PROCEDURES DO NOT DEFINE CURRENT JOB FUNCTION</p>	<p>1) ORGANIZATION CHARTS IN DESIGN AND CONSTRUCTION MANUAL DO NOT MATCH CURRENT ORGANIZATION</p> <p>2) GAP 1.01 DOES NOT REFLECT CURRENT ORGANIZATION</p> <p>3) GAP 1.01 DOES NOT REFLECT CURRENT RESPONSIBILITIES</p>	<p>1) ORGANIZATION CHARTS IN DECIM DO NOT REFLECT CURRENT ORGANIZATION</p> <p>2) GAP 1.01 DOES NOT REFLECT CURRENT ORGANIZATION</p> <p>3) AUTHORITY OF SITE QA SUPERVISOR DO NOT DEFINED IN GAP</p> <p>4) PSAR DELEGATES RESPONSIBILITY FOR QA ACTIVITIES IN VARIANCE TO 106FR50</p>	<p>1) DECIM ORGANIZATION CHARTS INCORRECT</p> <p>2) GAP 1.01 REFERS TO POSITIONS NO LONGER IN EXISTANCE</p> <p>3) GAP 1.01 DOES NOT DEFINE AUTHORITY OF SITE QA SUPERVISOR</p> <p>4) PSAR DELEGATES QA RESPONSIBILITY</p>	<p>NMPC HAS NOT DELEGATED RESPONSIBILITY, JUST CONDUCT OF INSPECTION ACTIVITIES</p>
	<p>Recommendation - review and update organizational charts - review update program to reflect organization</p>			



NONCONFORMANCE RECORDS - 2018  
FINDINGS

FINAL AUDIT 4 VERBAGE	FINAL AUDIT 4 NRs	DRAFT AUDIT 4 VERBAGE	DRAFT AUDIT 4 NRs
<p>1) Some NR files misplaced</p> <p>2) Some NRs closed into corrective action verification</p> <p>3) Some responses to NRs not reviewed</p> <p>4) Discrepancies between NR info and site log info</p> <p>5) Site NR log not maintained up to date</p>	<p>2) Implementation of corrective action not verified</p> <p>3) Responses of NRs not reviewed within 2 weeks of receipt</p> <p>5) NR log not maintained up to date</p>	<p>2) lack of verification of corrective action</p> <p>5) NR log not updated</p> <p><del>6) NR log not updated</del></p> <p><del>7) NR log not updated</del></p> <p><del>8) NR log not updated</del></p> <p><del>9) NR log not updated</del></p> <p><del>10) NR log not updated</del></p> <p><del>11) NR log not updated</del></p> <p><del>12) NR log not updated</del></p> <p><del>13) NR log not updated</del></p> <p><del>14) NR log not updated</del></p> <p><del>15) NR log not updated</del></p> <p><del>16) NR log not updated</del></p> <p><del>17) NR log not updated</del></p> <p><del>18) NR log not updated</del></p> <p><del>19) NR log not updated</del></p> <p><del>20) NR log not updated</del></p> <p><del>21) NR log not updated</del></p> <p><del>22) NR log not updated</del></p> <p><del>23) NR log not updated</del></p> <p><del>24) NR log not updated</del></p> <p><del>25) NR log not updated</del></p> <p><del>26) NR log not updated</del></p> <p><del>27) NR log not updated</del></p> <p><del>28) NR log not updated</del></p> <p><del>29) NR log not updated</del></p> <p><del>30) NR log not updated</del></p> <p><del>31) NR log not updated</del></p> <p><del>32) NR log not updated</del></p> <p><del>33) NR log not updated</del></p> <p><del>34) NR log not updated</del></p> <p><del>35) NR log not updated</del></p> <p><del>36) NR log not updated</del></p> <p><del>37) NR log not updated</del></p> <p><del>38) NR log not updated</del></p> <p><del>39) NR log not updated</del></p> <p><del>40) NR log not updated</del></p> <p><del>41) NR log not updated</del></p> <p><del>42) NR log not updated</del></p> <p><del>43) NR log not updated</del></p> <p><del>44) NR log not updated</del></p> <p><del>45) NR log not updated</del></p> <p><del>46) NR log not updated</del></p> <p><del>47) NR log not updated</del></p> <p><del>48) NR log not updated</del></p> <p><del>49) NR log not updated</del></p> <p><del>50) NR log not updated</del></p>	<p>2) verification to NR action not always accomplished</p> <p>3) All responses to NRs to be appraised in 2 weeks of receipt - not done</p> <p>5) Nonconformance log not updated when required</p> <p>2) Responsibility of O&amp;A Eng to update NR log - not done</p>
		<p>* Recommendation - review all site generated NRs to ensure follow up and resolution</p>	
	<p>* Recommendation - review open NRs to verify processing per requirements - train personnel so that future NRs properly processed</p>		

( RESULT NR0034 )

FINAL AUDIT VERBAGE	FINAL AUDIT 4 NRS	DRAFT AUDIT VERBAGE	DRAFT 4 NRS
<p>1) Some SRs not clearly stated</p> <p>2) Some SRs not appropriately signed</p> <p>3) Some SRs not appropriately reviewed and closed out</p> <p>4) No schedule / frequency for conduct of surveillances</p> <p>5) Differences between info on SR and that recorded in SR log</p>	<p>1) SRs not always clearly stated</p> <p>2) SRs not always correctly signed</p> <p>3) SRs not always properly closed</p> <p>4) No established schedule for conduct of SRs</p> <p>5) SR log sheets not correctly filled out</p> <p>6) Checklists for surveillances not reviewed or approved</p>	<p>1) SRs do not document sufficient details</p> <p>2) SR closed by some individuals that prepare SR</p> <p>3) SR closed by some individuals that prepare SR</p> <p>4) No established schedule for conduct of SRs</p> <p>5) SR log deficient with respect to follow-up required box</p> <p>5b) discrepancies between SR logs information</p> <p>7) Inconsistent and frequent use of surveillance equipment</p> <p>8) Lack of evidence that surveillance conducted by knowledgeable personnel</p> <p>9) Lack of SR Followup - no communication with party that received SR</p> <p>10) Follow-up SRs; additional info appended to report to slips of paper stuck to SR</p> <p>Recommendation: Review all 1982/83 SRs for compliance to RA program and for verification of corrective action</p>	<p>1) SRs not clearly documented</p> <p>3) SR closed w/o verification of corrective action</p> <p>2) SR's closed by SR initiator</p> <p>4) No established schedule for conduct of SRs</p> <p>5a) SR log deficient with respect to filling in follow-up required</p> <p>5c) SR log discrepant with respect to status of SR</p> <p>6) Checklists not reviewed or approved</p> <p>9) <del>Follow-up SR</del> Follow-up no communication with party that received SR</p> <p>10) Follow-up SR activities documented in notes of people stuck to SR</p>

Draft NR 025

LEAD POSITION COMMUNICATION

FINAL AUDIT VERBAGE	FINAL AUDIT Y NBS	DRAFT AUDIT VERBAGE	DRAFT AUDIT Y NBS
<p>1) 2 of 5 site lead auditors on list of qualified lead auditors who maintaining qualifications</p> <p>2) 4 of 5 site lead auditors certified on basis of participation in surveillance in low of audits</p> <p>3) No records in training files to document lead audit training</p>	<p>1) list of qualified lead auditors not maintained current</p> <p>2) auditors approved for certification before participating in 5 audits or surveys</p> <p>3) certification records not maintained in QAO files</p>	<p>1) 2 of 5 auditors certified who maintaining proficiency in audits</p> <p>2) Auditors certified on basis of surveillance participation in other than audits</p> <p>3) No records available to support activity in which claiming qualification for certification</p> <p>4) None of site lead auditors and in files specified</p> <p>5) One lead auditor certified on basis of participation in only 2 surveys</p> <p>6) Lead audit training records not maintained on selective basis not with concurrence of site supervisor</p> <p>7) Recommendations relative may be prepared by audit participation</p> <p>Recommendation - review audits conducted by questionable lead auditors</p>	<p>2) Auditors certified on basis of surveillance participation (rather than audits)</p> <p>3) No records from 7-0-6 available to support lead audit qualification</p> <p>5) One lead auditor certified on basis of participation in only 2 surveys</p> <p>6) Selected audit training records transmitted to files</p>
<p>Recommendations - review and verify certification records are proper - evaluate any audits in which improperly certified auditors participated - review current practices for certification training</p>			

N.R. 177.3/1. document - update & maintain

EMPLOYEE TRAINING PROGRAM

4

DRAFT AUDIT 4 NIS

DRAFT AUDIT 4 VERBAGE

Final Audit 4 NIS

Final Audit 4 Verbage

<p>1) One training record not properly duplicated</p> <p>2) 3 &amp; 6 month progress reports from Supv. to RAD manager not always prepared</p>	<p>2) 3 &amp; 6 month progress reports not always prepared &amp; submitted</p>	<p>2) 3 &amp; 6 month progress reports prepared; submitted</p>	<p>1) One training record not properly duplicated</p> <p>2) 3 &amp; 6 month progress reports from Supv. to RAD manager not always prepared</p>
<p>3) Improper delegation of training program responsibility by Proficiency developer files not maintained with Act-Supv.</p>	<p>3) Delegation of training program responsibility (see Beyond Control final report findings)</p> <p>4) Proficiency development files not maintained for pcc-employment background experience. No distinct job responsibilities to current job function.</p>	<p>2) 3 &amp; 6 month progress reports prepared</p> <p>3) Delegation of training program responsibility (see Beyond Control final report findings)</p> <p>4) Proficiency development files not maintained for pcc-employment background experience. No distinct job responsibilities to current job function.</p>	<p>3) Improper delegation of training program responsibility by Proficiency developer files not maintained with Act-Supv.</p>
<p>5) Inadequate facilities retain training records non-fire proof - not stamped</p> <p>6) Training files no longer maintained at the site</p> <p>7) No duplicate file maintained by site supervisor</p>	<p>5) Training records not in their maintenance; in fire proof safe</p> <p>6) Training files no longer maintained at the site since Aug 1982</p> <p>7) Duplicate non-training film records &amp; photos not available to airport supervisors</p> <p>8) Incomplete microfilm training records</p>	<p>5) Training records not in their maintenance; in fire proof safe</p> <p>6) Training files no longer maintained at the site since Aug 1982</p> <p>7) Duplicate non-training film records &amp; photos not available to airport supervisors</p> <p>8) Incomplete microfilm training records</p>	<p>5) Inadequate facilities retain training records non-fire proof - not stamped</p> <p>6) Training files no longer maintained at the site</p> <p>7) No duplicate file maintained by site supervisor</p>
<p>Recommendation - ensure new employees submit 2 program reports as required</p>	<p>Recommendation - ensure new employees submit 2 program reports as required</p>	<p>Recommendation - ensure new employees submit 2 program reports as required</p>	<p>Recommendation - ensure new employees submit 2 program reports as required</p>

~~Final~~ ORGANIZATION MANUAL

<p><u>Final Audit 4 DRs</u></p> <ol style="list-style-type: none"> <li>1) organizational charts in Design and Construction Manual do not match current organization</li> <li>2) OAP 1.01 does not reflect current organization</li> <li>3) OAP 1.01 does not reflect current job responsibilities</li> </ol>	<p><u>DRAFT Audit 4 VERBAGE</u></p> <ol style="list-style-type: none"> <li>1) Organizational charts in Design do not reflect current organization</li> <li>2) OAP 1.01 does not reflect current organizational</li> <li>4) Proper Delegates responsibility for QA activities in variance to IOPFSD AppD</li> <li>5) Authority of site QA supervisors not defined in OAP Procedures</li> </ol>	<p><u>DRAFT Audit 4 NRE</u></p> <ol style="list-style-type: none"> <li>1) Design organizational charts incorrect</li> <li>2) OAP 1.01 refers to positions with the wrong point</li> <li>4) Proper delegate QA responsibility</li> <li>5) Authority of site QA sup not defined in OAP 1.01</li> <li>6) <del>Authority of site QA sup</del>  <del>Authority of site QA sup</del>                      Complete</li> </ol>
<p><u>Final Audit 4 Verbage</u></p> <ol style="list-style-type: none"> <li>1) organizational charts found to be out of date</li> <li>2) procedures defined either job positions which no longer existed</li> <li>3) procedures define current job functions</li> </ol>	<p><u>Final Audit 4 DRs</u></p> <ol style="list-style-type: none"> <li>1) organizational charts in Design and Construction Manual do not match current organization</li> <li>2) OAP 1.01 does not reflect current organization</li> <li>3) OAP 1.01 does not reflect current job responsibilities</li> </ol>	<p><u>DRAFT Audit 4 NRE</u></p> <ol style="list-style-type: none"> <li>1) Design organizational charts incorrect</li> <li>2) OAP 1.01 refers to positions with the wrong point</li> <li>4) Proper delegate QA responsibility</li> <li>5) Authority of site QA sup not defined in OAP 1.01</li> <li>6) <del>Authority of site QA sup</del>  <del>Authority of site QA sup</del>                      Complete</li> </ol>
<p><u>Final Audit 4 Verbage</u></p> <ol style="list-style-type: none"> <li>1) organizational charts found to be out of date</li> <li>2) procedures defined either job positions which no longer existed</li> <li>3) procedures define current job functions</li> </ol>	<p><u>Final Audit 4 DRs</u></p> <ol style="list-style-type: none"> <li>1) organizational charts in Design and Construction Manual do not match current organization</li> <li>2) OAP 1.01 does not reflect current organization</li> <li>3) OAP 1.01 does not reflect current job responsibilities</li> </ol>	<p><u>DRAFT Audit 4 NRE</u></p> <ol style="list-style-type: none"> <li>1) Design organizational charts incorrect</li> <li>2) OAP 1.01 refers to positions with the wrong point</li> <li>4) Proper delegate QA responsibility</li> <li>5) Authority of site QA sup not defined in OAP 1.01</li> <li>6) <del>Authority of site QA sup</del>  <del>Authority of site QA sup</del>                      Complete</li> </ol>

Recommendation  
 - review & update organizational charts  
 - review & update program to reflect organization

NR 38

DOCUMENT

CONTROL

Final Audit 4 Verbage

1) QA manual not current with revised procedures

2) letters used to direct QA activities thus bypassing the procedures

NR 39  
NR 40

Recommendation - review & identify other letters which bypass the QA program - ensure personnel use procedures to direct future QA activities

Follow up

Final Audit 4 Verbage

1) ~~Checklist not used by field with no request for a checklist where not indicated it~~

1) No Checklist used per QAP and then checked with verifying corrective action

NR 41

Recommendation - institute use of checklists

Final Audit NRS

1) Controlled Copy QAP not maintained current

2) QA letters outside QAP training responsibility beyond the intent of established procedures

Draft Audit 4 Verbage

1) Controlled copy QAPs found to be incomplete

Draft Audit 4 NRS

1) Controlled Copy QAPs found incomplete

Draft Audit 4 Verbage

1) Checklist for FPR not being used

Draft Audit 4 NRS

1) Checklist not utilized  
2) Corrective action to NR 43 not implemented

5/18

84-A-0061

- compare matrix provided by B. Grimm
- Bob G to get w/ auditors (lead) and indiv. to make up final audit to establish how items were resolved
- Contact Ryan

5/10/84

MEMORANDUM FOR: SAM COLLINS, CHIEF RPS2C  
FROM: BOB GRAMM, RESIDENT INSPECTOR NMP-2  
SUBJECT: FOLLOWUP TO ALLEGATION REGARDING NMPC AUDIT #4

The resident inspector was provided the attached documents by Dave Palmer (NMPC QA manager) which consists of a draft version of audit #4, a final version of audit #4 and a letter regarding the NMPC Auditor and lead auditor list.

As originally written, Audit 4 contained 32 items of nonconformance although only 30 draft nonconformance reports (NRs) were written.

The final audit report contained 8 NRs and substantially less verbiage in the body of the report. The final audit was reviewed by myself and a visiting SRI. We concurred that the final audit does not contain the same types of deficiencies originally identified in the draft audit.

The April 5 letter from ~~the~~ Don Dize de-certified the lead auditor status of two auditors involved in audit #4. Mr. Palmer stated that this decision was a management call based upon the unprofessional actions of the individuals. He stated that on paper their qualifications comply with ANSI lead auditor requirements.

Another auditor involved in Audit 4 had been suspended for 5 days due to among other things, charges of violating company policy and of sexual harassment.

On May 9, 1984, the attached envelope and internal NMPC correspondence was dropped off at the NRC trailer. The business card identifies the individual as Mr. Ryan who supplied the information regarding the harassment of the auditors who participated on Audit 4.



The inspector was informed by Mr. Palmer that the audit was reviewed by Mr. Williams & Mr. Lee, MAC supplied personnel who have been assigned to assist the strengthening of NMPC corporate audit function. Mr. Palmer stated that at least 2 of the original nonconformances were based upon non-factual information (improper interpretation of NMPC Quality Assurance Procedures). Mr. Palmer indicated that NMPC has an internal investigation underway regarding the handling of audit #4 and other personnel related problems.

The resident inspector recommends that an OI investigator be dispatched immediately to interview and gain further information from those NMPC employees involved:

Don Dize	ex VP-QA
Dave Palmer	QA manager
Wes Williams	
Tom Lee	
Andy Kordalewski	QA supervisor
Tony Laratta	QA auditor
John Ryan	"
L. <del>██████</del> O'Connor	"
R. Norman	"

Note - Mr. Palmer has assumed that our requests for Audit 4 documentation are related to an allegation. Apparently document 4048C (draft copy) appeared on the NMPC word processing system after our request was made for that number. Mr. Palmer indicated that we are in possession of the draft material utilized to develop the final audit report with the exception of the audit checklist.

5/1/84

Attached discussed during Alley Panel mtg  
(Stratton / Kisten / Collins / Hanskamp)

Sam Collins to call Krause re. plan of near-term  
& longer term followup actions. Will summarize  
in telecon & memo & provide copy to DAC.

To: File  
From: S J Collins, RPS 2C

5/17/84

SUBJ: NMP-2 ALLEGATION 84-A-0061

Based on the additional information provided to B. Gramm on 5/9/84  
I requested that John Ryan be contacted directly to establish  
if he was initiating an additional allegation on Inspector Intimidation  
or just providing background info. to support Allegation 84-A-0061,  
Improper Disposition of QA Audit Findings (Audit # 4).

*1/ullm*

- cc
- B. Gramm
- N. Kister
- D. Harkamp
- 84-A-0061 file

5/10/84

Jan -

Called by Bob Gramm / Bill Bateman @ 2:45 pm  
Re: Alleg RI-84-A61 (Improper disposition of <sup>"Estate"</sup> QA audit finding)  
\* new alleg.

They had obtained copies of referenced QA audit reports & letter described in Friend of Industry's Ltr #4/10/84.

- Some items appear to have been watered down in final version of report; other inconsistencies.
- Also one of the auditors is under lic. investigation.
- ~~Some~~ Add note brought to us. ltr by one of auditors
- All of this is being sent to you; should arrive Monday.
- Looks like OI:RI <sup>assistance</sup> may need to be requested

New alleg - On 5/9/84 5 ITT Hummel QC individuals reported potential intimidation concern. See fax attached. Bob reviewed it; I didn't.

Don H

INTERNAL CORRESPONDENCE

FORM 112-2 R 02-80

85-01-013



FROM D. P. Dise

DISTRICT System

0A840573

TO C. Beckham  
L. Cole  
W. Connolly  
J. Dillon  
W. Friedrich  
A. Kordalewski  
B. Morrison  
R. Norrix  
D. Palmer  
K. Rafferty  
A. Spiddle  
W. Treadwell  
K. Tyger

DATE April 5, 1984

FILE CODE 17.0-A1

SUBJECT Auditor and Lead Auditor List

I have reviewed the Lead Auditor List and have made several changes.

Below is the list of employees that can perform as lead auditors for any type of audits conducted by the Quality Assurance Department:

Balestra, Bill	Doyle, Gerry
Bassett, Tom	Dowd, Richard
Bohanske, Tom	Fenton, Roy
Breigle, Tom	Kordalewski, Andy
Bryant, Walt	McDonnell, Mike
Buckley, Jack	Palmer, Dave
Consaul, Roger	Todd, Roger
Cummings, John	Van Nest, Fred
Dillon, Jim	Wilde, Paul



The status of the following Lead Auditors is in question until more information is gathered on them:

Dahlin, Roger  
Daniels, John  
Fassler, Richard  
Kovac, Al  
Norrix, Bob

The following employees are lead auditors that are restricted until further notice to the audit areas listed below:

Aiello, Frank	vendor, non-nuclear
Baumler, Charles	vendor, non-nuclear
Diana, Tony	vendor, non-nuclear, NMP1
Murphy, Cecil	vendor, non-nuclear

Auditor and Lead Auditor List  
Page 2  
April 5, 1984

Peceri, Ron	vendor, non-nuclear, NMP1
Winegard, Al	vendor
Connolly, Bill	vendor, NMP1
Leskiw, Gary	vendor, NMP1
Sconzert, Perry	vendor, NMP1
Shea, Kevin	vendor, NMP1
Stucky, Larry	vendor, NMP1

The following employees have been temporarily removed from the Lead Auditor List and can only participate on the Quality Assurance Department audits as auditors:

*mai*

—	Laratta, Tony <i>s</i>
—	Manning, Ed
—	Norman, Rudy
—	Osypiewski, Frank
—	Swenszkowski, John



D. P. Dise

DPD/dmb

xc: Auditors and Lead Auditors above  
J. A. Mitchell

NOTES FROM 5/3/84  
MEETING WITH JIM PERRY  
ON AUDIT 4

5/3 draft early  
30' clock next week

Jim Perry Manager of QA

Tony Laratta  
Rudy Norman

to remove  
management decision base  
by Don Dise

→ results not handled in professional manner  
failure to follow procedures  
16.30 sig def.  
draft to PR changed to Dise

Palmer doesn't sign sig.

Surv. handled by CAT - covering same ground  
as CAT identified

Laratta back to nuclear potential

Norman - non-nuclear major exposure  
documentation

qual: by paper

John Ryan suspended 4 days  
by Treadwell

→ came into employee relations  
made allegations -

sexual harassment -

letter to corporate office  
w/ threat to go to NRC would  
not go while investigation



Pick Fessler  
substantiate

Audit 4 first Mac audit  
Wes Williams - Tom Lee editing  
from Andy Kordleuski

Research diagnostic

disciplinary non audit one of four auditors  
problems in non nuclear area  
violated company policy  
4 non-nuclear to do audit  
→ handed to QA program

John Ryan not lead  
O'Connor not lead

Norman Caratta } lead have done nuclear  
audits

letter results of audit.

annual review ← couldn't determine status

nature audits done

specific audits ← conduct

major errors in qual. credit for serv. rather  
than audits - errors in original  
qual - verified lead auditor  
have to be rechecked

INTERNAL CORRESPONDENCE

FORM 1122 R 02-80

85-01-013

NY NIAGARA  
MOHAWK

FROM D. R. Palmer  
TO D. P. Dise

DISTRICT System

QA840365  
"D"

DATE March 9, 1984

FILE CODE 3-N2.2-M58.38

SUBJECT Report of Quality Assurance  
Audit #4 - Nine Mile Point No. 2  
QA Site Activities

Attached is the report of the results of the subject audit.  
This audit was conducted in accordance with the audit program  
procedures and the audit plan furnished to you previously.

*Wesley B. Williams for: D. R. Palmer*  
David R. Palmer

DRP:gms

Attachment

xc: C. Beckham

W. Morrison

W. Williams

A. Laratta

W. Gramm (NMP-2 NRC Inspector)

Q.A. Department File

"D"  
3N2.2-M58.38

NIAGARA MOHAWK POWER CORPORATION

REPORT OF  
QUALITY ASSURANCE  
PROJECT MANAGEMENT AUDIT NO. 4

NIAGARA MOHAWK POWER CORPORATION  
NINE MILE SITE Q.A. ACTIVITIES

NINE MILE POINT UNIT NO. 2

NIAGARA MOHAWK POWER CORPORATION

REPORT OF QUALITY ASSURANCE

AUDIT NO. 4

STATION: Nine Mile Point Unit No. 2

ORGANIZATION: Niagara Mohawk Power Corporation Quality Assurance Group

LOCATION: Scriba, New York

DATES: January 24 - February 3, 1984

AUDITORS: A. Laratta (Lead)  
J. Ryan  
L. O'Connor  
R. Norman

FUNCTIONS  
AUDITED: Nonconformance report system, surveillance program, lead auditor certification process, employee training program, organizational description and the document control system.

PURPOSE: The purpose of the audit was to review the implementation of the nonconformance system and surveillance program, the documentation of the employee training program and the lead auditor certification program, the definition of the organization and the document control system.

SCOPE: The audit was limited to a review of selected nonconformance and surveillance reports and logs, the accuracy and maintenance of some lead auditor certifications, the handling of selected employee training and the maintenance of some training records, the definition of organizational responsibilities and the control of selected procedures.

EVALUATION: There was a total of eight findings identified and they are shown on nonconformance report sheets in this report. It is considered the program is adequate but that improvements in the implementation of the program need to be made in the areas identified.

OBSERVATION: A. Nonconformance Report System  
All Nonconformance Reports (NR's) and the NR log were reviewed for accuracy and completeness. Some NR files had been misplaced, some NR's were closed before the corrective action was verified, some responses on NR's were not reviewed, there were some discrepancies between the information on some NR's and the information in the site log for those NR's and the site NR log was not being maintained up-to-date. These deficiencies are identified in NR #0034.

#### B. Surveillance Program

The Surveillance Report (SR) is the main tool that the Quality Assurance group uses to accomplish resolution to problems identified during surveillances. Many SR's that had been written in 1982 and 1983 were reviewed. Some surveillance reports had not been clearly stated, properly signed, nor appropriately reviewed and closed out. There was no schedule to define the type and frequency of surveillances to be conducted. There were some differences between the information contained on the surveillance reports and that recorded in the log book. These deficiencies are identified in NR #0035.

#### C. Lead Auditor Certification Process

The training qualifications and certification records of five site lead auditors were reviewed. Two of the five lead auditors had not maintained qualifications but were carried on the list of qualified lead auditors. Further, four of the five lead auditors had been certified based upon their participation in surveillances, not audits. There were no records in their training files to document the lead auditor training they had received. These deficiencies are identified in NR #0036.

#### D. Employee Training Program

The training files of five employees were reviewed. There was one record identified that had not been duplicated as required. Action was initiated to duplicate this record and no NR was initiated. It was identified however, through interviews that the three and six months progress reports from new employee supervisors to the QAD manager have not always been prepared. This deficiency is identified on NR #0037.

#### E. Organizational Description

The organizational charts and responsibility/authority descriptions were reviewed and compared to the existing organization. Several differences were identified between the current organization and the charts and descriptions for this organization. The charts were found out-of-date and the procedures either defined job functions that no longer exist or did not define the existing job function. These deficiencies are identified on NR #0038.

#### F. Document Control System

The fully controlled copies of some Q.A. procedures assigned to four different individuals were reviewed. During this review, one manual was found where revised procedures dating back several months had not been placed in the manual. This deficiency is identified in NR #0039. Additionally, it was identified that letters have been used in some instances to direct and document quality-related activities, bypassing the procedures. This deficiency is identified in NR #0040.

REGARDING  
PREVIOUS  
AUDITS:

The corrective action to resolve Nonconformance Report #13, identified in audit #3 was reviewed during this audit. It was found that the checklists were not being used to review procurement documents as required by QAP 4.10. Further, the nonconformance had been closed out by the Quality Assurance Department without verifying the implementation of the corrective action. This deficiency is identified in NR #0041.

The entrance meeting was held at the site on January 24, 1984, and the exit meeting was held at the site on February 3, 1984. The following list identifies those present at the entrance and exit and those contacted during the audit:

PERSONNEL  
CONTACTED:

-*J.L. Dillon	C. Beckham
-*J. Swenszkowski	D. Morrison
*D.G. Lundeen	G.J. Doyle
-*F.J. Osypiewski	A.P. Kordalewski
- M.A. Balduzzi	R.O. Norrix
- J.G. Rocker	D.P. Dise
- E.H. Epperson	D.R. Palmer
- L.G. Fenton	L. Brown
- J.C. Shepherd	J.E. Scoates
J.A. Mitchell	E. Manning
J.J. Janas	J. Sovie
L. Cole	

- \* Present at entrance meeting
- Present at exit meeting

Audit Report Prepared By: Anthony D. Laratta Date: 3/13/84  
Lee 3/13/84

Audit Report Reviewed By: Wesley B. Williams Date: 3/13/84  
Andrew P. Kordalewski

<b>NONCONFORMANCE REPORT</b>	FACILITY: _____	
	DEPARTMENT GROUP <input checked="" type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O	DATE: 3-11-84

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ 4 \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: Niagara Mohawk Power Corporation, NMP-2

ADDRESS: P.O. Box 63

CITY: Lycoming, NY 13093

ATTENTION OF: Mr. Charles Beckham

RESPONSE REQUIRED BY:  
  
 4-2-84  
DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input checked="" type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER _____	

**DESCRIPTION:**

Quality Assurance Procedure 16.40, Rev. 1, 1978, Section 3.0 states, "The purpose of this procedure is to describe the use of the Nonconformance Report (NR) form used by NMPC's Quality Assurance Department as well as the mechanisms used to ensure follow-up and closure".

**FINDINGS:**

The requirements for use of the NR are not always implemented. The NR log is not maintained up to date, responses to NR's are not always reviewed within two weeks of receipt and implementation of corrective action is not always verified.

**RECOMMENDATIONS:**

Review open NR's to verify they are being handled according to the requirements and train personnel so that future NR's will be processed properly.

**ACTION BY QA DEPARTMENT:**

ORIGINATOR <i>Anthony D. Larotta</i> SIGNATURE	REVIEWED BY: <i>Andrew P. Kridalewski</i> <i>Wesley B. Williams</i> 3/13/84 SIGNATURE
--	--

<b>NONCONFORMANCE REPORT</b> 0035 <small>NUMBER</small>	FACILITY: Nine Mile Point Unit No. 2	
	DEPARTMENT GROUP <input checked="" type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O	3-11-84 <small>DATE</small>

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: Niagara Mohawk Power Corporation, NMP-2  
 ADDRESS: P.O. Box 63  
 CITY: Lycoming, NY 13093  
 ATTENTION OF: Mr. Charles Beckham

RESPONSE REQUIRED BY:  
  
4-2-84  
DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input checked="" type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER _____	

DESCRIPTION:  
 QAP 10.20, Rev. 1, 1978, Section 1.0 states in part, "Monitoring is to be accomplished in accordance with this procedure..."

FINDING:

The surveillance program is not accomplished in accordance with this procedure. Surveillance reports are not always correctly signed, clearly stated, and properly closed. A schedule for surveillance activities has not been established. Surveillance log sheets have not been correctly completed and checklists used during surveillances have not been reviewed and approved.

RECOMMENDATION:

Review the procedure and identify the requirements, train personnel performing surveillances on these requirements, and evaluate their performance to verify they are following the procedure. Review all past and future surveillance reports to verify they meet the requirements.

ACTION BY QA DEPARTMENT:

ORIGINATOR <i>Anthony D. Lavatta</i> <small>SIGNATURE</small>	REVIEWED BY: <i>Andrew P. Ryzdalewski</i> <i>Wesley B. Williams</i> 3/13/84 <small>SIGNATURE</small>
---	---

RESPOND ON REVERSE SIDE



**NONCONFORMANCE REPORT**

0036  
NUMBER

FACILITY:

Nine Mile Point Unit No. 2

DEPARTMENT GROUP

QA,

QC-S,

QC-0

3-11-84

DATE

QA DEPARTMENT AUDIT NUMBER: 4

INSPECTION REPORT NUMBER:

SURVEILLANCE REPORT NUMBER:

OTHER:

ORGANIZATION: Niagara Mohawk Power Corporation, NMP-2

ADDRESS: P.O. Box 63

CITY: Lycoming, NY 13093

ATTENTION OF: Mr. Charles Beckham

RESPONSE REQUIRED BY:

4-2-84

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER:

REGARDING

REGULATORY REQUIREMENT

STANDARD

NONCONFORMING ITEM

PROGRAM

CODE

MALFUNCTION

PROCEDURE

DRAWING

WORK PRACTICE

SPECIFICATION

OTHER

DESCRIPTION:

QAP 18.01, Rev. 1, Nov. 1980, Section 5.0 states, "The minimum requirements regarding personnel qualifications for those NMPC and contracted personnel involved as Lead Auditor are described in Paragraphs 5.1.1 through 5.1.4."

FINDING:

All requirements described in this procedure for lead auditor qualifications are not always followed. In some instances, lead auditors have been approved for certification before participating in the required five audits or surveys. The list of names identifying qualified lead auditors is not being maintained current. Additionally, certification records are not always maintained in the Quality Assurance Department files as required.

RECOMMENDATIONS:

Review and verify that the certification records of lead auditors are proper. Evaluate any audits in which improperly certified lead auditors participated. Revise current practices for certification to conform to requirements and train appropriate personnel in the revised practices. Update and maintain proper records of qualified lead auditors.

ACTION BY QA DEPARTMENT:

ORIGINATOR

*Anthony D. Lascetta*  
SIGNATURE

REVIEWED BY:

*Andrew P. Kordalewski*  
*Wesley B. Williams 3/13/84*  
SIGNATURE

RESPOND ON REVERSE SIDE

<b>NONCONFORMANCE REPORT</b>	FACILITY:	
	DEPARTMENT GROUP	

0037  
NUMBER

Nine Mile Point Unit No. 2

Q-1,  QC-S,  QC-0

3-11-84  
DATE

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: Niagara Mohawk Power Corporation, NMP-2  
 ADDRESS: P.O. Box 63  
 CITY: Lycoming, NY 13093  
 ATTENTION OF: Mr. Charles Beckham

RESPONSE REQUIRED BY:  
 4-2-84  
 DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input checked="" type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION:  
 Quality Assurance Procedure 2.10, Rev. 3, May 1982, Section 5.1 states in part, "Within six months of each new department member's joining the QAD, the appropriate QAD supervisor submits at least two reports to the Manager QAD."  
FINDING:  
 The three and six months progress reports from new employee supervisors to the QAD manager have not always been prepared and submitted.  
RECOMMENDATIONS:  
 Take steps to ensure that new employee supervisors prepare and submit the two program reports as required.

ACTION BY QA DEPARTMENT:

ORIGINATOR <i>Anthony D. Lucatta</i> SIGNATURE	REVIEWED BY: <i>Andrew P. Kordalewski</i> <i>Wesley B. Williams 3/13/84</i> SIGNATURE
--	--

RESPOND ON REVERSE SIDE

<b>NONCONFORMANCE REPORT</b> 0038 <small>REPORT</small>	FACILITY: Nine Mile Point Unit No. 2	3-11-84 DATE
	DEPARTMENT GROUP <input checked="" type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O	

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: Niagara Mohawk Power Corporation  
 ADDRESS: 300 Erie Blvd West RESPONSE REQUIRED BY:  
 CITY: Syracuse, NY 13203  
 ATTENTION OF: Mr. David Palmer 4-2-84  
DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input checked="" type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION:

The Design and Construction Manual (D&CM), Revision 3, November 1981, Section 1, Paragraph 1.2 states in part, "The independence of Quality Assurance functions from performing functions is depicted on the organizational chart,...Further definition of the administrative and functional organizations is included in the procedures..."

FINDING:

The organizational charts in Appendix B-1 of the D&CM and the functional descriptions in Quality Assurance Procedure 1.01 do not reflect the current organization and functional responsibilities.

RECOMMENDATION:

Review the organizational charts and functional definitions in the program and revise to update them as needed.

ACTION BY QA DEPARTMENT:

ORIGINATOR <i>Anthony D. Lavatta</i> <small>SIGNATURE</small>	REVIEWED BY: <i>Andrew P. Kordalewski</i> <i>Wesley B. Williams 3/13/84</i> <small>SIGNATURE</small>
---	---

<b>NONCONFORMANCE REPORT</b> 0039 <small>NUMBER</small>	FACILITY: Nine Mile Point Unit No. 2	3-11-84 <small>DATE</small>
	DEPARTMENT GROUP <input checked="" type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O	

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: Niagara Mohawk Power Corporation, NMP-2  
 ADDRESS: P.O. Box 63  
 CITY: Lycoming, NY 13093  
 ATTENTION OF: Mr. David Palmer

	RESPONSE REQUIRED BY:  4-2-84 <small>DATE</small>
--	--

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input checked="" type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

**DESCRIPTION:**  
 QAD 6.10, Rev. 1, Dec. 1981, Section 5.3.4 states in part, "With the receipt of a revised QAP all preceding change notices and the previous revision of that QAP are removed from the manual and destroyed."

**FINDING:**  
 Fully Control Copy #8 of the QAP manual is not being maintained current. Several revisions dating back several months have been received but not properly placed in the manual.

**RECOMMENDATION:**  
 Incorporate all received revisions into the manual and take steps to ensure that future revisions will be incorporated in a timely fashion.

**ACTION BY QA DEPARTMENT:**

---

ORIGINATOR <i>Anthony D. Lavello</i> SIGNATURE	REVIEWED BY: <i>Andrew P. Rordalewski</i> <i>Wesley B. Williams 3/13/84</i> SIGNATURE
--	--

**NONCONFORMANCE REPORT**

FACILITY: Nine Mile Point Unit No. 2  
 DEPARTMENT GROUP  QA,  QC-S,  QC-O

3-11-84  
DATE

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: Niagara Mohawk Power Corporation  
 ADDRESS: 300 Erie Blvd West  
 CITY: Syracuse, NY 13093  
 ATTENTION OF: Mr. Donald Dize

RESPONSE REQUIRED BY:  
4-2-84  
DATE

SUBJECT

- VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_
- REGARDING
- |  |                                      |   |
|--|--------------------------------------|---|
| <input checked="" type="checkbox"/> REGULATORY REQUIREMENT | <input type="checkbox"/> STANDARD    | <input type="checkbox"/> NONCONFORMING ITEM |
| <input type="checkbox"/> PROGRAM                           | <input type="checkbox"/> CODE        | <input type="checkbox"/> MALFUNCTION        |
| <input checked="" type="checkbox"/> PROCEDURE              | <input type="checkbox"/> DRAWING     | <input type="checkbox"/> WORK PRACTICE      |
| <input type="checkbox"/> SPECIFICATION                     | <input type="checkbox"/> OTHER _____ |   |

DESCRIPTION:

The Design and Construction Manual, Section 5.1 states in part, "...ensure that quality-related activities are prescribed by documented instructions, procedures, and drawings..."

FINDING:

In some instances, the quality assurance program is bypassed by using letters to prescribe quality-related activities. One letter dated 8/16/82 (File Code 17.0-A1) delegated responsibility for QAD training and another letter dated 8/25/82 (File Code 17.0) further delegated this activity. This use of letters conflicts with the current quality requirements defined by the program.

RECOMMENDATION:

Review appropriately to identify any other letters that bypass the quality program. Take steps to ensure that personnel use procedures, instructions or drawings to document and direct quality-related activities in the future.

ACTION BY QA DEPARTMENT:

ORIGINATOR  
Anthony D. Lavatta  
 SIGNATURE

REVIEWED BY:  
Andrew P. Kordakowski  
Wesley B. Wilhoit 3/13/84  
 SIGNATURE

<b>NONCONFORMANCE REPORT</b> 0041 <small>NUMBER</small>	FACILITY: Nine Mile Point Unit No. 2	
	DEPARTMENT GROUP <input checked="" type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O	3-11-84 ISSUE DATE

PROJECT: Niagara Mohawk Power Corporation, NMP-2 M.O. NUMBER: \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: Niagara Mohawk Power Corporation, NMP-2

ADDRESS: P.O. Box 63

CITY: Lycoming, NY 13093

ATTENTION OF: Mr. Charles Beckham

RESPONSE REQUIRED BY:
4-2-84 DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input checked="" type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

**DESCRIPTION:**

QAP 4.10, Rev. 3 Dec. 1978, Section 5.2 states in part, "The standard checklist used...is that of Attachment 7.0a."

**FINDING:**

Checklists are being used to perform procurement document reviews as required. This was utilized previously in Audit #3, Nonconformance Report #13.

**RECOMMENDATION:**

Initiate use of the checklists as required.

**ACTION BY QA DEPARTMENT:**

ORIGINATOR <i>Anthony D. Laratta</i> SIGNATURE	REVIEWED BY: <i>Andrew P. Kordalewski</i> <i>Wesley B. Williams</i> 3/13/84 SIGNATURE
--	--

RESPOND ON REVERSE SIDE

NONCONFORMANCE REPORT NUMBER 0034

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY April 30, 1984)

- DATE
- Corrective Action:
1. CAR #84.0001 was issued February 24, 1984, identifying open NRs and requiring prompt implementation and correct closure.
  2. All safety-related NRs that were closed prior to the issuance of CAR #84.0001 will be reviewed to assure proper closure. Any NRs that were improperly closed will be identified on a CAR and processed in accordance with QAP 19.03.

Action to Prevent Recurrence: QAP 16.40 was revised in February 1984, via Change Note Number 4. The revision excludes NMPC site QA personnel from further issuing NRs. Identification and control of deficiencies is now controlled via QAP 19.02 and QAP 19.03 under the direct supervision of new management personnel.

Date Action to be completed: April 30, 1984

Note: Maintaining the NR Log was not the responsibility of the Site QA organization. This deficiency should be addressed to the organization responsible (Syracuse).

RESPONDENT'S  
SIGNATURE: *[Signature]*

DATE: 3-31-84

RESPONSE  
ACCEPTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NONCONFORMANCE REPORT CLOSED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COPY TO: N. Radmacher, D. Chalifoux

NONCONFORMANCE REPORT NUMBER 0035

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY March 31, 1984 )

Corrective Action: QAP 10.20, Rev. 1 was revised in February <sup>DATE</sup> 1984, via Change Notice Number 3. The revision excludes NMPC site QA personnel from further issuing Surveillance Reports per this procedure. This activity is now controlled via a new procedure QAP 19.02. Review of past Surveillance Reports (total of 6,466) is not prudent. The surveillance activity is not the "First Line Inspection" function for acceptance. Therefore, quality of items would not be affected due to lack of clarity or appropriate signatures.

Action to prevent recurrence: QAP 19.02 has been issued for controlling site QA Surveillance activities. New management personnel have been contracted for assuring correct and accurate implementation of this program. Personnel implementing the requirements of QAP 19.02 have received training to the procedure.

Date Action to be completed: March 31, 1984

RESPONDENT'S  
SIGNATURE: \_\_\_\_\_

*A. Laratta*

DATE: 3-30-84

RESPONSE  
ACCEPTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NONCONFORMANCE REPORT CLOSED

DATE: \_\_\_\_\_

TO: N. Lindmeyer, D. Chalifoux



NONCONFORMANCE REPORT NUMBER 0036

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY N/A )

DATE

Corrective Action: Change Notice Number 1, Rev. 1, issued July 1983, to QAP 18.01 Rev. 1, delineates the following responsibilities:

"The Manager Quality Assurance Nuclear has the authority and responsibility to make the determination of certification of personnel for Lead Auditor status. The Supervisor Quality Assurance Nuclear has the authority and responsibility to assure that qualified personnel are assigned to perform internal or external audits...."

It is therefore, not the responsibility of the site QA organization (Quality Assurance Manager - Construction) to provide a proposed corrective action to this Nonconformance Report.

Action to Prevent Recurrence: N/A

Date Action to be completed: N/A

RESPONDENT'S  
SIGNATURE:

*Bob Bell*

DATE: 3-30-84

RESPONSE  
ACCEPTED BY:

DATE:

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY:

DATE:

NONCONFORMANCE REPORT CLOSED

BY:

DATE:

NONCONFORMANCE REPORT NUMBER 0037

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY May 31, 1984 )

CORRECTIVE ACTION

DATE

Though the deficiency was a procedural violation, it was administrative in nature and would not affect the quality of items. However, the files of all active site QA personnel will be reviewed. Those individuals for whom the 3 and 6 months reports were not issued, shall be identified and the following process utilized:

- A. If a report has been issued since the 3 or 6 month period expired, it shall be so noted and no further processing required.
- B. If a report has not been issued, and the 3 or 6 month period has expired, a report will be generated and processed in accordance with QAP 2.10.

ACTION TO PREVENT RECURRENCE

A memo will be issued to on site QA supervisory type personnel, re-emphasizing the requirements of QAP 2.10, Section 5.1.

RESPONDENT'S

SIGNATURE: *C. B. ...*

DATE: 3-30-8-1

RESPONSE

ACCEPTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NONCONFORMANCE REPORT CLOSED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NONCONFORMANCE REPORT NUMBER 0038

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) - A. La:atta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY 5/31/84)  
DATE

Nuclear Services will review  
The organizational charts in Appendix B-1  
of D+CM and in QAP 1.01 and  
make appropriate changes. TD 5/31/84

The QA Programs will be reviewed  
Annually, and any organizational  
changes that take place between reviews  
will be documented in the appropriate  
manuals.

RESPONDENT'S SIGNATURE: DR Palm

DATE: 5/4/84

RESPONSE ACCEPTED BY:

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

DATE:

VERIFIED BY:

NONCONFORMANCE REPORT CLOSED

DATE:

NOTED BY: N. Radmacher, L. Chalifoux

DATE:

NONCONFORMANCE REPORT NUMBER 0038

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) - A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY 5/31/84)  
DATE

Nuclear Services will review  
the organizational charts in Appendix B-1  
of D+CM and in QAP 1.01 and  
make appropriate changes. TD 5/31/84

RESPONDENT'S  
SIGNATURE:

D.R. Palm

DATE:

5/4/84

RESPONSE  
ACCEPTED BY:

DATE:

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY:

DATE:

NONCONFORMANCE REPORT CLOSED

BY:

DATE:

NONCONFORMANCE REPORT NUMBER 0039

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY 5/5/84)  
DATE

Fully Control Copy #8 of the QAP manual has been brought up to date. Arrangements have been made for assistance in inserting revisions, so that the manual will be kept up to date in the future.

RESPONDENT'S SIGNATURE: Andrew P. Kordalewski for D.R. Palmer DATE: 5/5/84

RESPONSE ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NONCONFORMANCE REPORT CLOSED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## INTERNAL CORRESPONDENCE

FORM 1127 R 02 80

65-01-013

NIAGARA  
MOHAWK

FROM J. J. Dougherty

DISTRICT System

QA840779

TO A. D. Laratta

DATE May 7, 1984

FILE CODE

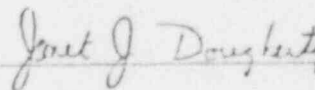
"D"

3N2.2-M58.48

SUBJECT NMP2 Nonconformance 0039

On May 3, 1984 I oversaw the updating of Controlled Copy 8, Quality Assurance Procedures Manual at Nine Mile Point Unit 2. At this time, Sue Spilberg of the Nine Mile Point Unit 2 clerical staff and I placed revisions in the Manual from the July, 1983; March 8, 1984; and March 30, 1984 distribution. The manual is up to date as of May 3, 1984.

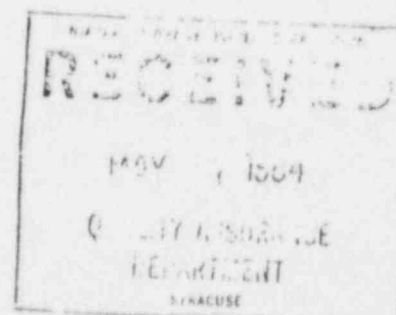
In order to prevent a recurrence of the nonconformance condition, described in NR 0039, I have made arrangements with the Assistant Supervisor, NMP2 Administration for clerical support in maintaining this manual.



Janet J. Dougherty

JJD/dmb

cc: D. R. Palmer  
A. P. Kordalewski  
L. R. Cole



NONCONFORMANCE REPORT NUMBER 0040

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY \_\_\_\_\_ )  
DATE \_\_\_\_\_

Reference: 1) Letter of Authority - J. G. Haehl November 29, 1982

2) QAP's 1.01, 1.10, 2.10 and 18.01 in particular

I fail to see where any conflict or violation has occurred by either letter. On the contrary, the referenced memo's (letters) of 8/16/82 & 8/25/82 support requirements of QAP 1.10

RESPONDENT'S  
SIGNATURE: \_\_\_\_\_

*Donald P. Blui*

DATE: 4/26/84

RESPONSE  
ACCEPTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NONCONFORMANCE REPORT CLOSED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COPY TO: N. Radmacher, D. Chalifoux

NONCONFORMANCE REPORT NUMBER 0041

RESPONSE: (RETURN TO NMPC-QA DEPARTMENT) ATTN: A. Laratta

CORRECTIVE/PREVENTIVE ACTION PROPOSED: (TO BE COMPLETED BY Feb. 23, 1984 )  
DATE

CORRECTIVE ACTION

Same as revised response to Nonconformance Report #13 of Audit Report #3.  
Refer to Letter #NMQA 299 (2/23/84) and Letter #NMQA 283 (2/14/84).

ACTION TO PREVENT RECURRENCE

Same as "Corrective Action" above.

RESPONDENT'S  
SIGNATURE: *Ed B. ...*

DATE: 3-7-84

RESPONSE  
ACCEPTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

QA DEPARTMENT FOLLOW-UP AND VERIFICATION:

VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NONCONFORMANCE REPORT CLOSED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COPIES TO: N. Redmacher, D. Chalifour



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION I  
531 PARK AVENUE  
KING OF PRUSSIA, PENNSYLVANIA 19406

*Collins*

AUG 6 1984

Docket No. 50-410

Niagara Mohawk Power Corporation  
ATTN: Mr. William G. Hooten  
Executive Director-Nuclear Operations  
c/o Miss Catherine Seibert  
300 Erie Boulevard West  
Syracuse, New York 13202

Gentlemen:

Subject: Inspection No. 84-09

This refers to the routine inspection conducted by Mr. R.A. Gramm of this office on May 14 to June 15, 1984 at Nine Mile Point, Unit 2, Scriba, New York of activities authorized by NRC License No. CPPR-112 and to the discussions of our findings held by Mr. Gramm with your staff at the conclusion of the inspection.

Areas examined during this inspection are described in the NRC Region I Inspection Report which is enclosed with this letter. Within these areas, the inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector.

Based on the results of this inspection, it appears that two of your activities were not conducted in full compliance with NRC requirements, as set forth in the Notice of Violation, enclosed herewith as Appendix A. These violations have been categorized by severity level in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C) published in the Federal Register Notice (49 FR 8583) dated March 8, 1984. You are required to respond to this letter and in preparing your response, you should follow the instructions in Appendix A.

In accordance with 10 CFR 2.790(a), a copy of this letter and the enclosures will be placed in the NRC Public Document Room unless you notify this office, by telephone, within ten days of the date of this letter and submit written application to withhold information contained therein within thirty days of the date of this letter. Such application must be consistent with the requirements of 2.790(b)(1). The telephone notification of your intent to request withholding, or any request for an extension of the 10 day period which you believe necessary, should be made to the Supervisor, Files, Mail and Records, USNRC Region I, at (215) 337-5223.

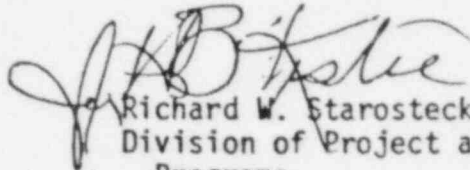
~~8408240233 JPP~~

AUG 06 1984

The responses directed by this letter and the accompanying Notice are not subject to the clearance procedures of the Office of Management and Budget as required by the Paperwork Reduction Act of 1980, PL 96-511.

Your cooperation with us in this matter is appreciated.

Sincerely,



Richard W. Starostecki, Director  
Division of Project and Resident  
Programs

Enclosures:

1. Appendix A, Notice of Violation
2. Region I NRC Inspection Report  
Number 50-410/84-09

cc w/encl:

Troy B. Conner, Jr., Esquire  
John W. Keib, Esquire  
W. Morrison, NMP-2 Project Director  
NMPC QA  
Department of Public Service, State of New York  
Public Document Room (PDR)  
Local Public Document Room (LPDR)  
Nuclear Safety Information Center (NSIC)  
NRC Resident Inspector  
State of New York

bcc w/encl:

Region I Docket Room (with concurrences)  
Senior Operations Officer (w/o encls)  
Chief, Engineering Programs Branch  
Section Chief, DPRP  
S.K. Chaudary, DPRP  
J. Grant, DPRP ✓

APPENDIX A

NOTICE OF VIOLATION

Niagara Mohawk Power Corporation  
Nine Mile Point Unit 2

Docket No. 50-410  
License No. CPPR-112

As a result of the inspection conducted on May 14-June 15, 1984 and in accordance with the NRC Enforcement Policy (10 CFR 2, Appendix C) published in the Federal Register on March 8, 1984 (49 FR 8583), the following violations were identified:

1. 10 CFR 50, Appendix B, Criterion XVI and the Nine Mile Point, Unit 2 PSAR state that conditions adverse to quality shall be analyzed for root cause identification and for recommendation of corrective actions to preclude the recurrence of the adverse conditions. Stone and Webster Engineering Corporation procedure QCI-16.01 "Short Term Trend Analysis" established a system to analyze and correct adverse trends identified during first line inspection activities.

Contrary to the above, on June 15, 1984, the licensee was informed that review of Stone and Webster Engineering Corporation data contained within monthly Field Quality Control reports indicate that adverse trends identified during first line inspection activity have not been adequately corrected to prevent recurrence. Excessive inspection reject rates within the electrical; Heating Ventilating and Air Conditioning; preventive maintenance and equipment storage areas were documented to have been recurring over a seventeen month period.

This is a Severity Level IV Violation (Supplement II)

2. 10 CFR 50, Appendix B, Criterion V and the Nine Mile Point, Unit 2 PSAR state that quality activities shall be performed in accordance with the appropriate documented procedures and drawings. Stone and Webster Engineering Corporation Specification E021P "Electrical Penetrations" requires that electrical penetration assemblies receive nondestructive examination inspections by radiography and surface examination techniques. Chicago Bridge and Iron Co. (CB&I) drawing 434-1 further defines the requisite radiographic and magnetic particle examinations and states that CB&I is to perform the required nondestructive tests. Stone and Webster Engineering Corporation telex 12177/10239 instructs CB&I to perform all required examinations on the electrical penetrations.

Contrary to the above, on June 15, 1984, the licensee was informed that CB&I inspection records for electrical penetrations Z-201 through Z-210 document that CB&I did not perform the requisite magnetic particle examination for the total weld connecting the twelve inch pipe to the weld neck flange, but had only examined weld repair areas.

This is a severity Level IV violation (Supplement II).

Pursuant to the provisions of 10 CFR 2.201, Niagara Mohawk Power Corporation is hereby required to submit to this office within 30 days of the date of the letter transmitting this Notice, a written statement of explanation in reply including: (1) the corrective steps which have been taken and the results achieved; (2) the corrective steps which will be taken to avoid further violations; and (3) the date when full compliance will be achieved. Where good cause is shown, consideration will be given to extending time.

U. S. NUCLEAR REGULATORY COMMISSION  
REGION I

Report No. 84-09

Docket No. 50-410

License No. CPPR-112 Priority -- Category A

Licensee: Niagara Mohawk Power Corporation

300 Erie Boulevard

Syracuse, New York 13202

Facility Name: Nine Mile Point, Unit 2

Inspection At: Scriba, New York

Inspection Conducted: May 14 - June 15, 1984

Inspectors: R. A. Gramm  
R.A. Gramm, Resident Inspector

7/26/84  
date

S.K. Chaudhary  
S.K. Chaudhary, Senior Resident Inspector

8/2/84  
date

date

Approved by: S.J. Collins  
S.J. Collins, Chief, Reactor Projects  
Section 2C, DPRP

8/3/84  
date

Inspection Summary:

Inspection on May 14-June 15, 1984 (Report No. 50-410/84-09)

Areas Inspected: Routine inspection by the assigned resident inspector and a site detailed senior resident inspector of work activities, procedures and records relative to allegations; corrective action programs; electrical penetrations; component supports; pipe whip restraints; and followup to construction appraisal team inspection. The inspectors also reviewed licensee action on previously identified items and performed plant inspection tours. The inspection involved 179 hours by the inspectors.

Results: Two violations were identified: Inadequate implementation of effective corrective action to quality control identified deficiencies (paragraph 5); and failure to perform requisite nondestructive examination of electrical penetration welds (paragraph 6).

84-8246253 13 pp

## DETAILS

### 1. Project Organizations

Niagara Mohawk Power Corporation (NMPC)

Storrie and Webster Engineering Corporation (SWEC)

General Electric Company (GE)

ITT - Grinnell Industrial Piping, Inc. (ITT)

John Controls, Inc. (JCI)

Reactor Controls, Inc. (RCI)

### 2. Plant Inspection Tours

The inspectors observed work activities in-progress, completed work and plant status in several areas during general inspection tours. Work was examined for any obvious defects or noncompliance with regulatory requirements or license conditions. Particular note was taken of the presence of quality control inspectors and quality control evidence such as inspection records, material identification, nonconforming material identification, housekeeping and equipment preservation. The inspectors interviewed craft personnel, supervision, and quality inspection personnel in the work areas. Observations are noted below:

During a routine inspection tour the inspector observed unattended pre-heat applied to pipe restraint MSS-037. Upon questioning the practice he was informed that only the minimum pre-heat temperature was checked at approximately 6 hour intervals. Upon review of the ITT "Pre-Heat Control Procedure" P301 X - ITTG2 the inspector noted that the instruction requires the maximum interpass temperature to be checked during the welding process. The licensee examined the restraint and found it to be below the interpass temperature limit. For corrective action, the licensee committed to review all contractor pre-heat procedures to assure that both minimum and maximum temperature limits will be monitored and documented. The inspector will verify the fulfillment of this commitment during a future inspection (84-09-01).

The inspector observed that debris, mostly pieces of cut tie wire, had entered cable tray 2TK5026 from adjacent fire protection coating activity. The inspector notified the licensee of the condition and immediate steps were taken to clean out the cable trays. The inspector subsequently reviewed SWEC Inspection Report (IR) E4007361 which documents the cable tray cleanliness and subsequent removal of the debris and SWEC IR S4027457 which was generated to note that the fire coating application sub-contractor had not cleaned up the debris. The inspector will monitor the effectiveness of preventing debris from entering similar raceways during future inspections (84-09-02).

The inspector reviewed the SWEC training department and SWEC Site Engineering Group (SEG) training matrices. He observed that inconsistencies existed as to whether training courses were required or optional for some personnel within SEG. The licensee corrected the SEG training matrix to reflect that SEG engineers are required to participate in training regarding Engineering and Design Change Requests (E&DCRs), Advance Change Notices (ACNs) and Nonconformance and Disposition (N&D) reports. The inspector was informed that engineering personnel had been routinely participating in these classes.

The inspector reviewed the SWEC procedure regarding the evaluation of rebar cuts. All rebar cuts within safety related structures are dispositioned by SWEC Cherry Hill design engineers. Specific criteria exists to review the cut requests. The inspector was informed that Cherry Hill maintains cut rebar logbooks and associated drawings. The inspector had no further questions on the handling of rebar cut requests.

During the inspection period the inspector received notification that the Rockbestos Company had filed a 10CFR Part 21 report with the NRC in regards to possible insulation damage to 12 reels of Class IE cable sent to the Nine Mile Point - 2 site. The inspector ascertained that the licensee had received this notification and had made a followup 10CFR 50.55 (e) report to Region I.

3. Licensee Action on Previously Identified Items

- a. (Closed) VIOLATION (81-13-01B): Insufficient training for subcontractor employees. Stone and Webster Engineering Corporation (SWEC) assigned a Training Department Coordinator to the site. Training matrices were developed which outlined the necessary training for subcontractors working within the SWEC QA program. A computerized program and database was developed which tracks all site employees and documents their completed training status. Monthly training programs are now distributed which denote classes available, such that supervisors can assign appropriate employees. A training assessment was performed by SWEC which identified that a lower percentage of time was devoted to training at the NMP-2 site in relationship to other SWEC sites. Additional training was accomplished which eliminated the disparity between site training time. This item is closed.
- b. (Closed) VIOLATION (81-13-01C): Over reliance upon contractor construction personnel to monitor quality activities. SWEC QC has increased performance of structural steel weld fit up inspections to a rate of over 50%. The QC inspection plan has been modified to assure that the 50% inspection rate is a minimum level. The QC frequency of performing concrete curing inspections has been increased in accordance with ANSI N45.2.5. SWEC QC performed periodic surveillances to assure that Measuring and Test Equipment (M&TE) held by construction personnel were properly utilized, handled and stored. Training programs have been developed for construction personnel regarding proper control of M&TE. This item is closed.

- c. (Closed) VIOLATION (81-13-01E): Untimely SWEC corrective action in response to Niagara Mohawk Power Corporation (NMPC) audit findings. NMPC QA procedure 16.40 was issued with a built-in escalation feature so that in the event that a satisfactory response is not received to a NMPC Nonconformance Report (NR), the issue is escalated to upper management for resolution. A review of the NMPC NR trend analysis report dated September 30, 1983, showed a trend of more timely responses and that NR closeout has been accomplished in a shorter period than for NRs generated in 1981. The NMPC construction QA program has recently been restructured. The new procedures provide for management escalation of both NMPC audit and surveillance findings in the event of untimely or unsatisfactory response by SWEC. This item is closed.
- d. (Closed) VIOLATION (81-13-01G): Licensee QA program deficiencies. In accordance with corporate NMPC directive, the pay and mileage incentives were retroactively applied to personnel within the QA department. These benefits were also provided to all new QA employees at the NMP-2 site. The licensee has stated that all NMPC QA employees involved with NMP-2 have access to the site either through permanent badging or temporary visitor access. The site QA staff has been augmented with additional experienced personnel. Additional QA management has been provided in the form of a corporate QA director and a site construction QA manager. As of November 1983, the five original QA staff members who were onsite during inspection 81-13 were still assigned to the site QA staff. Employee longevity indicates that the previous high staff turnover rates have been rectified. During NRC inspection 83-18, it was found that the licensee QA program was not effectively implemented. The licensee actions to NRC open items resulting during the construction appraisal team inspection (50-410/83-18) will be evaluated at a future date in regards to corrective action implementation. This item is closed.
- e. (Closed) UNRESOLVED (82-09-01): Improper cable tray cantilever lengths and drawing hold system implementation. The inspector reviewed Engineering and Design Coordination Reports (E&DCRs) P01318 and P01403. These documents identified the locations of excessive cable tray cantilever lengths beyond a support. Drawing holds were initiated against the appropriate design documents. SWEC engineering at Cherry Hill conducted training on procedure DP-E-30.9-0 "Drawing Hold Procedure" as confirmed by NRC vendor inspection report 99900509/83-01. E&DCRs have been written by SWEC engineering to address the disposition of the locations of excessive overhang. SWEC QC will assure implementation of the promulgated design during normal inspection of the raceways. The current criteria established the maximum overhang to be 36" beyond a tray support. This item is closed.



- f. (Closed) UNRESOLVED (83-02-04): Instrumentation support drawings in conflict with generic qualification design. The inspector reviewed E&DCR C 42343 which corrected the design qualifier notation for the two support drawings which had the discrepancy. SWEC site engineering reviewed 29 additional instrumentation supports and did not identify any further discrepancies to the qualification designs. The inspector reviewed the log documenting this engineering review. The inspector randomly reviewed BZ-420BT which identified the design qualification to be BZ-407PB. The qualification design and the support were found to be consistent. This item is closed.
- g. (Closed) UNRESOLVED (83-03-01): Installation and inspection requirements for Kellum grips. The inspector reviewed E&DCRs F00831 and F01601 which direct the grips to be installed in accordance with the manufacturers instructions, the electrical specification E061A has been revised to reflect this information. SWEC QC inspection plan N20E061AFA025 has been revised to reflect the necessary criteria for QC to inspect the cable Kellums grips. The engineering direction provides the required steps to retrofit the Kellums grips where required on previously pulled cable. This item is closed.
- h. (Closed) FOLLOWUP ITEM (83-12-02): Installation of cable connector bracket assemblies to Unistrut channel. The licensee determined that General Electric (GE) design record file H 13-0071-15 has been amended to reflect that two bolts provide adequate support for the bracket and that three bolt installations are not detrimental. This item is closed.
- i. (Closed) UNRESOLVED (83-12-04): Welding of structural steel shim plate. The observed condition was documented on Nonconformance and Disposition (N&D) 6803. The welding was accepted-as-is based on the fact the connection function was not affected. SWEC QC verified acceptable weld fillet size as documented on Inspection Reports W3021618 and W3021643. This item is closed.
- j. (Closed) FOLLOWUP ITEM (83-17-03): Material traceability records for piping welds. ITT-Grinnell (ITT) ascertained that the documentation for field weld 13 Iso. 47-1 had been improperly transcribed. The documentation listed the heat number as 464B-131 when in fact it should have been 4644B-131. The QC inspector was retrained as to entering of proper heat numbers. For weld 12 on ISO.57-2, ITT determined that the sales number had been inserted in lieu of the heat number. The weld records for both field welds were corrected by ITT. ITT will review other weld documentation records during the turnover review process to identify and correct other instances where the sales number had been improperly entered on the weld documentation. This item is closed.

- k. (Closed) CONSTRUCTION DEFICIENCY REPORT (83-00-05): Undersized welds on PGCC floor module fillet welds. The weld design had specified  $\frac{1}{4}$  in. fillet welds but the licensee had identified the existence of  $\frac{5}{32}$  in. welds on the floor modules. GE inspected the accessible floor module welds to scope the weld size as documented on inspection report RAG280. The undersize welds were found to be acceptable by analysis. After the fabrication of the floor modules, GE has held training sessions for welders and inspectors on weld details, applicable procedures and drawing interpretation. The GE weld inspection procedure has been revised to include weld size verification with fillet gages. This item is closed.
- l. (Closed) CONSTRUCTION DEFICIENCY REPORT (83-00-08): Control Rod Drive (CRD) system clamps were not ASME qualified. The inspector reviewed the actions taken to correct the deficiency of non-qualified shipping clamps having been installed on the CRD system. He reviewed GE drawing 769E377; GE Field Deviation and Disposition Request (FDDR) KGI-0127, Revision 0,1,2,3,4; GE FDDR KGI-0136 Revision 0 and 1; SWEC Inspection Report M3020902; EEDCR, P12201, P12201A and P12166; and SWEC Inspection Report X 3000781. These documents provide for the removal, redesign and replacement of the shipping clamps with ASME NF qualified hardware. All of the original shipping clamps have been removed and discarded and SWEC designed clamps have been installed where required. This item is closed.
- m. (Closed) CONSTRUCTION DEFICIENCY REPORT (83-00-22): Seismic adequacy of the Control Building interior partitions. The licensee determined that the partitions had not been analyzed previously for seismic loads. The partitions were reanalyzed and redesigned in accordance with SWEC calculation A46-TAB1 which considered seismic loads. E&DCRs P40689 and F40943 transmitted the new partition design criteria to the field such that the seismic partitions could be installed. This item is closed.
- n. (Closed) VIOLATION (1-83-005): Intimidation and restriction of quality control personnel. NRC inspection Report 83-12 documents a verification that the statements were retracted by the contractor ITT, and that employees acknowledge their ability to surface problems to the attention of NRC. The inspector has been informed by the licensee that the ITT VP-QA was counseled on OA organizational freedom and unrestricted NRC access. NMPC and SWEC have distributed literature to all site employees which amplifies the right of free access to the NRC. This literature was disseminated to employees at the close of a workday and was further attached to all paychecks on February 8, 1984. NMPC QA has developed surveillance checklist G-001 "Surveillance of QA/QC Personnel at Nine Mile Point Unit 2" which will be performed on a periodic sampling basis to ascertain whether quality personnel have been intimidated. This item is closed.
- o. (Closed) CONSTRUCTION DEFICIENCY REPORT (84-00-12): Improperly torqued hardware on Foxboro panel filler assemblies. The licensee identified nine Foxboro supplied D0126SA panel filler assemblies which were torqued to questionable values. E&DCR C42803 directed that the screws holding the filler and load plates were to be torqued to 24-28 ft.-lb. SWEC

Inspection Report (IR) E4015639 documents the torque verification and rework of the screws which were not initially torqued to adequate values by the vendor. This item is closed.

- p. (Closed) FOLLOWUP ITEM (84-05-04): Review of spent fuel pool heat exchanger support planner sheets. The inspector reviewed the pertinent weld data sheets for assurance that the activities were completed under the auspices of the ASME control program. This item is closed.

#### 4. Allegations

During the inspection period the inspectors conducted inspections and interviews in response to allegations presented to the NRC, additionally the inspectors monitored licensee actions resulting from the presentation of selected issues to the licensee as noted below:

- a. (RI-84-A-0081) The NRC received an allegation that conduit installations located in the Main Steam Isolation Valve (MSIV) area were improperly supported such that the cables within the conduit were being overstressed. The inspector toured the MSIV area and examined the installed conduits and noted the safety related raceway displayed no apparent deficiencies. Additionally, no Class 1E safety related cables were observed to have been pulled through the conduits. No deficiencies were identified during the followup on this allegation.
- b. (RI-84-A-0086) The NRC received an allegation that NMPC corporate auditors had been harassed as a result of their having generated negative audit findings. The inspector interviewed the auditor and reviewed related documentation supplied by the allegor. This allegation remains under evaluation.
- c. (RI-84-A-0075) The NRC received an allegation of improprieties in the electrical termination area. The allegor identified the following concerns:
- That power cable terminations have been improperly made to transformer bus bars of tin plated aluminum material without providing the necessary bolting hardware.
  - That craft have bypassed QC holdpoints through the application of heatshrink sleeves over crimped lugs prior to QC visual examination of the lugs.
  - That craft have crimped lugs without the presence of a QC inspector.
  - That construction has recalled in-process documentation prior to QC having generated an unsatisfactory inspection report.
  - That the allegor's signature was forged on work tracking documentation.
  - That the allegor had been intimidated both by his immediate supervisor and contractor engineers during the process of identifying

the concern of dissimilar bus bar material.

The inspector coordinated a meeting during which the allegor expressed the above concerns to NMPC QA so that the alleged deficiencies could be promptly investigated and corrected. The licensee's followup provided the following responses to the allegor's concerns:

- SWEC QC field inspection identified several instances of dissimilar transformer bus bar material and improper bolting hardware as documented in Inspection Reports E4007319, E4007353 and E4K00486. SWEC has issued Corrective Action Request (CAR) AA002 to document the improper termination bolting materials. SWEC has committed to review applicable vendor specifications to verify bus bar material and perform reinspections of the field connections.
- Additionally, SWEC reviewed inspections conducted between January 1984 and May 1984. During this timeframe SWEC determined: that 3995 cables were inspected with 14 cases of bypassed hold points; 779 cable terminations were inspected with 11 cases of bypassed hold points; and 104 electrical equipment inspections were conducted with 4 bypassed hold points. As a result of these findings SWEC electrical construction committed to issue a memorandum to the craft personnel to reiterate the adherence to QC holdpoints during the installation process.
- The SWEC QC inspection personnel were provided additional training on the use of work tracking documents. The training encompassed the use of inspection report documents and the proper way to document unsatisfactory conditions.
- SWEC management committed to issue a memorandum to personnel regarding the interface between QC personnel and other SWEC departments.

Two unresolved issues remain pending licensee response and further NRC follow-up. The licensee has been requested to provide documentation regarding the allegor's hardware concerns generated prior to the allegor having contacted the NRC. (84-09-03) The NRC will conduct additional followup to ascertain whether the allegor was intimidated by either SWEC engineering or QC personnel (84-09-04).

- d. (RI-84-A-0061) The NRC was informed that audit findings resulting from NMPC corporate audit number four had been edited and that the participating auditors had been harassed. The NRC inspector subsequently obtained: a draft copy of audit number four; the final audit number four report; and NMPC correspondence which forwarded direction that the two lead auditors who participated in audit four be decertified.

The inspector reviewed the nonconformances which document deficient conditions identified within the draft and final versions of the audit and ascertained that the technical deficiencies noted were similar for both audit reports. The inspector also notes that the NMPC site QA organization which was reviewed during audit number four has subsequently been completely restructured, additionally new QA procedures have been issued which replace the deficient systems identified in audit four. Resulting

from NMPC review of the issues, the licensee committed to reinstate the lead auditor status of the two auditors involved in audit four.

The inspector noted during his review that the draft audit recommended the findings be reviewed for reportability under 10CFR 50.55(e). No documentation could be produced by the licensee to demonstrate a timely review of this issue. This constitutes a further example of a deficient reportability program as identified within MRC Inspection Report 84-01, violation 84-01-06. The site and corporate reportability system has subsequently been revised by the licensee and will be evaluated during the review of licensee corrective action to violation 84-01-06.

#### 5. Corrective Action Programs

The inspector reviewed the following documents which define QA/QC responsibility for identification, trending and application of corrective action to identified nonconformances:

- Nine Mile Point Unit 2 FSAR Section 1.8
- Nine Mile Point Unit 2 PSAR Section D.3.16 and D.3.17
- Regulatory Guide 1.74
- ANSI N45.2.10
- SWEC QS-15.1 "Nonconformance and Disposition Report"
- SWEC QS-14.2 "Inspection Report System"
- SWEC QCI 10.08 "Surveillance Inspections"
- SWEC QCI-15.1 "Category I N&D Nonconformance Cause Analysis"
- SWEC QCI-16.01 "Short Term Trend Analysis"
- SWEC FQC Monthly Quality Assurance Department Reports covering period from January 1983 - May 1984.

The inspector noted the PSAR states that nonconforming conditions shall be analyzed to develop corrective action measures. These corrective actions shall be implemented to control and prevent recurring discrepancies. The inspector reviewed the SWEC topical QA manual which describes that nonconformances will be documented on either an inspection report or a Nonconformance and Disposition (N&D) report depending on whether engineering resolution is required.

The inspector reviewed QCI 10.08 regarding the conduct of surveillance inspections. The QCI identified that for reject rates in excess of ten percent that either the frequency or percentage of inspections should be increased. The inspector interviewed SWEC personnel and determined that the intent was to maintain reject rates below the ten percent level and that rates above ten percent were considered to be indicative of quality problems.

The inspector reviewed SWEC QC data published within the monthly Q6 department reports. This data lists the number of QC inspections performed and details the number of reject inspections for various types of installations. The inspector recorded reject rates in excess of fifteen percent over a seventeen month period. A summary of the data is tabulated below:

<u>Commodity</u>	<u>Reject Rate Range (% of Inspections)</u>	<u>Number of Months Reject Rate Identified</u>
Exposed Raceway	17-43	9
Cable Pulls	17-58	6
HYAC Duct In-process	20-87	9
Electrical Equipment Installation	23-47	8
Cable Terminations	20-97	8
Preventive Maintenance	16-61	10
Storage & Housekeeping	22-72	13

The data revealed that within the commodity groups excessive deficiency rates are recurrent. This trend indicates that installations are not initially fabricated in accordance with specifications and drawings and relies upon quality control to inspect quality into the installation. The failure of the SWEC QA program to assure effective corrective action implementation to prevent recurring deficiencies is a violation of 10CFR50, Appendix B, Criterion XVI. (84-09-05).

#### 6. Electrical Penetrations

The inspector reviewed the following documents which contain installation criteria for containment electrical penetrations:

- NMP 2 FSAR Sections 1.8, 3.8
- Regulatory Guide 1.19 "Nondestructive Examination of Primary Containment Liner Welds"
- ASME Div I, Section III; NE
- Specification E021P "Electrical Penetrations"
- Specification P283B "Shop Fabrication and Field Erection of Primary Containment Steel Plate Liner"
- SWEC Drawing 12177-EV-1J-11 "Primary Containment Electrical Penetrations"
- Conax Corp Manual IPS-636 "Installation and Maintenance Manual for Electric Penetration Assemblies for NMP-2"
- Graver drawing NL-10806-4 "Sectional Elevation and Details of Multiple Electrical Penetration Assembly P196"

-- Chicago Bridge and Iron Company (CB&I) drawing 434-1  
"Shop Assembly Penetration Z201 thru Z210"

- a. The inspector noted that CB&I drawing 434-1 requires CB&I to examine weld H of penetrations Z-201 to Z-210 by both radiography and magnetic particle methods. To verify this requirement the inspector reviewed selected CB&I inspection records as follows:

<u>Penetration</u>	<u>NDE Inspection Performed on Weld H</u>
Z-202	Radiography only
Z-203	Radiography and magnetic particle examination of repair areas
Z-204	Radiography and magnetic particle examination of repair areas
Z-208	Radiography only
Z-209	Radiography only

Contrary to the inspection requirements of CB&I drawing 434-1, CB&I records indicate partial surface examinations of repair areas and only volumetric examinations of certain welds. The failure to perform the requisite NDE examinations is a violation of 10CFR50, Appendix B, Criterion X. (84-09-06)

- b. SWEC Specification E021P requires that the welding of the penetration embedment plate to the containment liner plate be examined by spot radiography and either magnetic particle or liquid penetrant methods. The inspector reviewed the CB&I inspection documentation for penetration Z-216 and observed that no spot radiography was performed for the embedment to containment liner weld. The inspector was informed that spot radiography was applied to particular welders for the first 10 feet of weld and 10 inch segments from each 40 foot interval beyond the initial 10 feet. He was informed that a record book is maintained by CB&I to support the fact that penetration Z-216 weld was not radiographed. This concern regarding the absence of spot radiography for weld Z-216 is unresolved pending review by the inspector of the CB&I weld logbook and confirmation from SWEC engineering as to the intended NDE requirements for the embedment to containment liner welds. (84-09-07)

## 7. Component Supports

The inspector reviewed SWEC drawing ES-53P-7 and E&DCR P12829. The documents describe the spent fuel pool heat exchanger support installation requirements. The support was originally classified as ASME NF. The inspector verified the existence of the appropriate ASME weld planner sheets. The inspector noted that E&DCR P12829 reclassified portions of the support as non-ASME. He noted that the inspection records had been marked void and subsequently reinstated. SWEC QA issued a Corrective Action Request to identify and prevent recurrence of the inspection report void stamping.

The inspector reviewed a River Bend Station correspondence regarding the definition of NF boundaries. He was informed that a similar FSAR

amendment is forthcoming for the Nine Mile Point Unit 2 Station. The inspector has no questions at this time in regards to the spent fuel pool heat exchanger supports or the generic NF boundary definition.

#### 8. Pipe Whip Restraints

- a. The inspector reviewed the following documents which pertain to the installation of main steam line whip restraints:

- Specification P301X
- SWEC drawing EV-10H-2 "Pipe Rupture Restraint  
MSS Reactor Building"
- SWEC drawing EY-107K-3 "Pipe Rupture Restraints  
All Systems OMNI Washer Details"

He examined whip restraint MSS-PRS-024 which had an ITT inspection tag affixed to the structure. The bolting hardware was observed to be in variance with the above drawings. The inspector interviewed ITT personnel and reviewed records to indicate that only the PRS portion of the restraint has been inspected which is exclusive of the bolting hardware. The inspector was informed that the stainless steel studs and aluminum energy absorption material will be installed after adjacent welding activities have been completed.

The inspector has no questions at this time.

- b. The inspector reviewed the following design criteria and RCI inspection documents for selected reactor recirculation line restraints:

- GE drawing 767E119 "Recirc.Suspension Hangers  
Installation Kit - Recirc. Loop Pipe Whip RST"
- GE drawing 131C8495 "Pipe Whip Restraint (L)"
- GE Specification 22A2598 "Installation Specification  
Pipe Whip Restraint"
- RCI W-8 "Process Requirements Sheet for Snubbers &  
Pipe Whip Attachments Requiring the Use of Heavy  
Weldment Criteria"

The inspector examined the welding and documentation to date for restraints RCR-10 and RCR-20. The work was found to be in accordance with the design criteria.

The inspector has no further questions at this time regarding the RCI installed restraints.

#### 9. Followup to Construction Appraisal Team Inspection

During the conduct of this inspection, the inspector monitored the corrective actions implemented by the licensee in response to the Construction Appraisal Team (CAT) inspection. The CAT inspection findings are documented within NRC inspection report 50-410/83-18 issued on January 31, 1984.



The licensee installed several 3/4 inch and 1 inch diameter Hilti bolts in the condensate building floor slab. The concrete slab was ascertained by the licensee to be representative of the concrete mix typically utilized within Category I areas of the plant. The installed Hilti bolts were pull tested to values of four times their design load. The inspector observed the pull tests for two bolts. The inspector observed that neither the concrete nor Hilti bolt failed. The maximum slippage of the Hilti bolt at the maximum loading was 3/4 inch.

The inspector reviewed the re-inspection program applied to the Cives Steel structural welds. The licensee had utilized a statistical sampling plan as defined within MTL-STD 414 "Sampling Procedures and Tables for Inspection by Variables for Percent Defective". The inspector noted that the individual reinspection deficiencies had been dispositioned accept-as-is by SWEC engineering. Review of the sampling plan and the obtained data indicated that further analysis would be required by the licensee to determine the acceptability of the Cives weld lot.

The licensee QA verification of CAT deficiency corrective action plans was initiated. The NMPC QA verification effort identified several inconsistencies between the planned and accomplished corrective actions.

The inspector has no questions at this time regarding the CAT followup efforts.

10. Unresolved Items

Unresolved items are matters for which more information is required in order to ascertain whether they are acceptable items, violations or deviations. Unresolved items disclosed during the inspection are discussed in paragraph 4c. and 6b.

11. Management Meetings

At periodic intervals during the course of this inspection, meetings were held with senior plant management to discuss the scope and findings of this inspection. The inspector attended periodic meetings with the NMPC QA manager and the project director to discuss the status of CAT corrective actions. Apparent violations of NRC requirements were discussed with licensee plant management during exit meetings held on June 8 and June 15, 1984.

INITIAL REVIEW OF  
DRAFT AUDIT 4 AND FINAL AUDIT  
PERFORMED BY R. GRAMM

allegation - 61

- picked up in fire  
8 NRs (1817)

DRAFT FINDINGS  
32 NRs

~~(15)~~ not in final

Surveillances

NR 1

SR log Follow up required box left open usually

NR 2

SR log discrepant with SR closure status <sup>SR closed</sup> log open

NR 3

non-use of checklists to conduct surveillances

~~NR 4~~

lack of followup to surveillance report open items

NR 5

SR's closed by same person that issued them

~~NR 6~~

followup to SR's not properly documented - informal notes

NR 7

SR scheduling not done in accordance with OAP

NR 8

SR closed without verifying disposition in Subcontractor documents, etc.

NR 9

SR not written with sufficient detail

Nonconformances

~~NR 10~~

Lack of timely response to Ron R's

~~NR 11~~

Lack of responsible QA engineer to status & follow-up NRs

~~NR 12~~

Lack of corrective action verification

NR 13

NR log not updated since Oct 83, could not be timely reviewed

Training

NR 14

~~NR 15~~

Improper delegation of training program responsibility  
personnel files do not include pre-employment background - matrix of job responsibilities w/ apprentices personnel, no data for annual evaluations

NR 16

personnel files had annual review instead of 3 or 6 month reports

NR 17

training records not maintained in fire proof safe or duplicate

~~NR 18~~

direction from Syracuse QA to discontinue maintenance of training files

~~NA 20~~ Training records duplicates @ SMP-1, not available to supervisor nor meeting QAR 2.10 intent

~~NA 21~~ Inconsistencies in microfilm training records

~~NA 21~~ 5 site lead auditors examined

<sup>in report</sup> ( 2      have not participated in required audits since goal  
3      have re-qualified based on surveillances

~~NA 22~~ None of 5 site lead auditors so claimed are qualitative

NA 23 Certification signed by mgr QA based on 2 surveys ??

~~NA 24~~ none of 5 lead auditors had documentation in activity they were claiming support qual. for cert.

\* questioned entire lead and list accuracy

~~NA 25~~ Training records of lead auditors sent for microfilming on selected basis not in its entirety

~~NA 26~~ audit participation logs not accurate

NA 27 QAP to found incomplete in an controlled version of QAP

~~NR 29~~ PSAR delegated responsibility for  
conduct of QA program - in violation  
of App B - licensee retains  
responsibility

~~NR 29~~ Site QA supervision responsibilities  
not defined

NR 30 Design and Const. manual not  
current on organizational/project  
structures

NR 31 QA superv. nuclear const. not in  
AAP - practice not consistent w  
old procedures

NR 32 Field purchase requests reviewed  
by AMPC QA without a checklist

Original Draft

NIAGARA MOHAWK POWER CORPORATION (NMPC)

REPORT OF QUALITY ASSURANCE AUDIT NO. 4

STATION: Nine Mile Point Unit 2 (NMP-2)

ORGANIZATION: NMPC Quality Assurance Group (QAG) at Nine Mile Point -  
Unit #2

LOCATION: Scriba, New York

DATES: January 24-27, January 31 - February 3, 1984

AUDITORS: A. Laratta (Lead)  
J. Ryan  
L. O'Connor  
R. Norman

FUNCTIONS

AUDITED: Quality Assurance Group - NMP-2 Activities, Training for  
Site OAG, follow-up from previous audits, and

organizational structure for site QAG.

PIRPOSE:

The purpose of this audit was to determine compliance to the required documents listed in the scope below.

SCOPE:

Bases of the Audit: Appendix B 10CFR50, Preliminary Safety Analysis Report (PSAR) Unit #2, NMPC Quality Assurance Manual for Nuclear Reactors and Associated Electric Generating Facilities Design and Construction Phase - Rev. 3, Quality Assurance Procedures (NMPC), ANSI Standards, Open Items from previous Audits, and other applicable procedures and instructions.

INTRODUCTION:

The Preliminary Safety Analysis Report (PSAR) states in Appendix D at D.1.3 under Program Control and Implementation, "The NMPC QA Manual - Design and Construction Phase describes the NMPC controlling policies and procedures." The NMPC Manual - Design and construction Phase (D & CM) states in Section 1 at 1.3 under Program Responsibility:

"Total responsibility for the Quality Assurance Program is retained by Niagara Mohawk. The Quality Assurance Department is responsible to a Senior Vice President for administration of the Quality Assurance Program. This includes overall control through audit or surveillance, review and/or approval for Quality Assurance compliance of the engineering, design, fabrication, construction and test of the facility or modification thereto."

INTRODUCTION: (Continued)

In Appendix A1 of the D & CM, a matrix is shown which invokes at Section 10.3 of the D & CM a reference to Quality Assurance Procedures (QAP) Section 10.20. At QAP 10.20 a procedure is defined for conduct of site surveillance.

By letter dated August 20, 1981, from the responsible engineer at NMP2 site (file code 3N2.2-M58.18) to "distribution" an instruction was written which "provided as an aid in reporting surveillance activities." This instruction references QAP Section 10.20.

- EVALUATION:
- A. SURVEILLANCES - The NMP2 site QA group was found by Auditors to be inconsistent in its approach to compliance to Section 10.20 of the QAP. Varied noncompliances were identified and are listed in the Observation Section of this report. A review of all 1982 and 1983 Surveillance Reports should be conducted for compliance to QAP 10.20 as well as verification of proper corrective action.
  
  - B. NONCONFORMANCE REPORTS (N.R.) - Auditors found evidence that the site nonconformance program is in many instances deficient in complying with requirements delineated in QAP 16.40. A review of all site generated NR's should be conducted to ensure follow-up and resolution.



C. TRAINING - Evidence was not provided to the Auditors to corroborate training of site personnel for conduct of Surveillance Activities and Nonconformance Procedure (QAP 10.20, QAP 16.40 and instruction cited above, i.e., letter 3N2.2-M58.18 8/20/81).

D. LEAD AUDITOR QUALIFICATIONS - Auditors identified five site personnel possessing Lead Auditor Certifications.

Investigation revealed that original qualifications and maintenance of proficiency were not totally in compliance to QAP 18.01 at paragraphs 5.1 and 5.2 respectively. Audits conducted by the five personnel should be reviewed to determine compliance to QAP 18.10.

E. PROCEDURES - Fully controlled copies of Quality Assurance Procedures maintained at the site were generally in compliance. Only one (1) set was found to be in need of updating.

F. ORGANIZATION - Responsibility is erroneously assigned to contractors in the PSAR. The authority and duties of the NMPC Site QA Group is not defined, the D & CM organization and project descriptions are not current and the QAP 1.01 designations of duties and authorities are also not current.

RECOMMENDATION: Based upon the above evaluations and the findings identified in this report, the auditors recommend a review of the Site Surveillance Program, the site nonconformance system, and the site audit participation for applicability of 10CFR50.55(e).

OBSERVATIONS: A. SURVEILLANCES - Auditors found that the main tool for the Nine Mile Two Quality Assurance Group is the Surveillance Report (SR). The Surveillance Program is described at QAP 10.20 and further delineated in a letter from the responsible engineer on the NMP2 site to his staff dated August 20, 1981. Auditors reviewed a sample of SR's extracted randomly from the 1200 written in 1982 and the 2000 written in 1983. The approach to the requirements of QAP 10.20 was found to be inconsistent and violations are identified.

The site utilizes two logs to list all SR's written. The first log follows attachment 7.0b of QAP 10.20 in that all Sr's are listed by order of numbers which follow a chronological pattern. This log is kept up-to-date in the QA site office. Auditors noted that the "Follow-up Required" box was left open in most cases. This is in violation of the QAP and is identified as NR .

The second log is kept by listing SR's under assigned engineers' names. Although unofficial, this log carries more information useable in follow-up items.

In the first log, auditors identified SR 0679-83 as listed open in the log and shown closed on the SR as of 9/29/83. This is identified as NR .

In the sampling reviewed by auditors, checklists were used less than 20% of the time: The SR's were prepared as an observational basis with no specific set of guidelines listed. QAP 10.20 states: "For some activities it may be necessary to prepare checklist in advance of performing a surveillance. This section (5.1) also stipulates that "familiarity is required with the basic requirements...". The inconsistent and infrequent use of checklists coupled with lack of evidence that SR was performed by personnel knowledgeable in the discipline places the result of many of the surveillances in doubt. NR is issued to address this item.

Auditors found evidence that the follow-up of surveillance is not always pursued routinely or regularly. The site intent is to advise the originators of SR's of follow-ups on a 30-day cycle for each open SR listed at #2 Log mentioned above. SR's were reviewed which showed follow-up on more widely divergent time elements (0005-83, 0129-83) up to one year.

OBSERVATIONS: A. SURVEILLANCES (Continued)

The timeliness of resolution and follow-up led auditors to question whether action parties were informed of the open SR concerns. At QAP 10.20 section 5.4 the requirement is "... the appropriate first action of the responsible QA Department Engineer will be to inform the person responsible for controlling quality at the jobsite of the reported condition." In some cases, no evidence was found of such communication existing. (SR 005-83, 0129-83). NR is issued to address this item.

Auditors noted that at blocks 5 & 7 of the SR report, the sign-offs for review and closure (a responsibility of the responsible QA Department Engineer) was often executed by the same person who filled in the preparation and/or verified box (the QA engineer or staff member). This practice was addressed by special memo by the site QA supervisor during the audit. (SR 0005-83, 0026-83, 0135-83, 0208-83, 1088-83, 1509-83, 1681-83, 0006-80, 0063-80). NR is written to address this item.

In follow-up type SR's written, auditors found repeated examples of such follow-up recorded on small slips of paper stuck onto the SR report. This was addressed orally by the site leads to staff engineers during the audit (SR 01201-83, 0349-83, 0042-83). NR is written to address this item.

Auditors requested evidence of scheduling for surveillance

activities involving compliance to QAP 10.20. There were schedules in varying degrees of completion with no consistent application by all engineers. Some were blank, some had proposed surveillance dates, but completion not identified, and some were filled in for both. The use of the schedule is a requirement of QAP 10.20. NR is issued to address this concern.

Auditors noted that on "follow-up" SR's where corrective action was required, evidence was available to show that where corrective action was accepted, the SR was closed without verification of action taken. This practice included the acceptance of a Nonconformance and Disposition Report (N & D) from Stone & Webster, a Deviation Report (DR) from ITT Grinnell or Field Deviation and Disposition Request (FDDR) from General Electric. Verification of the Disposition of the actions promised on these documents was not included in the SR (SR 0135-83, 0444-83, 0830-83, 1907-83, 0006-83, 0619-83). NR is issued to address this item.

Auditors found that SR originators did not always reconstruct events in enough detail. The necessity to be as specific as necessary to document satisfactory work performance or to allow clear identification of actions was not always observed. Omission of sufficient detail in the SR contributes a lack of prescribed intent of surveillance activity. Checklists would have been helpful in this area. (SR 0010-83, 0135-83, 1088-83, 1103-83, 1115-83). NR is issued to address this item.

B. NONCONFORMANCE REPORTS (NR)

The Syracuse QA office retains responsibility for follow-up and closure of most NR's written on the Nine Mile Point - Unit #2 Project. On March 30, 1983, the Supervisor of Nuclear Construction QA Group (site) initiated an I.O.C. #NMP2 QA1383 to the Syracuse Supervisor QA Nuclear Services to accept responsibility for tracking and developing the status of site generated NR's.

Included in the referenced memo were the following NR's to be tracked and statused by the site QA group:

<u>NR NUMBER</u>	<u>ORIGINATED</u>
NMP-2-0295	1981
NMP-2-0385	1982
NMP-2-0359	1982
NMP-2-0362	1982
NMP-2-0377	1983
G. E. 47	1982
G. E. 48	1982
NMPC 24	1983

Five more site generated NR's were written in 1983. They are:

NMP-2-0387

NMP-2-0392

NMP-2-0393

NMP-2-0417

NMP-2-0419

These five NR's and G.E.-48 and NMPC-24 remained open at the time of the audit.

The auditors reviewed the NR files at the site and noted the following:

NR-0295 - Site QA personnel were unable to provide a file for the auditors. The auditors obtained a file from the Syracuse QA office.

The review of the NR indicated that the response Accepted block was filled out on 8/10/83. However, letter No. QA82128 dated 2/2/82 indicated acceptance of response. The NR was subsequently closed on 8/26/83.

NR-0358 - The auditors noted that response was required 7/28/82 and received on 8/6/82. The NR was closed after observing final inspection testing, Surveillance Report #0870-83 dated 7/29/83.

B. NONCONFORMANCE REPORTS (NR) (Continued)

NR-0359 - The auditors noted that the Facility block was not filled out on the NR form. While closure was listed at 1/3/83 in the NR Log, no documentation was available of such closure in the site file.

NR-0377 - Auditors noted that NR is listed as closed on 5/3/83 in the NR Log, whereas no documentation of such closure was available in the site file.

NR-0387 - Site QA personnel were unable to provide a file for the auditors. A copy of a letter dated 5/19/83 transmitting this NR to the site QA office was found in a file marked "closed NR files." The body of the letter required a response date of 6/1/83, but the heading required a response date of 6/30/83. The log indicated a response requirement of 6/6/83 and lists receipt of response on 6/6/83. Further review of the log indicated that the response was verbally rejected on 8/25/83 and this entry was not initialed. No follow-up documentation to corroborate the entry was available. The log held no further entries since 8/25/83.

NR-0392 - Auditors noted in the log that the NR was issued on 7/7/83, response was required on 8/5/83 and received on 8/11/83. However, the file contained no response



or follow-up documentation.

NR-0393 - Site QA personnel were unable to provide a file for the auditors. The NR log showed that this NR was issued on 7/25/83 with a response required date of 8/5/83 subsequently changed to 8/24/83 and then to 9/1/83. A copy of the NR obtained by auditors lists the response required date as 8/25/83. The site NR log indicates a response dated 9/1/83 was actually logged on 11/4/83 and not accepted until 2/2/84.

NR-0417 - Auditors noted that the NR was issued on 12/30/83 with a response required date on 1/30/84. The site NR log indicates the issue date of 12/15/83 and a response required date of 1/18/84. Response was not received as of 2/2/84. Site NR log was not initialed for the entries made.

NR-0419 - Auditors noted that the NR was issued on 12/30/83 with a response required date of 1/30/84. The site NR log concurs with these dates, however, the entries in the log were not initialed. A response was received 1/31/84.

B. NONCONFORMANCE REPORTS (NR) (Continued)

GE 47 - Auditors noted that this NR was issued on 6/9/82 with a response required date of 7/17/82. Response was received on 7/19/82. No reference was found as to acceptance of this response. No further status was made until 12/16/82. The site NR log shows this NR as closed on 8/3/83. The files contain no documentation of closure.

GE 48 - Auditors noted that this NR was issued on 6/89/82 with a response required date of 7/17/82. A response was received on 7/19/82. The site NR log shows no further entry and no documentation was found as to acceptability of the response. However, site file did contain a letter from GE dated 11/3/83 claiming the NR was not applicable. Documentation referenced was not available.

NMPC-24 - Auditors noted that the site NR log listed dates of response received on 6/29/83 and accepted on 7/26/83. However, the NR form carried a response date of 7/12/83 with acceptance on 8/5/83. Documentation of follow-up was not available.

A review of the above NR's has resulted in the issuance of the following three NR's:

NR \_\_\_\_ is issued to address the lack of timely response.

NR \_\_\_\_ is issued to address the lack of a responsible QA engineer to follow up and status site generated NR's.

NR \_\_\_\_ is issued to address the lack of verification of corrective action.

Auditors requested the site NR log on 1/24/84. The log could not be located until the afternoon of 1/26/84. Upon reviewing the log, it was found that it was last updated in October, 1983. Auditors informed the site QA personnel of this oversight and the log was updated during the audit on 1/27/84. After the log was updated, the auditors again reviewed it and found that irregularities still existed as noted above.

NR \_\_\_\_ is issued to address the lack of updating the NR log.

In reviewing Nonconformances, auditors determined that NR-NMP-005 was not generated by site QA personnel, but it was assigned to their responsibility for corrective action by letter dated 7/9/81 - QA 81512. The NR was found in the open file at the site and has been open since 7/81. The response was due on 8/3/81. Auditors were not provided with evidence of corrective action by site personnel since 7/81.

C. TRAININGTRAINING RESPONSIBILITY:

The Niagara Mohawk Power Corporation commitment for Q.A.D. training is stated in the Preliminary Safety Analysis Report (PSAR) as contained in Appendix "D", Paragraph D.2.1 Organization.

"... Additional specific duties of the Manager of Quality Assurance - Nuclear are as follows ...

"(2) Ensure that training is conducted for NMPC Quality Assurance Personnel."

Training was further annunciated and made a commitment in the Design and Construction Manual, Section 2, specifically paragraph 2.6 which states, "... Within the Quality Assurance Department, the Manager is responsible for assuring that proficiency is developed and maintained. Within the task-oriented organizations, their respective managements are responsible for the development and maintenance of personnel proficiency..."

All of the above three commitments for training Q.A. personnel placed the responsibility for training in charge of highly qualified and experienced nuclear supervision and management. The PSAR, for example, states the requirements for a Manager in

nuclear operations must have - "At least 15 years experience in construction or operation of a nuclear facility." The requirements for a Supervisor in nuclear operations states that he must have - "At least 8 years of Quality Assurance related work experience (recently revised from 10 years) in the design, construction or operation of a nuclear facility." Educational requirements for both the Manager and Supervisor of Nuclear must have at least the Bachelor of Science Degree (BS) or equivalent.

During the course of this audit, auditors discovered two letters which appeared to have significantly changed the intent of the PSAR and the Design and Construction Manual commitment for Q.A. training. The letters were dated August 16, 1982 and August 25, 1982. The latter further transferred the training function from the Manager of Quality Assurance-Nuclear and the appropriate supervisor.

QAP 2.10 Section 4.0 states in part, "The scheduling, planning and presentation of lectures, seminars and training sessions for QAD personnel may be delegated by the manager QAD."

Auditors determined that such delegation was done by letter dated August 16, 1982 (17.0-A1). However, QAP 2.10, Section 4.0, goes on to state "... the training of personnel is the responsibility of the QAD Supervisors. They are also responsible for maintaining the training program within the guidelines set-up by the Manager QAD and this QAP."

C. TRAINING (Continued)

Section 5.1 of QAP 2.10 states, "The content of the initial training program for new members is developed by each QAD Supervisor. Each supervisor also revises the program periodically to reflect new policies and standards.

Since the organization of training functions can be delegated, the letter of August 16, 1982, is within the purview of the procedures. However, by letter dated August 25, 1982 (QA821197), the recipient of the delegation passed this assignment on to a subordinate and expanded its scope. This action now gives the subordinate authority to determine ... "assignment will be to determine what training is needed and when it is needed." This second delegation goes beyond the first and invades the responsibilities of "each QAD Supervisor."

NR is issued to address this item.

DOCUMENTATION OF PROFICIENCY:

Niagara Mohawk Power Corporation in their Quality Assurance Procedures (QAP 2.10, paragraph 5.3) established the following: "A personnel file is maintained by the Manager QAD to document the progress of proficiency development of each member of the QAD staff. The file contains information on background experience, progress reports and evidence of base-level proficiencies in terms of successful performance on assigned

duties."

Design & Construction Manual Section 2.6 states in part:

"Personnel performing activities affecting quality are trained and indoctrinated to assure that suitable proficiency is achieved and maintained. They receive instruction sufficient to ensure that the particular activity which they perform in quality-related areas is carried out correctly. This policy applies to areas such as design; procurement; special processes; inspection; tests; measuring and test equipment; handling, storage and shipping; construction, operation and maintenance; auditing; and the review and retention of records.

"Within the Quality Assurance Department the Manager is responsible for assuring the proficiency is developed and maintained. Within the task-oriented organizations, their respective managements are responsible for the development and maintenance of personnel proficiency, under the guidance of the Quality Assurance Department.

"Both the Quality Assurance Department and other departments involved in the Program establish procedures which describe material and the method of presenting the training program subject matter at training sessions. Additionally, these procedures include schedules for conducting the training sessions and identification of those individuals required to participate by job description, title or group."

C. TRAINING (Continued)

Auditors discovered that there was no documentation trail to the individual's pre-employment background and history. The hiring manager had made no contributions to this record. The supervisor made no contributions to this record that revealed background experience, training or experience associated to base-levels of competence. There was no matrix record in the personnel files which revealed base-levels of competence to current daily activity vs. recommendations of individual training required to bring that individual to a level of proficiency to perform in a nuclear environment.

The files did not contain sufficient information, which if duplicated and submitted to the Supervisor, that would enable the Supervisor to make an accurate assessment of the individual in his annual evaluations for additional training per QAP 2.10, paragraph 4.

NR is issued to address this item.

Auditors reviewed personnel files maintained in the site QA office to determine compliance with QAP 2.6 and QAP 2.10.

Auditors reviewed five personnel records at random which revealed: One had a three-month review, as required, and two had a six-month review, as required. Three of the five samples had a one-year review included in their personnel file in lieu



of the required three-month and six-month reports.

NR is issued to address this item.

PRESERVATION OF RECORDS:

Niagara Mohawk Power Corporation has some specific commitments to established A.N.S.I. Standards, specifically in the areas of record retention and storage...ANSI (N45.2.9) (from context) "... records are to be maintained in a fire-proof safe or comparable fire-proof file. As an alternate, the records may be duplicated and filed in two separate facilities...etc."

Auditors discovered during the course of this audit that the training records:

- (a) Were not maintained in a fire-proof safe or file;
- (b) They were not duplicated and retained in two separate facilities.

NR is written to this item.

C. TRAINING (Continued)

Auditors requested from site QA supervision specific files for training of site people. Auditors were informed that these files had been maintained at the site for all personnel until August 1982. At that time, a direction was received from the Syracuse QA office to discontinue maintenance of these files at the site QA office.

This is addressed as NR .

In the course of the audit, auditors were advised that duplicate records of training were maintained on a microfilm record at Nine Mile Point Nuclear Station Unit No. 1. (There was no evidence of any connection of a shared responsibility between the Supervisors of Nine mile Point Units No. 1 and No. 2.) This statement and explanation did not meet the requirements of QAP 2.10, paragraph 5.3 for Unit No. 2 specifically. A duplicate of the file was not available to the appropriate supervisor.

NR is written to this item.

Auditors discovered that personnel records could be accessed on the Unit No. 1 computer and microfilm rolls, after proper identification. The microfilm records could be scanned and printed. However, the printing was a wet process paper which soon faded and could not be used for any type of

Auditors discovered that more than one microfilm record existed for each individual. It was not determined how many more than one microfilm record existed on each individual.

Auditors found training material in Syracuse QAD files that was not duplicated on the microfilm records at Nine Mile Point Unit No. 1.

Microfilm records revealed several dozen pages of superfluous class attendance sheets was maintained on each individual which did not serve any useful purpose toward achievement of a certification. In several cases the achievement of certification was not revealed in the microfilm record, i.e., on the Lead Auditors, there were no documentation records (Form 7.0-b) to prove compliance for certification. There was no training matrix in any of the microfilm records that the auditors reviewed.

NR is written to this item.

D. LEAD AUDITOR QUALIFICATIONS/CERTIFICATIONS:

Addressing items No. 1 and 2 of the Audit Plan, auditors reviewed the training records and qualifications of Lead Auditors at the site. It was noted that five people at the site had Lead Auditor Certification cards. Verification was made on each card.

While the ANSI Standards establish a minimum requirement for Lead Auditor status, the Niagara Mohawk Power Corporation Q.A. Procedures 18.01 established more specific requirements for certification and maintenance of proficiency and this audit addresses QAP 18.01 requirements. Paragraph 5.1.4 Audit Participation states, "A prospective Lead Auditor shall have participated in a minimum of five nuclear quality assurance program audits or surveys within a period of time not to exceed three years prior to the date of qualification, one audit of which has to be within the year prior to his qualification."

Auditors discovered that the time requirement in the conduct of audits had expired on two of the five site Lead Auditors. March 1980 and June 1981 were the last audit activities shown for two site Lead Auditors. Since they failed to maintain proficiency in accordance with paragraph 5.2.1 of QAP 18.01, "A Lead Auditor must participate in at least one nuclear audit within a period of two years or he will require requalification in accordance with the requirements of paragraph 5.2.2..." Which state, Requalification, "Any Lead Auditor who fails to participate in

the program for a period of two years or more shall require requalification. Requalification shall include retraining in accordance with the requirements and re-examination and participation as an auditor in at least one quality assurance program audit or survey."

Auditors discovered in further investigation of Lead Auditors at the site that in addition to two of the five who did not maintain proficiency, the remaining Lead Auditors attained their qualifications based on the conduct of surveillances, not on audits or surveys as stipulated in Paragraphs 5.1.4 and 5.2.2. It was further revealed that one of the latter two performed as the Lead on the surveillance which he used as a qualification.

NR is written to this item.

Using the above criteria, auditors determined that none of the five Lead Auditors who claimed qualifications by virtue of having a signed card, were indeed qualified as Lead Auditors per the requirements of QAP 18.01.

NR is written to this item.

D. LEAD AUDITOR QUALIFICATIONS/CERTIFICATIONS: (Continued)

Auditors discovered, after additional investigation on audits, surveys and surveillances which were used as a basis for qualification, that one of the Lead Auditor's records indicated two surveys were conducted on September 9 and September 20, 1982 and Part VI (of the Qualification of Quality Assurance Program Audit Personnel Form) Certification for approval was signed and dated April 22, 1982 by the Manager-Quality Assurance.

NR is written to this item.

None of the five Lead Auditors had any Documentation Records (Form 7.0b) in their training records file to support the activity for which they were claiming sufficient qualification for certification.

NR is written to this item.

While the audit was in progress, auditors were made aware of a letter issued on January 23, 1984 (QA840107 - "D" - 17.0-T1) which revealed the names of thirty-eight (38) people who were listed in the records of the QAD as Lead Auditors. The five (above) site Lead Auditors appeared on this list. Therefore, auditors question the completeness of the files of any other Lead Auditors who appeared in this letter and in the QAD training records.

TRAINING - CERTIFICATION & DOCUMENTATION:

During the course of the audit, the auditors had an interview with the training coordinator (which was recorded on tape by the coordinator). A copy of the transcript was requested and subsequently made available to the audit team.

During the course of the interview with the training coordinator, auditors reviewed training records for the five site Q.A. personnel listed as "Lead Auditors". These files contained evidence that material contained had been sent out for microfilm processing on a selected basis.

Auditors determined that the selective process is not conducted with the concurrence of the "appropriate site supervisor."

NR is written to address this subject.

Auditors further learned that the files were not consistent in maintaining accurate data on audits (logs) participated in by the personnel reviewed. The omission of some of those logs is addressed as NR \_\_\_\_\_. Some of the logs, in the files, had no evidence of being microfilmed.

E. PROCEDURES

Auditors reviewed the fully controlled copies of QA Procedures and Design & Construction manuals assigned to site QA personnel. The fully controlled copies of QA Procedures are assigned to four site personnel. Three were found to be current. The QAP Manual assigned to the Manager - QA Nuclear was found to be incomplete.

NR is issued to address this condition.

F. ORGANIZATION

The Preliminary Safety Analysis Report (PSAR), Appendix D-1.3 states: "NMPC has the ultimate responsibility for control of the QA program and implementation is accomplished through auditing. Specific responsibilities for Quality Control activities have been delegated to S & W ... and to GE-NEBG ..." This delegation of responsibility is in violation of 10CFR50, Appendix B, Criteria 1, which states in part ... "The applicant may delegate to others, such as contractors, agents or consultants, the work of establishing and executing the quality assurance program, or any part thereof, but shall retain responsibility therefor."

NR is issued for delegation of such responsibility.

The authority of the Site QA Supervisor and his group is not



delineated in OAP 1.01 10CFR50 Appendix B, Criteria I, states in part... "The authority and duties of persons and organizations performing activities affecting the safety related functions of structures, systems, and components shall be clearly established and delineated in writing."

The PSAR section on organization assigns responsibilities to the Site QA Supervisor - Nuclear Construction, but does not define his authority.

NR is issued against the inadequacy of QAP 1.01 to delineate the authority.

The Design and Construction Manual Rev. 3, Nov. 1981 - "Describes the Quality Assurance Program to be followed for the design, procurement, fabrication, installation, erection and testing (to commercial operation) of Niagara Mohawk Power Corporation's new Nuclear Fueled Electric-Generating Units." (D & CM) This manual is referenced in Section D.1.3 of the PSAR.

The organization charts contained in Appendix B-1, of the D & CM do not reflect the current organizational and project structures.

NR is issued to address this concern.

F. ORGANIZATION (Continued)

The Quality Assurance Procedure - (QAP) 1.01, Rev. #2, dated: December 1978 does not reflect the current organization. This QAP is referenced in the D & CM, Appendix A-1 "Quality Assurance Procedural Matrix". Any of the positions described in QAP 1.01 Sections: 4.2, "Supervisor - Quality Assurance Group"; 4.3, "Group Leader - QA Projects"; 4.4, "Responsible QA Department Engineer"; and 4.5, "Quality Assurance Department Senior Site Representative" could apply to the current position of QA Supervisor - Nuclear Construction. This position exists without the benefits of documented instruction or procedures.

NR is issued to address this concern.

OPEN ITEMS AND FOLLOW-UP FROM PREVIOUS AUDITORS

The auditors reviewed the corrective action stated in NR #13 dated 4/22/83 for implementation. The response stated in part "The checklist is now being used for all SWEC FPR (Field Purchase Requisitions) reviews by NMPC Site QA". NR #13 indicated in part that "the responses have been verified and found to be satisfactory."

The auditors were not provided evidence that a checklist has been employed since 8/9/83.

NR for non-compliance to procedure 4.10.

NR against Nuclear - QA Services for not verifying accepted corrective action.

PERSONNEL

CONTACTED:

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J. A. Mitchell	L. Brown
J. J. Janas	J. E. Scoates
L. Cole	E. Manning
J. Sovie	

\* Present at Entrance Meeting

- Present at Exit Meeting

PERSONNELCONTACTED: (Continued)

On 2/3/84 the auditors conducted the formal exit critique at the site which included the audit team members, site supervision and site leads. From 2/2/84 through 2/4/84 the exit critique was repeated by the audit team members for the benefit of other concerned parties:

- A) Designated personnel from Management Analysis Co. (MAC)
- B) NMPC-Nuclear QA Management
- C) Involved Syracuse QA Supervisory personnel

RESULTS: \_\_\_\_\_ Nonconformances were initiated during this audit:

- A) Surveillance \_\_\_\_\_
- B) Nonconformance \_\_\_\_\_
- C) Training \_\_\_\_\_
- D) Lead Auditor Qualification \_\_\_\_\_
- E) Procedures \_\_\_\_\_
- F) Organization \_\_\_\_\_

**NONCONFORMANCE REPORT**

FACILITY:

Nine Mile Point Nuclear Station Unit 2 (NMP-2)

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: NMP-4

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: NMPC

QUALITY ASSURANCE GROUP AT NMP-2

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

SCRIBA, N.Y.

ATTENTION OF: MR. C. Beckham

RESPONSE REQUIRED BY:

DATE

SUBJECT:

VIOLATION,  INADEQUACY,  OTHER:

REGARDING

REGULATORY REQUIREMENT  
 PROGRAM  
 PROCEDURE  
 SPECIFICATION

STANDARD  
 CODE  
 DRAWING  
 OTHER

NONCONFORMING ITEM  
 MALFUNCTION  
 WORK PRACTICE

DESCRIPTION:

QAP 10.20 Attachment 7.08 shows the typical surveillance log sheet. Included in the information on the log sheet is a block calling for listing of "Follow-up Required."  
Contrary to the above, the surveillance log kept at the site QA office does not include information in this block at most of the entries.

ACTION BY QA DEPARTMENT:

#C  
NR 0035

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

NONCONFORMANCE REPORT

FACILITY:

NUMBER II

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER \_\_\_\_\_

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

QAP 10.20 Section 5.4 states in part ".... Upon verification, documented in Block 6, the responsible QA Department Engineer shall close and sign the report (in Block 7), also indicate on the Surveillance Report Log, a!"

Violation: Contrary to above SR 0679-83 was listed open in the log and shown closed on the SR as of 9/29/83.

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

NONCONFORMANCE REPORT 414 NUMBER	FACILITY:	
	DEPARTMENT GROUP	<input type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O

QA DEPARTMENT AUDIT NUMBER:	INSPECTION REPORT NUMBER:
SURVEILLANCE REPORT NUMBER:	OTHER:

ORGANIZATION:	
ADDRESS:	
CITY:	
ATTENTION OF: <u>Mr. C. Beckham</u>	

RESPONSE REQUIRED BY:
DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER:

REGARDING

<input type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION:

*QAP 10-23 Section 5.1 states in part "Review and approval requirements, if any, for the checklists will be determined by the applicable QA department supervisor."*

*Violation contrary to the above, no evidence was available to show such review or approval was ever effected.*

ACTION BY QA DEPARTMENT:

ORIGINATOR:	REVIEWED BY:
SIGNATURE	SIGNATURE

# NONCONFORMANCE REPORT

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP

QA

QC-S

QC-O

DATE: \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: MR. C. Beckham

RESPONSE REQUIRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

## SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

## REGARDING

REGULATORY REQUIREMENT

STANDARD

NONCONFORMING ITEM

PROGRAM

CODE

MALFUNCTION

PROCEDURE

DRAWING

WORK PRACTICE

SPECIFICATION

OTHER

## DESCRIPTION:

QAP 1020 Section 5.42 states in part "The appropriate first action of the responsible QA Department Engineer will be to inform the person responsible for controlling quality at the source of the reported condition."

Violation: at SR005-83 and SR0129-83 no evidence was found of such communication.

*Who is the source?  
720 S & W*

ACTION BY QA DEPARTMENT: \_\_\_\_\_

ORIGINATOR

REVIEWED BY: \_\_\_\_\_

SIGNATURE

SIGNATURE



# NONCONFORMANCE REPORT

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE

## SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

## REGARDING

REGULATORY REQUIREMENT

STANDARD

NONCONFORMING ITEM

PROGRAM

CODE

MALFUNCTION

PROCEDURE

DRAWING

WORK PRACTICE

SPECIFICATION

OTHER

## DESCRIPTION:

QAP 10.20 Section 5.4 states in part "The responsible QA Department Engineer shall review and disposition surveillance reports according to the following procedure:

a) If the State factory box is checked, he shall sign and date in Block 7.

b) To provide evidence of initial review, he shall sign and date the Surveillance Report form in Block 5."

Violation: Contrary to the above, the same person signed off at all boxes of SR'S 005-83, 026-83, 0135-83, 0208-83, 1028-83, 1088-83, 1509-83, 1681-83, 0006-80, 0063-80.

*Will be - not NR*

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE



**NONCONFORMANCE REPORT** - VI  
MINICA

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

QAP 10.20 Section 5.3.2 states in part "Observations should be entered as fully as possible in Block 4 of the form, using additional sheets as necessary."

Violation: Contrary to the above small slips of paper were stuck into the SR report to record follow up activities at SR's 01201-83, 0349-83, 0442-83.

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

VII  
NUMBER

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

QAP 10.20 section 5.2 states in part, "Surveillance activities are to be <sup>fully</sup> scheduled in advance as well as performed on an unscheduled basis. ... For recurring surveillance, when it is necessary to perform surveillance on a given procedure or other requirements at a certain frequency, a schedule matrix may be used."

Contrary to the above: no evidence of consistent use of schedules was available. Schedule matrices, where available, were often blank or incomplete.

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

NONCONFORMANCE REPORT

VII

FACILITY:

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER:

INSPECTION REPORT NUMBER:

SURVEILLANCE REPORT NUMBER:

OTHER:

ORGANIZATION:

ADDRESS:

CITY:

ATTENTION OF: Mr. C. Backham

RESPONSE REQUIRED BY:

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER:

REGARDING

REGULATORY REQUIREMENT

STANDARD

NONCONFORMING ITEM

PROGRAM

CODE

MALFUNCTION

PROCEDURE

DRAWING

WORK PRACTICE

SPECIFICATION

OTHER

DESCRIPTION:

QAP 10.20 Section 5.4.2 states in part "The surveillance report shall be held in an open status by the responsible QA Department Engineer until accomplishment of appropriate corrective action is verified. . ."

Contrary to the above at SR's 0135-83, 0444-83, 0830-83, 1907-83, 0006-80, 0619-81 the verification was signed off after action was promised, not accomplished.

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

18  
NUMBER

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

REGULATORY REQUIREMENT

STANDARD

NONCONFORMING ITEM

PROGRAM

CODE

MALFUNCTION

PROCEDURE

DRAWING

WORK PRACTICE

SPECIFICATION

OTHER \_\_\_\_\_

DESCRIPTION:

QAP 10.20 section 5.3 states in part "The subject area to be covered in any single Surveillance Report shall be as specific as necessary either to document satisfactory work performance or to allow clear identification of any necessary corrective action".

Contrary to above at SR's 0010-83, 035-83, 1088-83, 1103-83 and 1115-83 clear identification of actions was not documented.

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY:

*Nine Mile Point - Nuclear Station #2*

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: 4

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: *NMPC - Nine Mile Point - Unit #2 QA*

ADDRESS: \_\_\_\_\_

CITY: *Scitoba, N.Y.*

ATTENTION OF: *Mr. C. Beckham*

RESPONSE REQUIRED BY:

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

*Q.A.P. 16140 section 5.4.1 Appraisal of Responses - states in part... "All responses to A.R.'s shall be appraised within two weeks of receipt."*

*Contrary to the above, the auditors could not find evidence that in all cases the response is appraised. See N.R. section of audit report.   
 (within two weeks of receipt)*

*response not appraised*

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: Nine Mile Point Nuclear Station #2

DEPARTMENT GROUP  QA,  QC-S,  QC-O

NUMBER 3

DATE

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: NAPC - Nine Mile Point Unit #2 QA

ADDRESS: \_\_\_\_\_

RESPONSE REQUIRED BY:

CITY: Scio, N.Y.

ATTENTION OF: M. R. C. Becham

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION: QA.P. 1640 - section 4.0 Responsibilities states in part: "The responsible Quality Assurance Department engineer, as assigned by the supervisor, is responsible to keep the supervisor informed as to the status of open N.R.'s."

Contrary to the above the site QA group does not status and followups site generated N.R's.

Void - CAP 16.40 section 4.0 doesn't say that!

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE



**NONCONFORMANCE REPORT**

FACILITY:

*Nine Mile Point - Nuclear Station - #2*

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: 4

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: *NMPC - Nine Mile Point - Unit #2 QA*

ADDRESS: \_\_\_\_\_

CITY: *Scranton N.Y.*

ATTENTION OF: *Mr. C. Beckham*

RESPONSE REQUIRED BY:

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

REGULATORY REQUIREMENT

STANDARD

NONCONFORMING ITEM

PROGRAM

CODE

MALFUNCTION

PROCEDURE

DRAWING

WORK PRACTICE

SPECIFICATION

OTHER \_\_\_\_\_

DESCRIPTION:

*QA P. 16.40 - Section 5.1 states in part --- "Once an acceptable response to a NR has been received --- verification of successful completion of any required actions must be accomplished."*

*Contrary to the above, Auditors noted that once acceptable responses were received, verification was not always accomplished. See content of audit report.*

ACTION BY QA DEPARTMENT:

*#1*

*NR # 0054*

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY:

*Five Mile Point - Nuclear Station - #2*

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: 4 INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: *NMPC - Five Mile Point Unit #2-QA*

ADDRESS: \_\_\_\_\_

CITY: *Scotia, N.Y.*

ATTENTION OF: *M.R. C. Beckham*

RESPONSE REQUIRED BY:

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION: *QAP-16.40 Section 5.3 states in part... "The Nonconformance Report Log shall be updated to include new NR's within five working days from the issuance of the Nonconformity."*

*Contrary to the above, the auditors noted that the site log had not been updated since October, 1983. Although the log was updated during the audit, it still requires additional information to be up to date.*

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Ms. C. Beckham

RESPONSE REQUIRED BY: \_\_\_\_\_

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

Quality Assurance Procedure 2.10 section 4.0 states, "The training of personnel is the responsibility of the QAD supervisors. They are also responsible for maintaining the training program within the guidelines set up by the Manager. QAD and this QAR"

Contrary to the above, a letter dated 8/25/82 (QA 82197) passed this assignment on to a subordinate and expanded its scope! This action now gives the subordinate authority to determine "what training is needed and when it is needed."

ACTION BY QA DEPARTMENT:

  
NK A0040

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

NONCONFORMANCE REPORT	FACILITY:	
	DEPARTMENT GROUP	<input checked="" type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:  
 \_\_\_\_\_  
 DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION: Quality Assurance Procedure 2.10 section 5.3 states in part... "A personnel file is maintained by the Manager QAD to document the progress of proficiency development of each member of the QA staff. The file contains information on background experience, progress reports and evidence of base-level proficiencies in terms of successful performance on assigned tasks." Contrary to the above, a copy of this file is not retained by the site QA supervisor.

10/12

The "personnel" file is not maintained at the site per 5.3

ACTION BY QA DEPARTMENT: The "personnel" file is maintained by the mgr. There are 2 pertinent files - one a "personnel" file and one a "personnel training" file - these files are not per 5.3 of 2.10 section 5.3 - not a violation.

ORIGINATOR	REVIEWED BY:
SIGNATURE	SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RESPONSE REQUIRED BY: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: MR. C. Beckhorn

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER \_\_\_\_\_

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

Quality Assurance Procedure 2.10 states in part... "Within six months of each new Department member's joining the QAD, the appropriate QAD supervisor submits a least two reports to the Manager QAD. The first report, after approximately three months employment... The second report informs the Manager QAD of the successful completion of the new member's Quality assurance orientation and of any areas in which the member requires further training."

Contrary to the above, the auditors reviewed five personnel records at random and found: One had a three month review as required, two had a six month review, as required. Three of the five sampled had a one year review included in their file in lieu of the required three and six month reports.

ACTION BY QA DEPARTMENT:

~~3 months~~

now have not been reviewed to 1 month  
4 month capability.

NR #0037

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_  
DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE: \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
ATTENTION OF: Ms. C. Beckham

RESPONSE REQUIRED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> REGULATORY REQUIREMENT | <input checked="" type="checkbox"/> STANDARD | <input type="checkbox"/> NONCONFORMING ITEM |
| <input type="checkbox"/> PROGRAM                | <input type="checkbox"/> CODE                | <input type="checkbox"/> MALFUNCTION        |
| <input type="checkbox"/> PROCEDURE              | <input type="checkbox"/> DRAWING             | <input type="checkbox"/> WORK PRACTICE      |
| <input type="checkbox"/> SPECIFICATION          | <input type="checkbox"/> OTHER               |   |

DESCRIPTION:

*ANSI-N.45.2.9-1974 section 5.6 states in part --- "Permanent and temporary record storage facilities shall be so constructed or located as to protect contents from possible destruction by causes such as fire, flooding --- and from possible deterioration by a combination of extreme variations in temperature and humidity conditions. A satisfactory alternative to the establishing of a record storage facility is maintenance of duplicate records stored in a separate remote location."*

*Contrary to the above, the auditor found training records that were not maintained in a fire-proof cabinet or were not duplicated and retained in two separate facilities.*

*--- not a report problem*

ACTION BY QA DEPARTMENT:

\_\_\_\_\_

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: MA-C. Beckham

RESPONSE REQUIRED BY: \_\_\_\_\_

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

Quality Assurance Procedure 2.10 section 4.0 states in part - - - "The training of personnel is the responsibility of the QAD supervisors. They are also responsible for maintaining the training program within the guidelines set up by the Manager QAD and this QAD"

Contrary to the above, Auditors were informed that maintenance of training files at the site was discontinued in August of 1982. Y - - -

Some on "C" - not in our findings!

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

NONCONFORMANCE REPORT <i>K</i>	FACILITY:		
	DEPARTMENT GROUP	<input type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O	DATE

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 ATTENTION OF: *Mr. C. Beckham*

RESPONSE REQUIRED BY:  
 \_\_\_\_\_  
 DATE

SUBJECT  
 VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION: *Quality Assurance Procedure 2-10 section 5.3 states in part... "A copy of the above file (personnel file as described in section 5.3) is transmitted to the QAD office at New Mile Point so that a duplicate is available. Maintenance of the files at New Mile Point is the responsibility of the appropriate supervisor."*

*Contrary to the above, the auditor noted that no duplicate file is maintained with the appropriate New Mile Point - Unit 2 supervisor.*

*Some similar as "0" - not a problem*

ACTION BY QA DEPARTMENT:

ORIGINATOR	REVIEWED BY:
SIGNATURE	SIGNATURE



# NONCONFORMANCE REPORT

NUMBER

FACILITY:

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE

### SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

### REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

### DESCRIPTION:

Quality Assurance Procedure 18.01 section 5.1 states in part... "information which documents this proficiency (proficiency commensurate with the scope, complexity or special nature of the activities being audited) is prepared by the appropriate QA Department Supervisor, ... This information is listed on NMPC form; the qualification of Lead Auditor data sheet (Attachment 7.0-b)." *Proficiency*

Contrary to the above, there were no forms 7.0-b in the systems QA files or on microfilm for the selected Lead Auditors at NPP-2.

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

NONCONFORMANCE REPORT

FACILITY:

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: *Mr. C. Beckham*

RESPONSE REQUIRED BY:

DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

REGULATORY REQUIREMENT  
 PROGRAM  
 PROCEDURE  
 SPECIFICATION

STANDARD  
 CODE  
 DRAWING  
 OTHER

NONCONFORMING ITEM  
 MALFUNCTION  
 WORK PRACTICE

DESCRIPTION:

*Quality Assurance Procedure 18.01 section 5.14 states in part... "The prospective Lead Auditor shall have participated in a minimum of five nuclear quality assurance program audits or surveys..."*

*Contrary to the above, the auditors discovered that three of the Lead Auditors, at the site, attained their qualification based the conduct of surveillances not on program audits or surveys.*

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

NONCONFORMANCE REPORT	FACILITY:	
	DEPARTMENT GROUP	<input type="checkbox"/> QA, <input checked="" type="checkbox"/> QC-S, <input type="checkbox"/> QC-O

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:  
 \_\_\_\_\_  
 DATE

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION:

*Quality Assurance Procedure 1801 section 5.1.4 states important... "The prospective Lead Auditor shall have participated in a minimum of five nuclear quality assurance program audits or surveys within a period of time not to exceed three years prior to the date of qualification, one audit of which has to be within the year prior to his qualification."*

*Contrary to the above, the auditors noted that one of the Lead Auditor's records indicated two surveys were conducted on 9/9 and 9/20, 1982. Part VI of the Qualification of Quality Assurance Program Audit Personnel form, reflected Certification for approval was signed and dated April 22, 1982 by the Manager - Quality Assurance*

ACTION BY QA DEPARTMENT:

#3

NR 0036

ORIGINATOR	REVIEWED BY:
SIGNATURE	SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP

QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RESPONSE REQUIRED BY: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER \_\_\_\_\_

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

Quality Assurance Procedure 2.10 section 5.3 states in part... "a personnel training file... contains records of participation by the QAD staff in initial orientation, formal training programs and evidence or certification of any special proficiencies developed. A copy of the above file is transmitted to the QAD office at White Point as that duplicate is available.

Contrary to the above, the auditors noted that, in some instances, only selected training records, as determined by QAD Training, are being sent to White Point file. (e.g. audit logs, training participation).

Training records not maintained properly

ACTION BY QA DEPARTMENT:

Personnel training files are not duplicated and maintained at the site per and by the Dept. Training.

#4 - 570 NR written - collected in section D as the one record not duplicated.

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_

P  
NUMBER

DEPARTMENT GROUP

QA,

QC-S,

QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_

INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: M.R. D. Palmer

RESPONSE REQUIRED BY: \_\_\_\_\_

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

REGULATORY REQUIREMENT

STANDARD

NONCONFORMING ITEM

PROGRAM

CODE

MALFUNCTION

PROCEDURE

DRAWING

WORK PRACTICE

SPECIFICATION

OTHER

DESCRIPTION:

Quality Assurance Procedure 6.10 section 5.4 states in part "... a cover letter (Attachment 7.0-c) is used to convey the fully-controlled issue to the recipient. The letter is signed by the recipient indicating that the listed QAP's and/or Change Notices are inserted into the fully-controlled binder entitled, Quality Assurance Procedures.

Contrary to the above, the auditors noted that fully-controlled copy #8 (Quality Assurance Procedures, binder) was incomplete.

~~Not a problem~~

ACTION BY QA DEPARTMENT:

#8

#0039

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_

NUMBER 2

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER \_\_\_\_\_

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION: 10 CFR 50, Appendix B, - Criteria I, states in part  
"The applicant may delegate to others ... The work of  
establishing and executing the Quality Assurance Program,  
or any part thereof, but shall retain responsibility therefore."  
Contrary to the above, The Preliminary Safety Analysis Report  
(PSAR) Appendix D-1.3 states: "VMPC has the ultimate  
responsibility for control of the QA program and implementation  
is accomplished through auditing. Specific responsibilities  
for Quality Control activities have been delegated to Stone &  
Webster -- and to General Electric - NE BG."

VOID  
Not a problem!

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY:

DATE \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

- REGULATORY REQUIREMENT
- PROGRAM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER \_\_\_\_\_

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

DESCRIPTION:

*10CFR 50, Appendix B - Criteria 1, states in part... "The authority and duties of persons and organizations performing activities affecting the safety related functions of structures, systems, and components shall be clearly established and delineated in writing."*

*Contrary to the above, Quality Assurance Procedure 1.01 section 4.6 does not delineate the authority of the NMP-2 site Quality Assurance Supervisor Nuclear Construction and his group.*

ACTION BY QA DEPARTMENT:

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

# NONCONFORMANCE REPORT

5  
NUMBER

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP

- QA,  QC-S,  QC-O

DATE \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Beckham

RESPONSE REQUIRED BY: \_\_\_\_\_

DATE \_\_\_\_\_

### SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

### REGARDING

- REGULATORY REQUIREMENT
- PROGRAM D-CM
- PROCEDURE
- SPECIFICATION

- STANDARD
- CODE
- DRAWING
- OTHER \_\_\_\_\_

- NONCONFORMING ITEM
- MALFUNCTION
- WORK PRACTICE

### DESCRIPTION:

*The Design and Construction Manual (DCM) referenced in Appendix D of the Preliminary Safety Analysis Report (P.S.A.R) is the Q.A. manual governing Niagara Mohawk Power Corporation activities. The DCM contains organizational charts at Appendix B-1.*

*The organization charts in Appendix B-1 of the DCM do not reflect the current organizational and project structures.*

ACTION BY QA DEPARTMENT: \_\_\_\_\_

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE



<b>NONCONFORMANCE REPORT</b> T NUMBER	FACILITY:	DATE
	DEPARTMENT GROUP <input type="checkbox"/> QA, <input type="checkbox"/> QC-S, <input type="checkbox"/> QC-O	

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
 SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 ATTENTION OF: MR. C. Beckham

RESPONSE REQUIRED BY:  
 \_\_\_\_\_  
 DATE

SUBJECT  
 VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION:

*10 CFR 50, Appendix B, Criteria I, states in part... "Activities affecting quality shall be prescribed by documented instructions, procedures, or drawings, of a type appropriate to the circumstances and shall be accomplished in accordance with these instructions, procedures or drawings..."*

*Contrary to the above, QAP 1.01 (Rev. 2 Dated 12/78) sections 4.2, 4.3, 4.4, and 4.5 refer to positions within the Quality Assurance Department which no longer exist and cause a breakdown in the organizational structure which has been defined in this procedure.*

*Ignorance - G. H. Young*

ACTION BY QA DEPARTMENT: *... [unclear] ...*

*per definition of position & responsibilities.*

*#5*

*NR 0038*

ORIGINATOR	REVIEWED BY:
_____ SIGNATURE	_____ SIGNATURE

# NONCONFORMANCE REPORT

FACILITY: \_\_\_\_\_

DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE: \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_

SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ATTENTION OF: Mr. C. Backham

RESPONSE REQUIRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

### SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

<input type="checkbox"/> REGULATORY REQUIREMENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> NONCONFORMING ITEM
<input type="checkbox"/> PROGRAM	<input type="checkbox"/> CODE	<input type="checkbox"/> MALFUNCTION
<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> DRAWING	<input type="checkbox"/> WORK PRACTICE
<input type="checkbox"/> SPECIFICATION	<input type="checkbox"/> OTHER	

DESCRIPTION:

*Quality Assurance Procedure 4.10 requires that checklists be used to document Quality Assurance Department reviews of purchase requisitions.*

*This violation was previously addressed in QA Audit #3, Nonconformance Report No. 13.*

*Response indicated that corrective action was to commence on or near 8/9/83.*

*Contrary to the above, the auditors were not provided evidence that a checklist has been employed since 8/9/83.*

ACTION BY QA DEPARTMENT:

*Follow up to audit this audit -*

*withheld in UR #3, Audit #3*

UR #0041

**#7** ORIGINATOR SIGNATURE

REVIEWED BY: \_\_\_\_\_

SIGNATURE

**NONCONFORMANCE REPORT**

FACILITY: \_\_\_\_\_  
DEPARTMENT GROUP  QA,  QC-S,  QC-O

DATE: \_\_\_\_\_

QA DEPARTMENT AUDIT NUMBER: \_\_\_\_\_ INSPECTION REPORT NUMBER: \_\_\_\_\_  
SURVEILLANCE REPORT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
ATTENTION OF: M.A. D. Palmer

RESPONSE REQUIRED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

SUBJECT

VIOLATION,  INADEQUACY,  OTHER: \_\_\_\_\_

REGARDING

REGULATORY REQUIREMENT  
 PROGRAM  
 PROCEDURE  
 SPECIFICATION

STANDARD  
 CODE  
 DRAWING  
 OTHER \_\_\_\_\_

NONCONFORMING ITEM  
 MALFUNCTION  
 WORK PRACTICE

DESCRIPTION: *Quality Assurance Procedure 16.40 section 5.1 states  
input --- "Once an acceptable response to a NR has  
been received --- verification of successful completion  
of any required actions must be accomplished."  
Nonconformance report #13 of Quality Assurance Audit  
#3 indicated that corrective action was verified.  
Contrary to the above, the auditors found that  
the ~~QA~~ site QA group did not employ  
the use of a checklist for field purchase requisitions  
since 8/9/83 as confirmed by site supervision  
and section leads.*

ACTION BY QA DEPARTMENT:

*Should be a part of NR #13 in audit #3  
not a separate one in this audit!*

ORIGINATOR

REVIEWED BY:

SIGNATURE

SIGNATURE

COPY OF DRAFT AND  
FINAL AUDIT 4 REPORTS  
REVIEWED BY W. BATEMAN

(NOTE - REVIEW COMMENTS DOCUMENTED ON  
AUDIT REPORTS )

1

NIAGARA MOHAWK POWER CORPORATION

REPORT OF QUALITY ASSURANCE

AUDIT NO. 4

STATION: Nine Mile Point Unit No. 2

ORGANIZATION: Niagara Mohawk Power Corporation Quality Assurance Group

LOCATION: Scriba, New York

DATES: January 24 - February 3, 1984

AUDITORS: A. Laratta (Lead)  
J. Ryan  
L. O'Connor  
R. Norman

FUNCTIONS AUDITED: Nonconformance report system, surveillance program, lead auditor certification process, employee training program, organizational description and the document control system.

PURPOSE: The purpose of the audit was to review the implementation of the nonconformance system and surveillance program, the documentation of the employee training program and the lead auditor certification program, the definition of the organization and the document control system.

SCOPE: The audit was limited to a review of selected nonconformance and surveillance reports and logs, the accuracy and maintenance of some lead auditor certifications, the handling of selected employee training and the maintenance of some training records, the definition of organizational responsibilities and the control of selected procedures.

EVALUATION: There was a total of eight findings identified and they are shown on nonconformance report sheets in this report. It is considered the program is adequate but that improvements in the implementation of the program need to be made in the areas identified.

OBSERVATION:

A. Nonconformance Report System

All Nonconformance Reports (NR's) and the NR log were reviewed for accuracy and completeness. Some NR files had been misplaced, some NR's were closed before the corrective action was verified, some responses on NR's were not reviewed, there were some discrepancies between the information on some NR's and the information in the site log for those NR's and the site NR log was not being maintained up-to-date. These deficiencies are identified in NR #0034.

*Not timely C.A.,  
Inadequate verif. of  
C.A., and failure to  
use a resp. QA  
process to follow up status NR's.*

B. Surveillance Program

The Surveillance Report (SR) is the main tool that the Quality Assurance group uses to accomplish resolution to problems identified during surveillances. Many SR's that had been written in 1982 and 1983 were reviewed. Some surveillance reports had not been clearly stated, properly signed, nor appropriately reviewed and closed out. There was no schedule to define the type and frequency of surveillances to be conducted. There were some differences between the information contained on the surveillance reports and that recorded in the log book. These deficiencies are identified in NR #0035.

C. Lead Auditor Certification Process

The training qualifications and certification records of five site lead auditors were reviewed. Two of the five lead auditors had not maintained qualifications but were carried on the list of qualified lead auditors. Further, four of the five lead auditors had been certified based upon their participation in surveillances, not audits. There were no records in their training files to document the lead auditor training they had received. These deficiencies are identified in NR #0036.

D. Employee Training Program

The training files of five employees were reviewed. There was one record identified that had not been duplicated as required. Action was initiated to duplicate this record and no NR was initiated. It was identified however, through interviews that the three and six months progress reports from new employee supervisors to the QAD manager have not always been prepared. This deficiency is identified on NR #0037.

E. Organizational Description

The organizational charts and responsibility/authority descriptions were reviewed and compared to the existing organization. Several differences were identified between the current organization and the charts and descriptions for this organization. The charts were found out-of-date and the procedures either defined job functions that no longer exist or did not define the existing job function. These deficiencies are identified on NR #0038.

F. Document Control System

The fully controlled copies of some Q.A. procedures assigned to four different individuals were reviewed. During this review, one manual was found where revised procedures dating back several months had not been placed in the manual. This deficiency is identified in NR #0039. Additionally, it was identified that letters have been used in some instances to direct and document quality-related activities, bypassing the procedures. This deficiency is identified in NR #0040.

SR status not clear. CA inconsistent strategies & not tracked. No checklists used. Inconsistent info not notified. Use of SR to

None at the site lead auditors were qualified by QA mgr. Some were qualified by QA mgr. before they completed reg. training. as to validity of all lead auditor qual. Poor record keeping of files.

Improper delegation and expansion of responsibilities. Lack of pre-employment background check & failure to update employee qual. files. Failure to properly store records & to maintain qual. records onsite.

Responsibilities delegated to SA mgr. Authority not

Important to note it was the QA mgrs.

REGARDING  
PREVIOUS  
AUDITS:

The corrective action to resolve Nonconformance Report #13, identified in audit #3 was reviewed during this audit. It was found that the checklists were not being used to review procurement documents as required by QAP 4.10. Further, the nonconformance had been closed out by the Quality Assurance Department without verifying the implementation of the corrective action. This deficiency is identified in NR #0041.

The entrance meeting was held at the site on January 24, 1984, and the exit meeting was held at the site on February 3, 1984. The following list identifies those present at the entrance and exit and those contacted during the audit:

PERSONNEL  
CONTACTED:

-*J.L. Dillon	C. Beckham
-*J. Swenszkowski	D. Morrison
*D.G. Lundeen	G.J. Doyle
-*F.J. Osypiewski	A.P. Kordalewski
- M.A. Balduzzi	R.O. Norrix
- J.G. Rocker	D.P. Dise
- E.H. Epperson	D.R. Palmer
- L.G. Fenton	L. Brown
- J.C. Shepherd	J.E. Scoates
J.A. Mitchell	E. Manning
J.J. Janas	J. Sovie
L. Cole	

\* Present at entrance meeting  
- Present at exit meeting

Audit Report Prepared By: Anthony D. Laratta Date: 3/13/84  
Audit Report Reviewed By: Wesley B. Williams Date: 3/13/84

Original Draft

NIAGARA MOHAWK POWER CORPORATION (NMPC)

REPORT OF QUALITY ASSURANCE AUDIT NO. 4

STATION: Nine Mile Point Unit 2 (NMP-2)

ORGANIZATION: NMPC Quality Assurance Group (QAG) at Nine Mile Point -  
Unit #2

LOCATION: Scriba, New York

DATES: January 24-27, January 31 - February 3, 1984

AUDITORS: A. Laratta (Lead)  
J. Ryan  
L. O'Connor  
R. Norman

FUNCTIONS  
AUDITED: Quality Assurance Group - NMP-2 Activities, Training for  
Site OAG, follow-up from previous audits, and



organizational structure for site QAG.

PIIRPOSE:

The purpose of this audit was to determine compliance to the required documents listed in the scope below.

SCOPE:

Bases of the Audit: Appendix B 10CFR50, Preliminary Safety Analysis Report (PSAR) Unit #2, NMPC Quality Assurance Manual for Nuclear Reactors and Associated Electric Generating Facilities Design and Construction Phase - Rev. 3, Quality Assurance Procedures (NMPC), ANSI Standards, Open Items from previous Audits, and other applicable procedures and instructions.

INTRODUCTION:

The Preliminary Safety Analysis Report (PSAR) states in Appendix D at D.1.3 under Program Control and Implementation, "The NMPC QA Manual - Design and Construction Phase describes the NMPC controlling policies and procedures." The NMPC Manual - Design and construction Phase (D & CM) states in Section 1 at 1.3 under Program Responsibility:

"Total responsibility for the Quality Assurance Program is retained by Niagara Mohawk. The Quality Assurance Department is responsible to a Senior Vice President for administration of the Quality Assurance Program. This includes overall control through audit or surveillance, review and/or approval for Quality Assurance compliance of the engineering, design, fabrication, construction and test of the facility or modification thereto."

INTRODUCTION: (Continued)

In Appendix A1 of the D & CM, a matrix is shown which invokes at Section 10.3 of the D & CM a reference to Quality Assurance Procedures (QAP) Section 10.20. At QAP 10.20 a procedure is defined for conduct of site surveillance.

By letter dated August 20, 1981, from the responsible engineer at NMP2 site (file code 3N2.2-M58.18) to "distribution" an instruction was written which "provided as an aid in reporting surveillance activities." This instruction references QAP Section 10.20.

- EVALUATION:
- A. SURVEILLANCES - The NMP2 site QA group was found by Auditors to be inconsistent in its approach to compliance to Section 10.20 of the QAP. Varied noncompliances were identified and are listed in the Observation Section of this report. A review of all 1982 and 1983 Surveillance Reports should be conducted for compliance to QAP 10.20 as well as verification of proper corrective action.
  
  - B. NONCONFORMANCE REPORTS (N.R.) - Auditors found evidence that the site nonconformance program is in many instances deficient in complying with requirements delineated in QAP 16.40. A review of all site generated NR's should be conducted to ensure follow-up and resolution.

C. TRAINING - Evidence was not provided to the Auditors to corroborate training of site personnel for conduct of Surveillance Activities and Nonconformance Procedure (QAP 10.20, QAP 16.40 and instruction cited above, i.e., letter 3N2.2-M58.18 8/20/81):

D. LEAD AUDITOR QUALIFICATIONS - Auditors identified five site personnel possessing Lead Auditor Certifications.

Investigation revealed that original qualifications and maintenance of proficiency were not totally in compliance to QAP 18.01 at paragraphs 5.1 and 5.2 respectively. Audits conducted by the five personnel should be reviewed to determine compliance to QAP 18.10.

E. PROCEDURES - Fully controlled copies of Quality Assurance Procedures maintained at the site were generally in compliance. Only one (1) set was found to be in need of updating.

F. ORGANIZATION - Responsibility is erroneously assigned to contractors in the PSAR. The authority and duties of the NMPC Site QA Group is not defined, the D & CM organization and project descriptions are not current and the QAP 1.01 designations of duties and authorities are also not current.

RECOMMENDATION:

Based upon the above evaluations and the findings identified in this report, the auditors recommend a review of the Site Surveillance Program, the site nonconformance system, and the site audit participation for applicability of 10CFR50.55(e).

OBSERVATIONS: A.

SURVEILLANCES - Auditors found that the main tool for the Nine Mile Two Quality Assurance Group is the Surveillance Report (SR). The Surveillance Program is described at QAP 10.20 and further delineated in a letter from the responsible engineer on the NMP2 site to his staff dated August 20, 1981. Auditors reviewed a sample of SR's extracted randomly from the 1200 written in 1982 and the 2000 written in 1983. The approach to the requirements of QAP 10.20 was found to be inconsistent and violations are identified.

The site utilizes two logs to list all SR's written. The first log follows attachment 7.0b of QAP 10.20 in that all Sr's are listed by order of numbers which follow a chronological pattern. This log is kept up-to-date in the QA site office. Auditors noted that the "Follow-up Required" box was left open in most cases. This is in violation of the QAP and is identified as NR.

*What does this imply?*

The second log is kept by listing SR's under assigned engineers' names. Although unofficial, this log carries more information useable in follow-up items.

Is this isolated. No big deal as it was still open in official log.

This finding is feasible

Implication is you have a bunch of QA people who don't know what they're doing!

Problem

In the first log, auditors identified SR 0679-83 as listed open in the log and shown closed on the SR as of 9/29/83. This is identified as NR.

In the sampling reviewed by auditors, checklists were used less than 20% of the time: The SR's were prepared as an observational basis with no specific set of guidelines listed. QAP 10.20 states: "For some activities it may be necessary to prepare checklist in advance of performing a surveillance. This section (5.1) also stipulates that "familiarity is required with the basic requirements...".

The inconsistent and infrequent use of checklists coupled with lack of evidence that SR was performed by personnel knowledgeable in the discipline places the result of many of the surveillances in doubt. NR is issued to address this item.

NR III / 0035

Auditors found evidence that the follow-up of surveillance is not always pursued routinely or regularly. The site intent is to advise the originators of SR's of follow-ups on a 30-day cycle for each open SR listed at #2 Log mentioned above. SR's were reviewed which showed follow-up on more widely divergent time elements (0005-83, 0129-83) up to one year.

OBSERVATIONS: A. SURVEILLANCES (Continued)

The timeliness of resolution and follow-up led auditors to question whether action parties were informed of the open SR concerns. At QAP 10.20 section 5.4 the requirement is "... the appropriate first action of the responsible QA Department Engineer will be to inform the person responsible for controlling quality at the jobsite of the reported condition." In some cases, no evidence was found of such communication existing. (SR 005-83, 0129-83). NR is issued to address this item.

*Problem*  
 (It appears that  
 QA surveillance is  
 or was ineffective)

Auditors noted that at blocks 5 & 7 of the SR report, the sign-offs for review and closure (a responsibility of the responsible QA Department Engineer) was often executed by the same person who filled in the preparation and/or verified box (the QA engineer or staff member). This practice was addressed by special memo by the site QA supervisor during the audit. (SR 0005-83, 0026-83, 0135-83, 0208-83, 1088-83, 1509-83, 1681-83, 0006-80, 0063-80). NR is written to address this item.

In follow-up type SR's written, auditors found repeated examples of such follow-up recorded on small slips of paper stuck onto the SR report. This was addressed orally by the site leads to staff engineers during the audit (SR 01201-83, 0349-83, 0042-83). NR is written to address this item.

Auditors requested evidence of scheduling for surveillance

activities involving compliance to QAP 10.20. There were schedules in varying degrees of completion with no consistent application by all engineers. Some were blank, some had proposed surveillance dates, but completion not identified, and some were filled in for both. The use of the schedule is a requirement of QAP 10.20. NR is issued to address this concern.

Auditors noted that on "follow-up" SR's where corrective action was required, evidence was available to show that where corrective action was accepted, the SR was closed without verification of action taken. This practice included the acceptance of a Nonconformance and Disposition Report (N & D) from Stone & Webster, a Deviation Report (DR) from ITT Grinnell or Field Deviation and Disposition Request (FDDR) from General Electric. Verification of the Disposition of the actions promised on these documents was not included in the SR (SR 0135-83, 0444-83, 0830-83, 1907-83, 0006-83, 0619-83). NR is issued to address this item.

Auditors found that SR originators did not always reconstruct events in enough detail. The necessity to be as specific as necessary to document satisfactory work performance or to allow clear identification of actions was not always observed. Omission of sufficient detail in the SR contributes a lack of prescribed intent of surveillance activity. Checklists would have been helpful in this area. (SR 0010-83, 0135-83, 1088-83, 1103-83, 1115-83). NR is issued to address this item.

Summary: The SR system not administered nor conducted properly. Poor QA management is root cause.

B. NONCONFORMANCE REPORTS (NR)

The Syracuse QA office retains responsibility for follow-up and closure of most NR's written on the Nine Mile Point - Unit #2 Project. On March 30, 1983, the Supervisor of Nuclear Construction QA Group (site) initiated an I.O.C. #NMP2 QA1383 to the Syracuse Supervisor QA Nuclear Services to accept responsibility for tracking and developing the status of site generated NR's.

Included in the referenced memo were the following NR's to be tracked and statused by the site QA group:

<u>NR NUMBER</u>	<u>ORIGINATED</u>
NMP-2-0295	1981
NMP-2-0385	1982
NMP-2-0359	1982
NMP-2-0362	1982
NMP-2-0377	1983
G. E. 47	1982
G. E. 48	1982
NMPC 24	1983

Five more site generated NR's were written in 1983. They are:

NMP-2-0387

NMP-2-0392



NMP-2-0393

NMP-2-0417

NMP-2-0419

These five NR's and G.E.-48 and NMPC-24 remained open at the time of the audit.

The auditors reviewed the NR files at the site and noted the following:

NR-0295 - Site QA personnel were unable to provide a file for the auditors. The auditors obtained a file from the Syracuse QA office.

*so what?*

The review of the NR indicated that the response Accepted block was filled out on 8/10/83. However, letter No. QA82128 dated 2/2/82 indicated acceptance of response. The NR was subsequently closed on 8/26/83.

NR-0358 - The auditors noted that response was required 7/28/82 and received on 8/6/82. The NR was closed after observing final inspection testing, Surveillance Report #0870-83 dated 7/29/83.

*Good -  
no prob.*

B. NONCONFORMANCE REPORTS (NR) (Continued)

*What about  
Synchro file?*

NR-0359 - The auditors noted that the Facility block was not filled out on the NR form. While closure was listed at 1/3/83 in the NR Log, no documentation was available of such closure in the site file.

" NR-0377 - Auditors noted that NR is listed as closed on 5/3/83 in the NR Log, whereas no documentation of such closure was available in the site file.

NR-0387 - Site QA personnel were unable to provide a file for the auditors. A copy of a letter dated 5/19/83 transmitting this NR to the site QA office was found in a file marked "closed NR files." The body of the letter required a response date of 6/1/83, but the heading required a response date of 6/30/83. The log indicated a response requirement of 6/6/83 and lists receipt of response on 6/6/83. Further review of the log indicated that the response was verbally rejected on 8/25/83 and this entry was not initialed. No follow-up documentation to corroborate the entry was available. The log held no further entries since 8/25/83.

NR-0392 - Auditors noted in the log that the NR was issued on 7/7/83, response was required on 8/5/83 and received on 8/11/83. However, the file contained no response

or follow-up documentation.

NR-0393 - Site QA personnel were unable to provide a file for the auditors. The NR log showed that this NR was issued on 7/25/83 with a response required date of 8/5/83 subsequently changed to 8/24/83 and then to 9/1/83. A copy of the NR obtained by auditors lists the response required date as 8/25/83. The site NR log indicates a response dated 9/1/83 was actually logged on 11/4/83 and not accepted until 2/2/84.

NR-0417 - Auditors noted that the NR was issued on 12/30/83 with a response required date on 1/30/84. The site NR log indicates the issue date of 12/15/83 and a response required date of 1/18/84. Response was not received as of 2/2/84. Site NR log was not initialed for the entries made.

NR-0419 - Auditors noted that the NR was issued on 12/30/83 with a response required date of 1/30/84. The site NR log concurs with these dates, however, the entries in the log were not initialed. A response was received 1/31/84.

B. NONCONFORMANCE REPORTS (NR) (Continued)

GE 47 - Auditors noted that this NR was issued on 6/9/82 with a response required date of 7/17/82. Response was received on 7/19/82. No reference was found as to acceptance of this response. No further status was made until 12/16/82. The site NR log shows this NR as closed on 8/3/83. The files contain no documentation of closure.

GE 48 - Auditors noted that this NR was issued on 6/89/82 with a response required date of 7/17/82. A response was received on 7/19/82. The site NR log shows no further entry and no documentation was found as to acceptability of the response. However, site file did contain a letter from GE dated 11/3/83 claiming the NR was not applicable. Documentation referenced was not available.

NMPC-24 - Auditors noted that the site NR log listed dates of response received on 6/29/83 and accepted on 7/26/83. However, the NR form carried a response date of 7/12/83 with acceptance on 8/5/83. Documentation of follow-up was not available.

A review of the above NR's has resulted in the issuance of the following three NR's:

NR \_\_\_\_ is issued to address the lack of timely response. A

NR \_\_\_\_ is issued to address the lack of a responsible QA engineer to follow up and status site generated NR's.

NR \_\_\_\_ is issued to address the lack of verification of corrective action.

Auditors requested the site NR log on 1/24/84. The log could not be located until the afternoon of 1/26/84. Upon reviewing the log, it was found that it was last updated in October, 1983. Auditors informed the site QA personnel of this oversight and the log was updated during the audit on 1/27/84. After the log was updated, the auditors again reviewed it and found that irregularities still existed as noted above.

NR \_\_\_\_ is issued to address the lack of updating the NR log.

In reviewing Nonconformances, auditors determined that NR-NMP-005 was not generated by site QA personnel, but it was assigned to their responsibility for corrective action by letter dated 7/9/81 - QA 81512. The NR was found in the open file at the site and has been open since 7/81. The response was due on 8/3/81. Auditors were not provided with evidence of corrective action by site personnel since 7/81.

Summary: Very sloppy. Poor QA management is root cause.

C. TRAININGTRAINING RESPONSIBILITY:

The Niagara Mohawk Power Corporation commitment for Q.A.D. training is stated in the Preliminary Safety Analysis Report (PSAR) as contained in Appendix "D", Paragraph D.2.1 Organization.

"... Additional specific duties of the Manager of Quality Assurance - Nuclear are as follows ...

"(2) Ensure that training is conducted for NMPC Quality Assurance Personnel."

Training was further annunciated and made a commitment in the Design and Construction Manual, Section 2, specifically paragraph 2.6 which states, "... Within the Quality Assurance Department, the Manager is responsible for assuring that proficiency is developed and maintained. Within the task-oriented organizations, their respective managements are responsible for the development and maintenance of personnel proficiency..."

All of the above three commitments for training Q.A. personnel placed the responsibility for training in charge of highly qualified and experienced nuclear supervision and management. The PSAR, for example, states the requirements for a Manager in

nuclear operations must have - "At least 15 years experience in construction or operation of a nuclear facility." The requirements for a Supervisor in nuclear operations states that he must have - "At least 8 years of Quality Assurance related work experience (recently revised from 10 years) in the design, construction or operation of a nuclear facility." Educational requirements for both the Manager and Supervisor of Nuclear must have at least the Bachelor of Science Degree (BS) or equivalent.

During the course of this audit, auditors discovered two letters which appeared to have significantly changed the intent of the PSAR and the Design and Construction Manual commitment for Q.A. training. The letters were dated August 16, 1982 and August 25, 1982. The latter further transferred the training function from the Manager of Quality Assurance-Nuclear and the appropriate supervisor.

QAP 2.10 Section 4.0 states in part, "The scheduling, planning and presentation of lectures, seminars and training sessions for QAD personnel may be delegated by the manager QAD."

Auditors determined that such delegation was done by letter dated August 16, 1982 (17.0-A1). However, QAP 2.10, Section 4.0, goes on to state "... the training of personnel is the responsibility of the QAD Supervisors. They are also responsible for maintaining the training program within the guidelines set-up by the Manager QAD and this QAP."

C. TRAINING (Continued)

Section 5.1 of QAP 2.10 states, "The content of the initial training program for new members is developed by each QAD Supervisor. Each supervisor also revises the program periodically to reflect new policies and standards.

Since the organization of training functions can be delegated, the letter of August 16, 1982, is within the purview of the procedures. However, by letter dated August 25, 1982 (QA821197), the recipient of the delegation passed this assignment on to a subordinate and expanded its scope. This action now gives the subordinate authority to determine ... "assignment will be to determine what training is needed and when it is needed." This second delegation goes beyond the first and invades the responsibilities of "each QAD Supervisor."

True!

NR is issued to address this item.

DOCUMENTATION OF PROFICIENCY:

Niagara Mohawk Power Corporation in their Quality Assurance Procedures (QAP 2.10, paragraph 5.3) established the following: "A personnel file is maintained by the Manager QAD to document the progress of proficiency development of each member of the QAD staff. The file contains information on background experience, progress reports and evidence of base-level proficiencies in terms of successful performance on assigned



duties."

Design & Construction Manual Section 2.6 states in part:

"Personnel performing activities affecting quality are trained and indoctrinated to assure that suitable proficiency is achieved and maintained. They receive instruction sufficient to ensure that the particular activity which they perform in quality-related areas is carried out correctly. This policy applies to areas such as design; procurement; special processes; inspection; tests; measuring and test equipment; handling, storage and shipping; construction, operation and maintenance; auditing; and the review and retention of records.

"Within the Quality Assurance Department the Manager is responsible for assuring the proficiency is developed and maintained. Within the task-oriented organizations, their respective managements are responsible for the development and maintenance of personnel proficiency, under the guidance of the Quality Assurance Department.

"Both the Quality Assurance Department and other departments involved in the Program establish procedures which describe material and the method of presenting the training program subject matter at training sessions. Additionally, these procedures include schedules for conducting the training sessions and identification of those individuals required to participate by job description, title or group."

C. TRAINING (Continued)

Auditors discovered that there was no documentation trail to the individual's pre-employment background and history. The hiring manager had made no contributions to this record. The supervisor made no contributions to this record that revealed background experience, training or experience associated to base-levels of competence. There was no matrix record in the personnel files which revealed base-levels of competence to current daily activity vs. recommendations of individual training required to bring that individual to a level of proficiency to perform in a nuclear environment.

The files did not contain sufficient information, which if duplicated and submitted to the Supervisor, that would enable the Supervisor to make an accurate assessment of the individual in his annual evaluations for additional training per QAP 2.10, <sup>53</sup> paragraph 4.

NR is issued to address this item.

Auditors reviewed personnel files maintained in the site QA office to determine compliance with QAP 2.6 and QAP 2.10.

Auditors reviewed five personnel records at random which revealed: One had a three-month review, as required, and two had a six-month review, as required. Three of the five samples had a one-year review included in their personnel file in lieu

of the required three-month and six-month reports.

NR is issued to address this item.

PRESERVATION OF RECORDS:

Niagara Mohawk Power Corporation has some specific commitments to established A.N.S.I. Standards, specifically in the areas of record retention and storage...ANSI (N45.2.9) (from contex) "... records are to be maintained in a fire-proof safe or comparable fire-proof file. As an alternate, the records may be duplicated and filed in two separate facilities...etc."

Auditors discovered during the course of this audit that the training records:

- (a) Were not maintained in a fire-proof safe or file;
- (b) They were not duplicated and retained in two separate facilities.

NR is written to this item.

C. TRAINING (Continued)

Auditors requested from site QA supervision specific files for training of site people. Auditors were informed that these files had been maintained at the site for all personnel until August 1982. At that time, a direction was received from the Syracuse QA office to discontinue maintenance of these files at the site QA office.

This is addressed as NR .

In the course of the audit, auditors were advised that duplicate records of training were maintained on a microfilm record at Nine Mile Point Nuclear Station Unit No. 1. (There was no evidence of any connection of a shared responsibility between the Supervisors of Nine mile Point Units No. 1 and No. 2.) This statement and explanation did not meet the requirements of QAP 2.10, paragraph 5.3 for Unit No. 2 specifically. A duplicate of the file was not available to the appropriate supervisor.

NR is written to this item.

Auditors discovered that personnel records could be accessed on the Unit No. 1 computer and microfilm rolls, after proper identification. The microfilm records could be scanned and printed. However, the printing was a wet process paper which soon faded and could not be used for any type of

Auditors discovered that more than one microfilm record existed for each individual. It was not determined how many more than one microfilm record existed on each individual.

Auditors found training material in Syracuse QAD files that was not duplicated on the microfilm records at Nine Mile Point Unit No. 1.

Microfilm records revealed several dozen pages of superfluous class attendance sheets was maintained on each individual which did not serve any useful purpose toward achievement of a certification. In several cases the achievement of certification was not revealed in the microfilm record, i.e., on the Lead Auditors, there were no documentation records (Form 7.0-b) to prove compliance for certification. There was no training matrix in any of the microfilm records that the auditors reviewed.

NR is written to this item.

D. LEAD AUDITOR QUALIFICATIONS/CERTIFICATIONS:

Addressing items No. 1 and 2 of the Audit Plan, auditors reviewed the training records and qualifications of Lead Auditors at the site. It was noted that five people at the site had Lead Auditor Certification cards. Verification was made on each card.

While the ANSI Standards establish a minimum requirement for Lead Auditor status, the Niagara Mohawk Power Corporation Q.A. Procedures 18.01 established more specific requirements for certification and maintenance of proficiency and this audit addresses QAP 18.01 requirements. Paragraph 5.1.4 Audit Participation states, "A prospective Lead Auditor shall have participated in a minimum of five nuclear quality assurance program audits or surveys within a period of time not to exceed three years prior to the date of qualification, one audit of which has to be within the year prior to his qualification."

Auditors discovered that the time requirement in the conduct of audits had expired on two of the five site Lead Auditors. March 1980 and June 1981 were the last audit activities shown for two site Lead Auditors. Since they failed to maintain proficiency in accordance with paragraph 5.2.1 of QAP 18.01, "A Lead Auditor must participate in at least one nuclear audit within a period of two years or he will require requalification in accordance with the requirements of paragraph 5.2.2..." Which state, Requalification, "Any Lead Auditor who fails to participate in

the program for a period of two years or more shall require requalification. Requalification shall include retraining in accordance with the requirements and re-examination and participation as an auditor in at least one quality assurance program audit or survey."

Auditors discovered in further investigation of Lead Auditors at the site that in addition to two of the five who did not maintain proficiency, the remaining Lead Auditors attained their qualifications based on the conduct of surveillances, not on audits or surveys as stipulated in Paragraphs 5.1.4 and 5.2.2. It was further revealed that one of the latter two performed as the Lead on the surveillance which he used as a qualification.

NR is written to this item.

Using the above criteria, auditors determined that none of the five Lead Auditors who claimed qualifications by virtue of having a signed card, were indeed qualified as Lead Auditors per the requirements of QAP 18.01.

NR is written to this item.

D. LEAD AUDITOR QUALIFICATIONS/CERTIFICATIONS: (Continued)

Auditors discovered, after additional investigation on audits, surveys and surveillances which were used as a basis for qualification, that one of the Lead Auditor's records indicated two surveys were conducted on September 9 and September 20, 1982 and Part VI (of the Qualification of Quality Assurance Program Audit Personnel Form) Certification for approval was signed and dated April 22, 1982 by the Manager-Quality Assurance.

NR is written to this item.

None of the five Lead Auditors had any Documentation Records (Form 7.0b) in their training records file to support the activity for which they were claiming sufficient qualification for certification.

NR is written to this item.

While the audit was in progress, auditors were made aware of a letter issued on January 23, 1984 (QA840107 - "D" - 17.0-T1) which revealed the names of thirty-eight (38) people who were listed in the records of the QAD as Lead Auditors. The five (above) site Lead Auditors appeared on this list. Therefore, auditors question the completeness of the files of any other Lead Auditors who appeared in this letter and in the QAD training records.



TRAINING - CERTIFICATION & DOCUMENTATION:

During the course of the audit, the auditors had an interview with the training coordinator (which was recorded on tape by the coordinator). A copy of the transcript was requested and subsequently made available to the audit team.

During the course of the interview with the training coordinator, auditors reviewed training records for the five site Q.A. personnel listed as "Lead Auditors". These files contained evidence that material contained had been sent out for microfilm processing on a selected basis.

Auditors determined that the selective process is not conducted with the concurrence of the "appropriate site supervisor."

NR 0 is written to address this subject.

Auditors further learned that the files were not consistent in maintaining accurate data on audits (logs) participated in by the personnel reviewed. The omission of some of those logs is addressed as NR \_\_\_\_\_. Some of the logs, in the files, had no evidence of being microfilmed.

E. PROCEDURES

Auditors reviewed the fully controlled copies of QA Procedures and Design & Construction manuals assigned to site QA personnel. The fully controlled copies of QA Procedures are assigned to four site personnel. Three were found to be current. The QAP Manual assigned to the Manager - QA Nuclear was found to be incomplete.

NR is issued to address this condition.

F. ORGANIZATION

The Preliminary Safety Analysis Report (PSAR), Appendix D-1.3 states: "NMPC has the ultimate responsibility for control of the QA program and implementation is accomplished through auditing. Specific responsibilities for Quality Control activities have been delegated to S & W ... and to GE-NEBG ..." This delegation of responsibility is in violation of 10CFR50, Appendix B, Criteria 1, which states in part ... "The applicant may delegate to others, such as contractors, agents or consultants, the work of establishing and executing the quality assurance program, or any part thereof, but shall retain responsibility therefor."

NR Q is issued for delegation of such responsibility.

The authority of the Site QA Supervisor and his group is not

delineated in OAP 1.01 10CFR50 Appendix B, Criteria I, states in part... "The authority and duties of persons and organizations performing activities affecting the safety related functions of structures, systems, and components shall be clearly established and delineated in writing."

The PSAR section on organization assigns responsibilities to the Site QA Supervisor - Nuclear Construction, but does not define his authority.

NR is issued against the inadequacy of OAP 1.01 to delineate the authority.

The Design and Construction Manual Rev. 3, Nov. 1981 - "Describes the Quality Assurance Program to be followed for the design, procurement, fabrication, installation, erection and testing (to commercial operation) of Niagara Mohawk Power Corporation's new Nuclear Fueled Electric-Generating Units." (D & CM) This manual is referenced in Section D.1.3 of the PSAR.

The organization charts contained in Appendix B-1, of the D & CM do not reflect the current organizational and project structures.

NR is issued to address this concern.

F. ORGANIZATION (Continued)

The Quality Assurance Procedure - (QAP) 1.01, Rev. #2, dated: December 1978 does not reflect the current organization. This QAP is referenced in the D & CM, Appendix A-1 "Quality Assurance Procedural Matrix". Any of the positions described in QAP 1.01 Sections: 4.2, "Supervisor - Quality Assurance Group"; 4.3, "Group Leader - QA Projects"; 4.4, "Responsible QA Department Engineer"; and 4.5, "Quality Assurance Department Senior Site Representative" could apply to the current position of QA Supervisor - Nuclear Construction. This position exists without the benefits of documented instruction or procedures.

NR is issued to address this concern.

OPEN ITEMS AND FOLLOW-UP FROM PREVIOUS AUDITORS

The auditors reviewed the corrective action stated in NR #13 dated 4/22/83 for implementation. The response stated in part "The checklist is now being used for all SWEC FPR (Field Purchase Requisitions) reviews by NMPC Site QA". NR #13 indicated in part that "the responses have been verified and found to be satisfactory."

The auditors were not provided evidence that a checklist has been employed since 8/9/83.

NR for non-compliance to procedure 4.10.

NR against Nuclear - QA Services for not verifying accepted corrective action.

PERSONNEL

CONTACTED:

-*J. L. Dillon	C. Beckham
-*J. Swenszkowski	D. Morrison
*D. G. Lundeen	G. J. Doyle
-*F. J. Osypiewski	A. P. Kordalewski
- M. A. Balduzzi	W. Williams
- J. G. Rucker	T. Lee
- E. H. Epperson	R. O. Norrix
- L. G. Fenton	D. P. Dise
- J. C. Shepherd	D. R. Palmer
J. A. Mitchell	L. Brown
J. J. Janas	J. E. Scoates
L. Cole	E. Manning
J. Sovie	

\* Present at Entrance Meeting

- Present at Exit Meeting

PERSONNELCONTACTED: (Continued)

On 2/3/84 the auditors conducted the formal exit critique at the site which included the audit team members, site supervision and site leads. From 2/2/84 through 2/4/84 the exit critique was repeated by the audit team members for the benefit of other concerned parties:

- A) Designated personnel from Management Analysis Co. (MAC)
- B) NMPC-Nuclear QA Management
- C) Involved Syracuse QA Supervisory personnel

RESULTS: \_\_\_\_\_ Nonconformances were initiated during this audit:

- A) Surveillance \_\_\_\_\_
- B) Nonconformance \_\_\_\_\_
- C) Training \_\_\_\_\_
- D) Lead Auditor Qualification \_\_\_\_\_
- E) Procedures \_\_\_\_\_
- F) Organization \_\_\_\_\_

EXCERPTS FROM RESIDENT

EXIT MEETING NOTES FOR IR 84-09

ASSOCIATED LICENSEE NOTES INCLUDED

B) Debris in cable tray

fire proof installation in control building  
is resulting in <sup>sharp ended</sup> wire strands falling into  
cable tray specifically 2TK5026.

Caution should be exercised to cover tray  
to prevent this from entering trays.  
Appears as though the trays are not full-  
and that future pulls may be anticipated -  
The wires should be removed from the  
tray.

C) Looking @ NMPC audit #4 from Jan-84 on  
site QA. Outstanding items of concern exist relative  
to the handling of the audit findings.

Item 8 4-05-02 Small bore value assemblies  
commitments have been made to  
issue bolted joint data sheets for all the  
assemblies & values in question -  
sampling will be performed to verify water  
head marks match up



## INTERNAL CORRESPONDENCE

FORM 112 (R. 02.84)

SI-01-013


 NIAGARA  
MOHAWK

FROM W. D. Baker DISTRICT Nine Mile Point Unit #2

TO Distribution DATE June 7, 1984 FILE CODE

SUBJECT NRC Inspection 84-09  
Informal Exit

Mr. R. A. Gramm conducted an informal exit for the noted inspection period which will cover the period May 11 through June 8, 1984 (tentatively). The following personnel were in attendance:

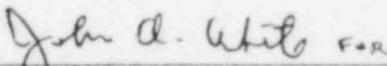
<u>Name</u>	<u>Title</u>	<u>Company</u>
W. D. Baker	Lead Constr. Engr. - Liaison	NMPC
C. H. Millian	Lead Sr. NC&V Engineer	NMPC
W. Morrison	Project Director	NMPC
M. J. Ray	Asst. to Project Director	NMPC
K. L. Tyger	Quality Admin. Supv.	NMPC
J. E. Huston	QA Department Manager	SWEC
R. S. Hyslop Jr.	Site Licensing	SWEC
S. K. Chaudhary	Senior Resident Inspector	NRC
R. A. Gramm	Resident Inspector	NRC

Mr. Gramm noted that he has received some old items to review for closure. The following additional concerns have been identified:

- Preheat in accordance with ITT Grinnell Procedure P301-X-ITT-G-2 on an unattended restraint in the primary containment - Temperature was higher than the 150° minimum; however, a construction log indicated an infrequent basis for monitoring the temperatures (i.e. approximately every 6 hours); also, there appears to be no control for monitoring maximum temperature; the frequency of temperature checks is not adequately defined; in addition, the procedure does not address rate of heat up or cool down.

- In the Control Building below elevation 261 where fire protection is being installed over structural steel with wire mesh held in place by wire ties - The concern is with regard to the wire ties falling on to installed Class 1E cables (e.g. cable tray 2TK5026), and impact of wire ties in the cable trays on subsequent cable pulls; more control is needed to cover cables under this activity to avoid damage to existing cables or future cable pulls.
- NMPC Corporate Audit #4 conducted in January 1984 - Serious concerns have been raised about the handling of findings; the final audit report does not address findings which had been previously identified as program breakdowns with 50.55(e) impact and possible stop work actions needed due to noncompliance with procedures and lack of control; information has been requested from NMPC Corporate Audit group.
- 84-05-02 regarding small bore valve assembly - Action is being taken to resolve this concern including the use of data sheet to control the reassembly of these valves and ensure that bolt minimum torques are applied, and "beef up" of CSI activities were noted as being an appropriate method of resolving these concerns.

Mr. Gramm introduced Mr. S. K. Chaudhary, U.S. NRC Senior Resident Inspector at Limerick, who is visiting NMP2 during this inspection period to assist in the conduct of this inspection and to review CAT actions.

  
W. D. Baker

WDB/bb

Distribution

Attendees  
C. G. Beckham  
C. D. Terry  
J. P. Thomas  
J. P. Ptak  
J. J. Bebko  
A. F. Zallnick  
B. Charlson  
R. L. Wagner

<sup>control</sup>  
111 Preheat procedure for Spec P301 x Luch 3  
Sufficient control for the preheat activities  
No limitation on maximum material temperature,  
no specified frequency of ~~the~~ checks, no  
limitation on heat up and cool down rate.  
~~Interpass temperature limits of 200°C should be.~~

M. Burshell

4) SWEC Trending of Unsat Inspection Reports  
The monthly May FOC report ~~reports~~ on  
negative trends. did not capture a negative  
quality  
trend involving mechanical equipment bolting  
which involved a 33% reject rate.

San Crowe / B. Morrison / C. Terry

5) Application of fire protection coating material  
tie wire has entered safety related cable  
tray. The material must be removed  
prior to causing damage to Class 1E cables.

L. Jodway / C. Bechhan

(Jan-Feb 1984)

6) WMPCC corporate audit 4. recommended  
review of findings for 50.55e reportability  
No evidence exists that this was accomplished  
until a May 25th licensing review of the  
nonconformance reports. Non adherence to  
ppnm 151.

UNR

## INTERNAL CORRESPONDENCE

FORM 1122 R 02 80

86-01-013


 NIAGARA  
MOHAWK

 FROM W. D. Baker  
 TO Distribution

 DISTRICT Nine Mile Point Unit #2  
 DATE June 11, 1984 FILE CODE  
 SUBJECT NRC Exit Meeting Minutes  
 84-09

Mr. R. A. Gramm, U.S. NRC Resident Inspector, and Mr. S. Chaudhary, U.S. NRC Senior Resident Inspector, conducted an informal exit meeting on Friday, June 8, 1984, for Inspection Period 84-09 covering the period May 11 through June 15, 1984.

The following personnel were in attendance:

<u>Name</u>	<u>Title</u>	<u>Company</u>
W. D. Baker	Lead Constr. Engr. - Quality Liaison	NMPC
C. G. Beckham	Manager QA - Projects	NMPC
E. R. Klein	Asst. Manager - Project Engineering	NMPC
J. A. White	Construction Engineer - Liaison	NMPC
T. T. Arrington	Supt. of FQC	SWEC
J. J. Gallagher	SEG - Licensing	SWEC
R. Hyslop	Lic. Engineering	SWEC
F. M. Sheldon	Construction	SWEC
C. L. Terry	Project QA Manager	SWEC
S. K. Chaudhary	Senior Resident Inspector	NRC
R. A. Gramm ✓	Resident Inspector	NRC

The following items were noted as being closed during this inspection period:

- 83-12-02 (Open) - Field versus factory installations of GE connector bracket assemblies
- 83-03-01 (Unr) - Use of Bellems grip for cable support
- 82-09-01 (Unr) - Engineering design electrical procedure
- 81-13-01 B, C, E, G - (Viol) - Cat inspection; QA Program
- 83-00-08 - CRD Clamps
- 83-00-26 - Control Building Seismic Partitions

The following additional concerns have been addressed:

Potential Violation:

- SWEC trending of Unsat IR's - a review of SWEC's FQC trending reports since January 1984 indicate excessive negative trends and recurring high reject rates, yet no long term corrective action was provided. (II 28-84)

Follow Up:

- CAT Item 21-82 - Cives Shop weld deficiencies - cable tray reinspections were performed using MIL-STD-414, yet the inspection results were not analyzed in accordance with the MIL standard. The Inspector also questions why MIL STD-105 was not applied. (II 27-84)
- SWEC Training Program - A review of the SWEC training matrix indicates that training, as a minimum, is enforced for the quality organization and principal engineers, yet excludes supporting engineering personnel, e.g., N&D training where engineers play a critical role in this procedure. A committee has been established to review the training matrix. (II 39-84)
- Preheat in accordance with ITT Spec P301X - There appears to be no control for monitoring maximum temperature; in addition the procedure does not address rate of heat up or cool down. (II 31-84)
- Fire Protection coating installed over structural steel - Cut ends of tie wires and other material were observed dropping in an open Class 1E cable tray. These sharp ended objects are capable of causing cable damage to existing cables and/or future cable pulls. More control is needed to cover cables under these conditions and make the contractor aware of these conditions. It was acknowledged that IR's have been written and addressed to the contractor who caused the condition. (II 29-84)
- NMPC Corporate Audit #4 - Serious concerns have been raised about the handling of the findings; the final audit report does not address findings which had been previously identified as problem breakdowns with 50.55(e) reportability. An analysis is still in process.
- Mr. Gramm noted that one item he will continue to monitor is Niagara Mohawk's definition of NF pressure boundary for heat exchanger 2SFC\*E1B. FSAR clarification on this boundary will identify Niagara Mohawk's position at which time the Commission will evaluate the situation. (II 40-84)

Plant tour  
HFI - no heat procedure waiting to review procedural change.

~~HFI - Training Matrix update~~

Plant tour  
HFI - Control over fire proofing contractor to assure further detrimental conditions are not created.

alley  
~~---~~ NMPC  
Corporate Audit 4 - why wasn't recommend 50,55e item promptly reviewed per your project procedure.

Resolved -  
Plant tour  
1) Training matrix for SWECC engineers

cat  
2) Phil std sampling for Cives ship welds.

tour  
3) Rebar cut calculations

Component Approval  
SFP HX support downgrade to Amsu

FROM W. D. Baker  
 TO Distribution

DISTRICT Nine Mile Point Unit #2  
 DATE June 18, 1984  
 SUBJECT NRC Inspection 84-09  
 Exit Meeting

FILE CODE

Mr. R. A. Gramm, US NRC Resident Inspector, conducted a formal exit meeting on Friday, June 15, 1984 covering the period May 11 through June 15, 1984. The following personnel were in attendance:

<u>Name</u>	<u>Title</u>	<u>Company</u>
W. D. Baker	Lead Construction Engr - QL	NMPC
S. E. Geler	NC&V Engineer	NMPC
E. R. Klein	Asst. Mgr. Project Engineering	NMPC
B. R. Morrison	Quality Engineering Manager	NMPC
M. J. Ray	Asst. to Project Director	NMPC
C. D. Terry	Project Engineering - Manager	NMPC
K. L. Tyger	Quality Admin. Supervisor	NMPC
T. T. Arrington	Superintendent of FQC	SWEC
G. P. Philipp	Prin. Mechanical Engineer	SWEC
A. H. Rovetti	Supv. Engineer	SWEC
C. L. Terry	Project Q. A. Manager	SWEC
R. A. Gramm ✓	Resident Inspector	NRC

Mr. Gramm commented that he was pleased with the number of open items presented for closure during this inspection period and he hoped the trend would continue. The following items were closed during this inspection period:

83-02-04 Unr Instrument support qualification sheets  
 83-12-04 Unr Shim plate installation  
 83-17-03 Open ITT Grinnell weld tracability  
 81-13-01B Vio 1981 CAT Inspection  
 81-13-01C Vio 1981 CAT Inspection  
 81-13-01E Vio 1981 CAT Inspection  
 81-13-01G Vio 1981 CAT Inspection  
 83-12-02 Open Connector bracket assemblies  
 83-03-01 Unr Kellems grip use and installation  
 82-09-01 Unr Drawing hold procedure  
 CDR83-26  
 CDR83-05  
 CDR83-08  
 CDR84-12  
 SI83-005

Note: Mr. Gramm commented that the 81-13 findings that he has noted as closed are particularly sensitive, but are being recommended for closure based on corrective action having been initiated and remaining concerns having been picked up on the recent CAT Inspection.

Open (Continued)

- Niagara Mohawk QA Audit #4 - 50.55(e) evaluations were recommended but not performed until May 5; why PPNM151 was not implemented sooner needs to be resolved. (II 30 84)

Mr. Gramm further noted that he will be off site for a period of three weeks. During that time, Mr. Cerne, NRC Resident Inspector from Seabrook, will be on site conducting a routine inspection and followup of some CAI Findings.

*John A. White* FOR  
W. D. Baker

WDB/bb

Distribution:

Attendees  
W. Morrison  
C. G. Beckham  
J. P. Ptak  
J. P. Thomas  
A. F. Zallnick  
J. J. Bebko  
C. H. Millian  
C. R. Kolarz (PSC)  
B. Charlson (SWEC)  
R. L. Wagner "  
C. E. Crocker "  
Project File



DOCUMENTS TO BE RELEASED - FOLDER RZ-84-A-156  
 FOIA REQUEST NUMBER 85-613

DATE	ORIGINATOR	RECIPIENT	DESCRIPTION
5/15/85	NRC	NRC	MEMO SUBJ: CLOSEOUT OF ALLEGATION 84-A-0156, LEAD AUDITOR CLARIFICATION.
10/9/84	NRC	FILE	ALLEGATION REFORM 207 WITH ATTACHMENTS.
4/5/84	NIAGARA MOHAWK	NIAGARA MOHAWK	AUDITOR & LEAD AUDITOR LIST
6/1/84	" "	" "	LEAD AUDITOR LIST
10/19/84	" "	" "	NR-036 CORRECTIVE ACTION
10/5/84	" "	" "	LEAD AUDITOR CERTIFICATION
10/31/84	" "	" "	RESPONSE TO ITEM #90-84 10/26/84
12/20/84	" "	" "	REVIEW OF LEAD AUDITOR CERTIFICATIONS
12/28/84	NRC	NIAGARA MOHAWK	OPEN ITEM 84-15-02 (INSP. REPORT NO. 84-15)
4/16/85	"	" "	CLOSURE OF OPEN ITEM 84-15-02 (INSP. REPORT NO. 50-410/85-04)
UNDATED	NRC	FILE	INSPECTOR REVIEW OF LEAD AUDITOR REQUIREMENTS & NMPC LEAD AUDITOR FEES.
4/7/84	—	—	EXCERPT FROM NRC EXIT MEETING NOTES & LICENSEE DOCUMENTATION.

②