CAL 3-04-001

Mr. Dennis L. Koehl Site Vice-President Point Beach Nuclear Plant Nuclear Management Company, LLC 6610 Nuclear Road Two Rivers, WI 54241-9516

SUBJECT: POINT BEACH NUCLEAR PLANT, UNITS 1 AND 2

NRC SPECIAL INSPECTION REPORT 05000266/2004005;

05000301/2004005

Dear Mr. Koehl:

On June 25, 2004, the U.S. Nuclear Regulatory Commission (NRC) completed a special inspection at your Point Beach Nuclear Plant, Units 1 and 2. The purpose of the inspection was to review your progress in meeting the commitments documented in the Confirmatory Action Letter dated April 21, 2004. The enclosed report documents the inspection findings which were discussed with you and members of your staff on June 25, 2004.

The inspection examined activities conducted under your license as they relate to safety and to compliance with the Commission's rules and regulations and with the conditions of your license. The inspectors reviewed selected procedures and records, observed activities, and interviewed personnel.

Based on the results of this inspection, no findings or violations of NRC requirements were identified. Six Excellence Plan Action Plan steps were reviewed during this inspection. Of these six Action Plan steps reviewed by the inspectors, additional information was required for two of the Action Plan packages in order for the inspectors to completely assess the actions taken. This problem with two of the six packages indicated a need for additional oversight by your managerial staff to ensure better quality in Action Plan step closure packages. Subsequent to the identification of the closure package problems, you provided the inspectors with supplemental information and we have no further questions regarding these items. The Action Plan steps reviewed during this inspection were parts of much larger Action Plans that will be completely implemented at later due dates. The reviews conducted during this inspection were in-progress assessments with the full effectiveness of the Action Plans being assessed during future follow-up inspections.

D. Koehl -2-

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter, its enclosure, and any response you submit will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records System (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC Web site at http://www.nrc.gov/reading-rm/adams.html (the Public Electronic Reading Room).

Sincerely,

/RA/

Steven A. Reynolds, Acting Director Division of Reactor Projects

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

Enclosure: Inspection Report 05000266/2004005; 05000301/2004005

w/Attachment: Supplemental Information

cc w/encl: F. Kuester, President and Chief

Executive Officer, We Generation J. Cowan, Executive Vice President

Chief Nuclear Officer

D. Cooper, Senior Vice President, Group Operations

J. McCarthy, Site Director of Operations D. Weaver, Nuclear Asset Manager

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U.S. NUCLEAR REGULATORY COMMISSION REGION III

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

Report No: 05000266/2004005; 05000301/2004005

Licensee: Nuclear Management Company, LLC

Facility: Point Beach Nuclear Plant, Units 1 and 2

Location: 6610 Nuclear Road

Two Rivers, WI 54241

Dates: June 7 through June 25, 2004

Inspectors: J. Jacobson, Senior Reactor Engineer

M. Kunowski, Senior Project Engineer

Approved by: P. Louden, Chief

Branch 7

Division of Reactor Projects

SUMMARY OF FINDINGS

IR 05000266/2004005, 05000301/2004005; 6/7/2004 - 6/25/2004; Point Beach Nuclear Plant, Units 1 & 2; Special Inspection, Confirmatory Action Letter Followup.

This report covers a special inspection conducted to review the licensee's progress in meeting commitments documented in Confirmatory Action Letter (CAL) 3-04-001, dated April 21, 2004. No findings were identified. The significance of most findings is indicated by their color (Green, White, Yellow, Red) using Inspection Manual Chapter (IMC) 0609, "Significance Determination Process" (SDP). Findings for which the SDP does not apply may be Green or be assigned a severity level after NRC management review. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 3, dated July 2000.

Α.	Inspector-Identified and Self-Revealing	Findings

None.

B. <u>Licensee-Identified Findings</u>

None.

REPORT DETAILS

In the first quarter of 2003, Point Beach Nuclear Plant entered the Multiple/Repetitive Degraded Cornerstone Column (Column IV) of the Action Matrix of NRC Inspection Manual Chapter 0305. "Operating Reactor Assessment Program," as a result of a high safety significance (Red) inspection finding. The finding involved the potential for a common mode failure of the auxiliary feedwater system (AFW) following a loss of the instrument air system. This issue was initially identified in November 2001. A second Red inspection finding (Yellow for Unit 1 and Red for Unit 2) was subsequently identified which involved the potential common mode failure of the AFW pumps due to plugging of the recirculation line pressure reduction orifices. This issue was initially identified in October 2002. From July 28 to December 16, 2003, the NRC conducted a three-phase supplemental inspection to review the corrective actions for the two AFW issues, in accordance with NRC Inspection Procedure (IP) 95003, "Supplemental Inspection for Repetitive Degraded Cornerstones, Multiple Degraded Cornerstones, Multiple Yellow Inputs, or One Red Input." The results of this inspection were documented in inspection report 05000266/2003007; 05000301/2003007, dated February 4, 2004. Subsequently, on March 17, 2004, a \$60,000 civil penalty was issued for a problem identified during the IP 95003 inspection regarding unauthorized changes to the Emergency Action Level (EAL) scheme in the Point Beach Emergency Response Plan.

On April 21, 2004, Confirmatory Action Letter CAL 3-04-001 was issued documenting commitments made by Nuclear Management Company, LLC (NMC) in a March 22, 2004, letter to address areas of regulatory concern identified during the IP 95003 inspection. The basis for these commitments is the NMC Point Beach Excellence Plan, an improvement plan intended to focus the Point Beach organization, site programs, and initiatives on not only the performance issues identified during the IP 95003 inspection but on issues identified through internal assessments and on areas for meeting NMC's goal of excellent performance at Point Beach. An updated Excellence Plan was submitted to the NRC on April 1, 2004. The Excellence Plan is composed of Action Plans to address improvement areas. Each Action Plan is composed of action steps with corresponding due dates. Of the total 1841 action steps in the Excellence Plan, 143 steps were part of the NMC March 22nd commitment letter.

The purpose of this inspection was to conduct an initial review of the licensee's progress in implementing CAL commitments. The inspection consisted of interviews with personnel, attendance at plant meetings, in-plant observations, and a review of procedures, Action Plan action step closure document packages, and other plant records. There were four specific focus areas for the inspection:

- review the process for licensee tracking, reviewing, and closing-out of CAL items.
- review the adequacy of six Action Plan action steps that were scheduled to be closed prior to the start of the inspection.
- review the progress of several Action Plan action steps that were scheduled to be closed after the inspection.
- attend various plant meetings to assess the licensee's implementation of its ACEMAN individual performance improvement initiative.

The inspectors were onsite from June 7 to 10, 2004, and the results of the inspection were discussed further at a public meeting on June 25, 2004. A summary of the results of the inspection is provided below.

1. Process for Tracking, Reviewing, and Closing-Out CAL Items

a. Inspection Scope

The inspectors interviewed the three Point Beach staff persons assigned full-time to manage the tracking, reviewing, and closing-out of Excellence Plan items. The interviews included a discussion of the various procedures established to control the process, the databases used to track items and generate periodic reports, the interface with the licensee's corrective action program, and the day-to-day activities of the three-person group, who report directly to the site director.

b. Observations

No findings were identified. The process used by the three-person group was well structured and disciplined; however, the inspectors identified a problem with process implementation while reviewing closure document packages for two Action Plan steps, as discussed below.

2. Review of Completed Excellence Plan Items

i. Regulatory Area of Concern: Human Performance

a. <u>Scope</u>

The inspectors reviewed the following completed Excellence Plan Action Plan step associated with the CAL human performance area of regulatory concern.

Action Plan	<u>Title</u>	<u>Step</u>
OR-01-004	Individual Behavior Excellence	24

This step consisted of the revision of Nuclear Plant Administrative Procedure (NP) 1.1.10, "Human Performance Program," Revision 1, to be consistent with the "Picture of Excellence." The procedure established the standards, expectations, and methods for implementation of the Human Performance Program. It also provided criteria for the site and department level Human Performance Event Free Clock, as well as examples of behavior that promote error prevention at the individual, supervisory, and management levels.

b. <u>Implementation of Action Plan Step</u>

The licensee completed the Action Plan step as committed in the March 22, 2004, letter to the NRC. The inspectors did not identify any problems with the actions taken to complete this step.

ii. Regulatory Area of Concern: Corrective Action Program

a. Scope

The inspectors reviewed the following completed Excellence Plan Action Plan step associated with the CAL corrective action program area of regulatory concern.

Action Plan	<u>Title</u>	<u>Step</u>
OR-02-001	Nuclear Oversight Effectiveness	4

This step specified that Nuclear Oversight (quality assurance, NOS) implement an intrusive methodology to identify issue significance. The step originated in response to a weakness in communicating NOS-identified issues effectively to the line organization. This weakness had been identified in a Focused Self-Assessment report (PBSA-NOS-03-03), dated June 6, 2003.

b. <u>Implementation of Action Plan Step</u>

Fleet procedure FP-NOIA-08, "Problem Development Sheet," was incorporated into station procedure NP 11.1.9, "Problem Development Sheet," Revision 1, on November 12, 2003. The procedure provided a systematic approach to identify the underlying causes of an issue. The inspectors interviewed the NOS Manager who stated that use of this procedure had resulted in better communication with the line organization and contributed to a reduction in the number of NOS issues held open and improved timeliness of issue resolution. The inspectors reviewed corrective action program document (CAP) 054824, "Supplier Assessment Implementation Weakness - QA Finding," dated March 15, 2004. The associated Problem Development Sheet provided good, clear analyses of the issues.

While this Action Plan step was established to develop and issue an "intrusive methodology" for formulating and communicating NOS issues, NP 11.1.9 was substantially identical to an existing "Drill Down Desk Top Guide." The NOS Manager stated that the Desk Top Guide had been rarely used. The inspectors concluded that adoption of the new procedure in and of itself, may not ultimately result in improved communication and characterization of NOS issues, as use of this procedure, like the Drill Down Desk Top Guide, was not required. The inspectors discussed this issue with the licensee on June 10 at the conclusion of the onsite inspection activities and at the public meeting on June 25. This step will be reviewed further during a subsequent inspection.

iii. Regulatory Area of Concern: Corrective Action Program

a. Scope

The inspectors reviewed the following completed Excellence Plan Action Plan step associated with the CAL corrective action program area of regulatory concern.

Action Plan Title Step

OP-10-010 Operating Experience (OE) Improvement Plan 1

This step consisted of the development and implementation of a new external Operating Experience Procedure that specified roles and responsibilities and details of the OE program and process.

b. Implementation of Action Plan Step

For this step, the licensee developed two procedures: "External Operating Experience Program Guidance" OEG-007, Revision 0, which specified roles and responsibilities for department OE representatives and performance assessment personnel; and NP 5.3.11, "Expectations For Use of Operating Experience," Revision 0, which specified roles and responsibilities for the same two groups plus other station personnel involved in preparation of pre-job briefs, lesson plans, work plans, procedures, and modifications. The licensee completed the Action Plan step as committed in the March 22, 2004, letter to the NRC. The inspectors did not identify any problems with the actions taken to complete this step.

iv. Regulatory Area of Concern: Corrective Action Program

a. Scope

The inspectors reviewed the following completed Excellence Plan Action Plan step associated with the CAL corrective action program area of regulatory concern.

Action Plan Title Step

OP-10-010 Operating Experience (OE) Improvement Plan 15

This step consisted of the resolution of the situation where OE data were being tracked in both the NUTRK and t-Track databases. Use of two databases was viewed by the licensee as a weakness in implementation of the OE Program. All OE data that were contained in the NUTRK database (a mainframe-based database) have been transferred to t-Track (a recently implemented, Web-based database), which will be used exclusively going forward.

b. <u>Implementation of Action Plan Step</u>

The licensee completed the Action Plan step as committed in the March 22, 2004, letter to the NRC. The inspectors did not identify any problems with the actions taken to complete this step.

v. Regulatory Area of Concern: Corrective Action Program

a. <u>Scope</u>

The inspectors reviewed the following completed Excellence Plan Action Plan step associated with the CAL corrective action program area of regulatory concern.

Action Plan <u>Title</u> <u>Step</u>

OP-10-010 Operating Experience (OE) Improvement Plan 4

This step was created to clearly define expectations for the acquisition and use of OE.

b. Implementation of Action Plan Step

Procedure NP 5.3.11, "Expectations For Use of Operating Experience," Revision 0, was approved for use on January 7, 2004. The procedure established the expectations for acquiring, disseminating, and utilizing OE. The licensee completed the Action Plan step as committed in the March 22, 2004, letter to the NRC. The inspectors did not identify any problems with the actions taken to complete this step.

vi. Regulatory Area of Concern: Engineering Design Control

a. Scope

The inspectors reviewed the following completed Excellence Plan Action Plan step associated with the CAL engineering design control area of regulatory concern.

Action Plan <u>Title</u> <u>Step</u>

OP-14-007 Update Vendor Technical Information Program 8

This step was created to resolve previously identified issues with the Vendor Technical Information Program (VTIP).

b. Implementation of Action Plan Step

Corrective Action (CA) 001634, written to address one of the previously identified issues with the VTIP, recommended that ownership for the various programmatic requirements for the VTIP be established. Procedures NP 7.2.13, Revision 1, "Processing of Vendor Technical Information"; NP 7.2.14, Revision 0, "Vendor Contact Program"; and NP 1.3.3,

Revision 3, "Component Instruction Manual," have been established with the Engineering Configuration Management Group as owners.

CA 000248, written to address another of the previously identified issues with the VTIP, recommended that satellite file locations be identified and that the files be periodically audited. In response, NP 1.3.3, Revision 3, "Component Instruction Manual," was issued to require annual audits of satellite files and identify locations.

CA 002968, also written to address an issue in this area, recommended that an applicable equipment list be associated with each Component Instruction Manual. Forms PBF-1586c, Revision 1, "Component Instruction Manual Review List," and PBF-1586d, Revision 1, "Component Instruction Manual Requirements for Vendors," were revised to require a list of associated equipment. This CA also recommended that changes to Component Instruction Manuals revised as "Document Only" address the need for an impact review on the component licensing basis, design basis, and plant documents. Subsequently, NP 1.3.3, Revision 3, was issued to reflect this requirement. This CA also identified that NP 11.3.13 referenced use of a canceled form. NP 11.3.13 was replaced by NP 11.3.17, Revision 1, which referenced current forms.

A Focused Self-Assessment performed in 2002 (PBSA-ENG-02-01) identified several additional issues with the VTIP requiring attention:

- A general concern with the accuracy of satellite files was identified. In response, NP 1.3.3, Revision 3, "Component Instruction Manual," was issued to require annual audits of satellite files and identify locations of all files. This will ensure that revisions to vendor manuals located in satellite files have been incorporated.
- Revisions to vendor manuals outside of the plant modification process did not require Design Engineering review. In response, NP 1.3.3, Revision 3, "Component Instruction Manual," was revised to require that manual revisions outside of the modification process be processed as Vendor Technical Information in accordance with NP 7.2.13, Revision 1, "Processing of Vendor Technical Information." Engineering reviews will be performed for all revisions processed as Vendor Technical Information.
- The impact evaluation process was undefined except for changes tracked through the OE Program. As discussed above, Vendor Technical Information was processed in accordance with NP 7.2.13, Revision 1, which required engineering department review of manual revisions to assess impacts on the site and other documents.
- Routine vendor correspondence not received through the OE Program was not formally tracked or dispositioned. NP 7.2.13, "Processing of Vendor Technical Information," was revised to correct this problem. The revised procedure, Revision 1, required that incoming correspondence be screened for initial applicability and formal reviews be conducted for information identified as Vendor Technical Information. The revised procedure also provided tracking mechanisms for follow-up actions.

Procedural requirements for periodic vendor contact did not require follow-up action to ensure that current information was applied to the plant as applicable. There was no follow-up action required resulting from a lack of response from a vendor. NP 7.2.14, Revision 0, "Vendor Contact Program," was issued and required that any information considered Vendor Technical Information be processed in accordance with NP 7.2.13, Revision 1, "Processing of Vendor Technical Information." NP 7.2.13, Revision 1, also required that if a response to the Vendor Contact Form was not received within 90 days, the vendor would be contacted by phone to obtain the information requested on the Form.

This Action Plan step was considered to be partially implemented, in that several actions remained to fully restore the VTIP to health. The problem with this Action Plan step was discussed with the licensee on June 10 at the conclusion of the onsite inspection activities and at the public meeting on June 25. This step will be reviewed further during a subsequent inspection.

3. Progress Review of Selected Partially Completed Action Plan Steps

i. Regulatory Area of Concern: Emergency Preparedness

a. Scope

The inspectors reviewed the following Excellence Plan Action Plan step associated with the CAL emergency preparedness area of regulatory concern.

Action Plan	<u>Title</u>	<u>Step</u>
OP-09-004	Upgrade EALs	11

This step consisted of the submittal of site-approved EAL upgrade changes to NRC for pre-approval. The licensee had committed to complete this step by the end of the second quarter of 2004.

b. <u>Implementation of Action Plan Step</u>

As of the time of the onsite inspection (June 7-10, 2004), licensee progress on this step was adequate. Subsequently, on June 25, 2004, the licensee submitted to the NRC its proposed Emergency Plan and Emergency Plan Implementing Procedures Changes upgrading the EALs to the NRC-approved Nuclear Energy Institute 99-01, Revision 4, EAL scheme. The licensee completed the Action Plan step as committed in the March 22, 2004, letter to the NRC.

ii. Regulatory Area of Concern: Engineering Design Control

a. Scope

The inspectors reviewed the following Excellence Plan Action Plan step associated with the CAL engineering design control area of regulatory concern.

Action Plan Title Step

OP-14-005 Validate and Integrate Calculations and Setpoints 3

This step consisted of the identification of all safety-related calculations and setpoints for validation and integration, except for electrical calculations for direct current applications, which are being handled separately. The licensee had committed to complete this step by the end of the second quarter of 2004.

b. Implementation of Action Plan Step

As of the onsite inspection, the licensee had satisfactorily completed this step, identifying 1498 safety-related mechanical/heating, ventilation, and air conditioning calculations, electrical calculations (alternating current only), and instrument and control calculations. The licensee completed the Action Plan step as committed in the March 22, 2004, letter to the NRC. The inspectors did not identify any problems with the actions taken to complete this step.

4. Review of Miscellaneous Action Plan Steps

i. Regulatory Area of Concern: Human Performance

a. <u>Inspection Scope</u>

The inspectors reviewed the following Excellence Plan Action Plan steps associated with the CAL human performance area of regulatory concern.

Action Plan	<u>Title</u>	<u>Steps</u>
OR-01-004	Individual Behavioral Excellence	2-8, 11, 14

Through interviews, document reviews, and observations at plant meetings, the inspectors assessed the licensee's implementation of the ACEMAN performance improvement initiative. ACEMAN was an individual and group performance improvement methodology in which plant personnel were trained to assess and improve their performance in six areas: Accident Free, Control Dose, Event Free, Meet Schedule, Attend Training, and No Rework. The methodology was imported from the licensee's Palisades nuclear plant. As of the onsite inspection, managers and supervisors had received ACEMAN training. Training for the remainder of the plant staff was in progress. The inspectors attended several daily work schedule and management plan-of-the-day meetings to assess the implementation of ACEMAN. In addition, the inspectors interviewed several first-line supervisors to assess the relative commitment and progress in implementing ACEMAN.

b. Implementation of Action Plan Steps

No problems were identified with the licensee's initial implementation of the ACEMAN initiative. At the conclusion of the work schedule and management daily meetings, there

was an oral, qualitative group assessment of station performance within the past 24 hours as it related to the six ACEMAN areas. The consensus of the assessment was then communicated to the plant staff.

Generally, all supervisors appeared committed to ACEMAN, with a varying degree of implementation to-date. For those with a lesser degree of implementation, the recent extended outage was frequently offered as the major contributor. All supervisors interviewed stated that while their respective staffs generally were receptive to the program, not all had totally embraced the program at this time.

During a public meeting held on June 25, 2004, Point Beach senior management stated that approximately 30 percent of the workforce had accepted the ACEMAN program.

The inspectors observed that the licensee was in the initial stages of completing the Action Plan steps as committed in the March 22, 2004, letter to the NRC.

ii. Regulatory Area of Concern: Engineering Design Control

a. Scope

The inspectors reviewed the following Excellence Plan Action Plan steps associated with the CAL engineering design control area of regulatory concern.

Action Plan	<u>Title</u>	<u>Steps</u>
OR-08-007	Utilize the Quality Review Team	1-5

Through interviews, document reviews, and observations at plant meetings, the inspectors assessed the licensee's implementation of its Quality Review Team (QRT). The formation of the QRT was a corrective action in November 2002 that followed from Root Cause Evaluation 191, "Possible Common Mode Failure of Aux Feed Recirculation Lines," Revision 1 (see Section 2.1.b.1 of NRC 95003 Supplemental Inspection Report 05000266/2003007; 050000301/2003007). The intent of the QRT was to conduct periodic reviews of engineering department products. During the current inspection, the inspectors attended a QRT meeting, reviewed pertinent procedures and other documents (particularly NP 7.1.7, Revision 1, "Quality Review Team"), and interviewed plant personnel.

b. Implementation of Action Plan Steps

The stated purpose of the QRT was to assess engineering products for quality as defined by NMC standards and procedures, the "Attributes of Engineering Excellence," current license and design bases, and industry best practices. The review team used a grading system from 1 (acceptable with no comment) through 5 (major technical issues resulting in potential or actual violation of design bases).

The inspectors observed good interaction between team members as various engineering products were discussed. While the grading system appeared to be

adequately applied and there was good discussion of documentation quality, there was little discussion of a technical nature. The QRT review considerations were included as Attachment 1 to the procedure and include such technical attributes as design bases adequacy, identification and completion of Code reconciliations, correct calculation methodology and accuracy, etc. However, discussion with the QRT by the inspectors identified that technical adequacy of the engineering products was assumed, since the required verifications had been completed prior to the QRT review.

The process of engineering package review was further discussed during the public meeting held on June 25, 2004. During that discussion the licensee provided additional information regarding the engineering product review process which indicated that other engineering review groups were involved which conducted the technical adequacy review of engineering packages.

Because of this additional information, the inspectors will complete additional reviews of the engineering product review process in future Confirmatory Action Letter inspections.

5. Exit Meeting

On June 10, 2004, the inspectors presented the preliminary inspection results to Mr. D. Koehl and members of his staff. The licensee acknowledged the results and did not identify any information, provided to or reviewed by the inspectors, as proprietary.

On June 25, 2004, additional information regarding the inspection results were discussed at a public meeting.

ATTACHMENT: SUPPLEMENTAL INFORMATION

SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensee

- D. Koehl, Site Vice-President
- J. McCarthy, Site Director of Operations
- J. Shaw, Plant Manager
- J. Connolly, Regulatory Affairs Manager
- J. Schweitzer, Site Engineering Director
- M. Holzmann, Nuclear Oversight Manager
- F. Flentje, Excellence Plan Coordinator
- P. Russell, Site Assessment Manager
- F. Hennessy, Supervising Engineer Equipment Reliability Programs
- K. Holt, Engineering Supervisor Configuration Management

NRC

- G. Grant, Deputy Regional Administrator, Region III
- S. Reynolds, Acting Deputy Director, Division of Reactor Projects, Region III
- P. Louden, Chief, Reactor Projects Branch 7, Region III
- H. Chernoff, Project Manager, Office of Nuclear Reactor Regulation (HQ)
- P. Krohn, Senior Resident Inspector, Point Beach
- R. Michael Morris, Resident Inspector, Point Beach

LIST OF DOCUMENTS REVIEWED

CAP 054824, Supplier Assessment Implementation Weakness - QA Finding, March 15, 2004

Form PBF-1586c, Component Instruction Manual Review List, Revision 1

Form PBF-1586d, Component Instruction Manual Requirements for Vendors, Revision 1

NP 1.1.9, PBNP [Point Beach Nuclear Plant] Excellence Plan, Revision 2

NP 1.1.10, Human Performance Program, Revision 1

NP 1.3.3, Component Instruction Manual, Revision 3

NP 5.3.2, External Operating Experience, Revision 13

NP 5.3.11, Expectations For Use of Operating Experience, Revision 0

NP 7.1.7, Quality Review Team, Revision 1

NP 7.2.13, Processing of Vendor Technical Information, Revision 1

NP 7.2.14, Vendor Contact Program, Revision 0

NP 11.1.9, Problem Development Sheet, Revision 1

OEG-007, External Operating Experience Program Guidance, Revision 0

LIST OF ACRONYMS USED

AFW Auxiliary Feedwater CA Corrective Action

CAL Confirmatory Action Letter

CAP Corrective Action Program Document

EAL Emergency Action Level IMC Inspection Manual Chapter IP Inspection Procedure

NMC Nuclear Management Company, LLC
NOS Nuclear Oversight (Quality Assurance)
NP Nuclear Plant Administrative Procedure
NRC U. S. Nuclear Regulatory Commission

OE Operating Experience QRT Quality Review Team

SDP Significance Determination Process
VTIP Vendor Technical Information Program

2 Attachment