

September 21, 2001

Mr. M. Reddemann
Site Vice President
Kewaunee and Point Beach Nuclear Plants
Nuclear Management Company, LLC
6610 Nuclear Road
Two Rivers, WI 54241

SUBJECT: KEWAUNEE NUCLEAR POWER PLANT
NRC INSPECTION REPORT 50-305/01-12(DRP)

Dear Mr. Reddemann:

On August 24, 2001, the NRC completed a team inspection at the Kewaunee Nuclear Power Plant. The enclosed report documents the inspection findings which were discussed on August 24, 2001, with you and members of your staff.

This inspection was an examination of activities conducted under your license as they relate to the identification and resolution of problems, and compliance with the Commission's rules and regulations and with the conditions of your operating license. Within these areas, the inspection involved selected examination of procedures and representative records, observations of activities, and interviews with personnel.

On the basis of the sample selected for review, the inspectors concluded that the corrective action program contained all the necessary attributes of an acceptable corrective action program and was generally successful in identifying and correcting issues. However, additional efforts appeared necessary to ensure the timely resolution of issues in accordance with program guidance and requirements. There was one No Color finding identified during this inspection associated with the periodic review of safety-related procedures. A biennial review of a sample of safety-related procedures to ensure that the procedures had been appropriately revised to include the latest operating experience and vendor information was required by the Technical Specifications, but was not being performed. In addition, one Green finding was identified associated with the control of grease used in safety-related breakers. Whereas, adequate controls were in-place when grease was stored in the warehouse, there were essentially no controls once the grease had been dispensed from the warehouse to the work groups. This lack of controls was also applicable to other consumable materials. These findings were determined to be violations of NRC requirements. However, because of their very low safety significance and because they have been entered into your corrective action program, the NRC is treating these issues as Non-Cited Violations, in accordance with Section VI.A.1 of the NRC's Enforcement Policy. If you deny these Non-Cited Violations, you should provide a response with the basis for your denial, within 30 days of the date of this inspection

report, to the U.S. Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington, D.C. 20555-0001; with copies to the Regional Administrator, Region III; the Director, Office of Enforcement, U. S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001; and the NRC Resident Inspector at the Kewaunee facility.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publicly Available Records System (PARS) component of NRC's document system (ADAMS). ADAMS is accessible from the NRC Web site at <http://www.nrc.gov/NRC/ADAMS/index.html> (the Public Electronic Reading Room).

Sincerely,

Original signed by
Roger D. Lanksbury

Roger D. Lanksbury, Chief
Branch 5
Division of Reactor Projects

Docket No. 50-305
License No. DPR-43

Enclosure: Inspection Report 50-305/01-12(DRP)

cc w/encl: K. Hoops, Manager, Kewaunee Plant
D. Graham, Director, Bureau of Field Operations
Chairman, Wisconsin Public Service Commission
State Liaison Officer

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Sincerely,

/s/Roger D. Lanksbury

Roger D. Lanksbury, Chief
Branch 5
Division of Reactor Projects

Docket No. 50-305
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U.S. NUCLEAR REGULATORY COMMISSION

REGION III

Docket Nos: 50-305
License No: DPR-43

Report No: 50-305/01-12(DRP)

Licensee: Nuclear Management Company, LLC

Facility: Kewaunee Nuclear Power Plant

Location: N 490 Highway 42
Kewaunee, WI 54216

Dates: August 13 through 24, 2001

Inspectors: M. Kunowski, Project Engineer (Lead Inspector)
C. Brown, Resident Inspector, Clinton
Z. Dunham, Acting Senior Resident Inspector, Kewaunee

Approved by: Roger D. Lanksbury, Chief
Branch 5
Division of Reactor Projects

SUMMARY OF FINDINGS

IR 05000305-01-12, on 08/13 - 24/2001. Nuclear Management Company, LLC, Kewaunee Nuclear Power Plant, annual baseline inspection of the identification and resolution of problems.

The inspection was conducted by a regional inspector and two resident inspectors. One No Color finding and associated Non-Cited Violation of Technical Specification 6.8.c. were identified for the failure to conduct a biennial surveillance of safety-related procedures, and one Green finding and associated Non-Cited Violation of 10 CFR Part 50, Appendix B, Criterion XVI, "Corrective Action," were identified for ineffective corrective actions for a previous problem with the control and storage of consumable materials, such as thread sealant, used in safety-related applications. The ineffective corrective actions resulted in the lack of controls for and storage of grease used in safety-related breakers. The significance of most findings is indicated by their color (Green, White, Yellow, Red) using Inspection Manual Chapter 0609, "Significance Determination Process" (SDP). Findings for which the SDP does not apply are indicated by "No Color" or by the severity level of the applicable violation. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described at its Reactor Oversight Process website at <http://www.nrc.gov/NRR/OVERSIGHT/index.html>.

Identification and Resolution of Problems

The team concluded that the licensee was generally effective at identifying problems and putting them into the corrective action program. The program itself contained all the necessary attributes of an acceptable corrective action program and was generally successful in correcting identified issues. However, the team noted that, although licensee management had taken efforts to ensure that issues were resolved in accordance with program guidance and requirements, additional efforts appeared necessary to ensure timely resolution of issues. A positive program initiative was the establishment of positions in each of the major plant departments to serve as liaisons between the departments and the corrective action program and to assist with self-assessments. However, examples were identified by the inspectors of problems with the licensee's identification and resolution of problems, prioritization and evaluation of issues, and the effectiveness of corrective actions. Included in these examples were the routine granting of due date extensions for problem evaluation and corrective action implementation, failure to perform a Technical Specification-required biennial surveillance of safety-related procedures, and ineffective corrective actions that resulted in the lack of proper controls over the storage of grease used in safety-related breakers. Based on a review of records and discussions with plant staff, the inspectors concluded that workers at the site felt free to input safety issues into the corrective action program.

Findings

No Color. A Non-Cited Violation of Technical Specification 6.8.c. was identified for the failure to perform a biennial surveillance of safety-related procedures. This issue was more than minor because if left uncorrected, could under the same condition become a more significant safety concern. However, since no specific cornerstone had been impacted, this finding is designated as No Color.

Green. A Non-Cited Violation of Criterion XVI, "Corrective Action," of Appendix B of 10 CFR Part 50 was identified for ineffective corrective actions for a problem with the control of the storage of consumable materials, such as thread sealant, used in safety-related applications. These ineffective actions subsequently resulted in the inadequate control of the storage of grease used in safety-related breakers. This issue was more than minor because if left uncorrected, could under the same condition become a more significant safety concern. In that this issue could credibly affect the operability, availability, reliability, or function of a system or train in a mitigating system, it is a Green finding.

Report Details

4. OTHER ACTIVITIES (OA)

4OA2 Identification and Resolution of Problems

a. Effectiveness of Problem Identification

(1) Inspection Scope

The inspectors conducted plant tours; observed surveillance tests in progress; interviewed plant personnel; and reviewed inspection reports issued over the last year, problem reports (called KAPs for Kewaunee Assessment Process reports), and selected maintenance work orders (WOs) for three high risk systems to determine if problems were being properly identified, characterized, and entered into the corrective action program for evaluation and resolution. The high risk systems were the service water system (SW), auxiliary feedwater system (AFW), and 4160/480-volt alternating current (VAC). The inspectors also reviewed several licensee audits and self-assessments. The effectiveness of the audits and assessments was evaluated by comparing the audit and assessment results against self-revealing and NRC-identified issues. A listing of the documents requested by the inspectors prior to the inspection and of those documents reviewed during the inspection is included at the end of this report.

(2) Findings

The inspectors identified a No Color finding that is being treated as a Non-Cited Violation of Technical Specification (TS) 6.8.c. for the failure to conduct a biennial review of safety-related procedures to ensure that the procedures had been appropriately revised.

In general, problems were properly identified, characterized, and entered into the corrective action program for evaluation and resolution. Since late 2000, there was strong management emphasis on plant staff to document problems in KAPs and a plant staff that, overall, was very responsive. In 1999, there were only 1306 KAPs written. In 2000, this increased to 2001 KAPs, and in 2001, as of August 22, 2759 KAPs had been generated. Contributing to the increased documentation of problems was the establishment of a self-assessment and corrective action program "liaison" position in each of the major departments. The liaisons assisted workers in documenting identified problems or documented problems for workers. In general, the results of recent audits and self-assessments were consistent with NRC-identified issues. The inspectors noted that team members for recent audits and self-assessments of the corrective action area contained a good mix of personnel from Kewaunee and other nuclear power plants. Two issues identified by the inspectors during their evaluation of the effectiveness of the licensee's problem identification efforts are discussed below.

- A metal placard with indications in black marker was being used on the turbine-driven auxiliary feedwater (TDAFW) pump to provide oil level indication. When questioned by the resident inspectors, operators had a lack of common understanding on what the indications meant. The licensee's corrective actions

to these issues included scribing the various level indications on the installed brass level indicator casing and providing a night order to operators on how to read the new indications. However, as a followup to review the effectiveness of the corrective actions, the inspectors noted that although the level indications had been scribed into the indicator housing, the placard with the marker indications was left in place and at least one operator was still using the marker indications to determine whether oil level was acceptable.

- As a follow-on to a review of a KAP written because of a problem encountered during a quarterly check of a liquid effluent rad monitor, the inspectors identified that the licensee was not meeting Technical Specification 6.8.c, which specified that the biennial review requirement of ANSI [American National Standards Institute] N18.7-1976, "Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plant," be accomplished as described in the quality assurance (QA) manual. As discussed on page 41 of the program description of the current revision (Revision 21-B) of the QA manual, "At least every two years, a surveillance will be performed whereby randomly selected safety-related procedures would be checked for added assurance of timely revision of procedures." The requirement in the QA manual to conduct the surveillance had been in effect since the TS revision was approved in February 1995. The failure to accomplish the biennial review is being treated as a finding and a Non-Cited Violation of TS 6.8.c (NCV 50-305/01-12-01). The inspectors concluded that the finding was more than minor in that the failure to perform the TS-required surveillance of procedures, if left uncorrected, could under the same condition become a more significant safety concern. As there was no affect on a cornerstone, the issue was determined to be a No Color finding.

b. Prioritization and Evaluation of Issues

(1) Inspection Scope

The inspectors assessed the prioritization and evaluation of a selected sample of KAPs to verify the appropriateness of the category assigned, operability and reportability determinations, extent of condition evaluations, root and apparent cause evaluations (RCEs and ACEs), and of the assigned corrective actions. As part of this assessment, the inspectors attended the station's daily management (screen team) meeting where newly generated KAPs were reviewed and attended the daily meeting of individuals from major work groups who were assigned as liaisons with the corrective action program group.

(2) Findings

In general, issues were appropriately categorized, prioritized, and evaluated. The collegiate review by the liaisons of newly generated KAPs helped to provide additional assurance that issues were properly categorized, prioritized, and evaluated. Also, the licensee recently reduced to near zero a relatively large backlog of overdue KAP evaluations and corrective actions. This reduction was accomplished through a continued, strong emphasis by management on the need for the reduction and the

diligence of plant staff who actually accomplished the reduction. The inspectors, however, noted that, apparently in an effort to prevent another backlog from developing, procedurally allowed one-time due date extensions for the completion of evaluations and corrective actions were routinely being granted. Routine use of extensions of due dates could be indicative of inappropriate initial prioritization of items. Another positive initiative by the licensee in this area was the use of an industry expert to train the staff on conducting RCEs and on making effective use of a Corrective Action Review Board (CARB)—the licensee recently instituted a joint CARB with the nearby Point Beach plant. Other issues identified by the inspectors during their review of the licensee’s prioritization and evaluation of problems are discussed below.

- During a review of an operability evaluation written for a possible low lube oil level in the auxiliary feedwater (AFW) pumps, the resident inspectors identified that an abnormal operating procedure (AOP) specified an acceptable minimum oil level that was different from that in the operability evaluation. After the inspectors informed the licensee of this discrepancy, the licensee re-assessed oil level requirements and revised the initial evaluation. The licensee also indicated that oil would be added to bring the level up to that specified in the AOP; however, oil still had not been added until about 3 weeks later, after the residents inspectors inquired about the status of the corrective actions.
- A KAP written to document a question raised about the proper Appendix R classification of the B AFW pump room was closed as completed but did not address the original issue. It only specified additional training for the fire protection staff on Appendix R requirements.
- And finally, the inspectors that noted a narrow extent of condition review had been conducted for a KAP pertaining to the reference in an operating procedure for essential service water of a deleted fire plan procedure. Whereas, other operating procedures had been reviewed to ensure that the deleted fire plan procedure was not referenced in them, no review was done of other procedures, such as maintenance and surveillance test procedures. In addition, the evaluation completed for the KAP that was written for this narrow extent of condition review also did not require a review of other procedures, but only documented the status of the licensee’s process that was under development for automatically checking procedures for reference to other procedures.

c. Effectiveness of Corrective Actions

(1) Inspection Scope

The inspectors reviewed KAPs to verify that corrective actions commensurate with the issues were identified and implemented in a timely manner, including corrective actions to address common cause or generic concerns.

(2) Findings

The inspectors identified a Green finding that is being treated as a Non-Cited Violation of Criterion XVI, "Corrective Action," of 10 CFR Part 50, Appendix B, for inadequate control and storage of grease used in safety-related breakers.

In general, corrective actions were identified by the licensee that were commensurate with the issues and were implemented in a timely manner. Weaknesses with corrective actions were discussed in the previous sections of this report regarding routine extensions of due dates for corrective actions, the oil level in the AFW pumps, and a narrow extent of condition review for procedure cross-referencing. Additional examples where corrective actions were narrowly focused or slow to be developed and implemented were identified by the inspectors and are discussed below.

- The inspectors reviewed KAP 01-007140, initiated April 18, 2001, that identified that grease with an expired shelf life had been used to lubricate 4160-VAC safety-related breakers. A procurement engineer evaluated the grease, concluded that it was still good, and extended the shelf life. Based on this evaluation, reactor operators concluded that the breakers were operable. The engineer stated to the inspectors that he referenced industry guidelines and used engineering judgement to assess the quality of the grease. The inspectors, however, noted that the grease with the expired shelf life had not been compared to a known good sample of grease or been subjected to infrared tests, as specified by the industry guidelines.
- The inspectors also noted that the grease had been and was currently stored in a flammable liquids storage cabinet, commingled with other greases, oils, paints, insecticides, solvents, and cleaning agents. There were no physical or procedural controls on what could be stored in or who had access to the cabinet, and the presence of the other materials increased the possibility of the grease absorbing volatile contaminants. The grease had a small brush handle extending from a hole in the cover. Electrical maintenance personnel stated that it had been kept that way for about 3 years -- the manufacturer recommends a 1-year shelf life after opening. Inspector concerns about the adequacy of the controls on the storage of the grease and the current acceptability of the grease itself were subsequently communicated to the licensee on August 15.
- In response to these concerns, the licensee initiated KAP 01-013471, "G-37 Grease Analysis and PI&R Inspector Question," on August 16, and analyzed the suspect grease and a known good sample with laboratory equipment. The analysis showed almost no difference between the suspect and the known good sample of grease. On August 17, the licensee initiated KAP 01-013476 to evaluate and develop a process to properly control lubricants once issued and out of warehouse control. Around August 23, the licensee wrote another KAP (01-014318) to investigate why a 1999 KAP, identifying almost identical concerns about material controls, had not been initially resolved until August 18, 2001, and why the corrective actions appeared "less than effective."

- The inspectors noted that the licensee had other opportunities to correct the lack of controls on the grease: Root Cause Evaluation 01-032 for KAP 00-000910, regarding shelf life in the warehouse, and KAP 01-007140, regarding the identification of thread sealant past its shelf life. Both KAPs identified that there were no controls once consumable materials (such as grease, thread sealants, and oils) were issued from the warehouse.
- The inspectors evaluated the issue with the SDP Group one questions and concluded that the failure to correct the poor control of materials when they left the stockroom was more than minor in that, if left uncorrected, the issue could under the same condition become a more significant safety concern. Using the Group two questions, the inspectors concluded that the issue could credibly affect the availability, reliability, or function of a mitigating system; therefore, the issue was a Green finding. Criterion XVI, "Corrective Action," of 10 CFR Part 50, Appendix B, required that measures be established to assure that conditions adverse to quality, such as failures, malfunctions, deficiencies, deviations, defective material and equipment, and nonconformances were promptly identified and corrected. The failure to identify and promptly correct the lack of consumable material controls external to the warehouse is a violation of 10 CFR Part 50, Appendix B, Criterion XVI. Because this violation is of very low safety significance and was entered into the licensee's corrective action program (as KAP 01-014318), it is considered a Non-Cited Violation (NCV 50-305/01-12-02).
- Early in 2001, NRC personnel identified a number of boric acid leaks in the plant. The licensee subsequently wrote a KAP (01-001668) and corrective action was proposed to develop a formal process (by March 8, 2002) for identifying, tracking, and repairing, as necessary, the boric acid leaks. For short-term corrective action, several of the leaks were cleaned up. In August, NRC personnel again noted a number of boric acid leaks in the plant, many of which were the same leaks that had been identified earlier, and another KAP was written. Up until early 2001, the licensee had an informal process for identifying, tracking, and prioritizing the repair of these low-level leaks, but with the transfer of the operator who had taken ownership of the process, it had not been used effectively.

d. Assessment of Safety Conscious Work Environment

(1) Inspection Scope

The inspectors interviewed plant staff to assess whether there were impediments to the establishment of a safety conscious work environment.

(2) Findings

From the interviews and record reviews, the inspectors identified no impediments to a safety conscious work environment. Some individuals expressed dissatisfaction with some aspects of the corrective action process, such as user-unfriendly software. The

inspectors noted a strong emphasis by management on establishing an atmosphere conducive to employees readily documenting and resolving problems and an overall strong sentiment by interviewed plant staff in documenting problems.

4OA6 Meeting(s)

.1 Exit Meeting

The inspectors presented the inspection results to Mr. M. Reddemann and other members of licensee management in an exit meeting on August 24, 2001. Licensee management acknowledged the findings presented and indicated that no proprietary information was provided to the inspectors.

KEY POINTS OF CONTACT

Nuclear Management Company (NMC)

G. Harrington, Licensing
K. Hoops, Plant Manager, Kewaunee Plant
M. Kwitek, Assistant Plant Manager, Maintenance
R. Nicolai, Process Leader–KAPs
M. Reddemann, Site Vice President
J. Schweitzer, Manager, Engineering and Technical Support
J. Stoeger, Superintendent, Operations
T. Taylor, Assistant Plant Manager, Operations
T. Van Valkenburg, Root Cause Coordinator
T. Webb, Nuclear Licensing Director

NRC

R. Lanksbury, Chief, Reactor Projects Branch 5
R. Caniano, Deputy Director, Division of Reactor Safety

ITEMS OPENED, CLOSED, AND DISCUSSED

Opened and Closed

50-305/01-12-01	NCV	Failure to conduct biennial surveillance of safety-related procedures per TS 6.8.c. (Section 40A2.a.(2))
50-305/01-12-02	NCV	Inadequate corrective actions for previous problem with the control of safety-related materials (Section 40A2.c.(2))

Discussed

None

LIST OF ACRONYMS USED

ASME	American Society of Mechanical Engineers
CAP	Corrective Action Program
CARB	Corrective Action Review Board
CCW	Component Cooling Water
CR	Condition Report
DC	Direct Current
EDG	Emergency Diesel Generator
EOP	Emergency Operating Procedure
EWR	Engineering Work Request
FSAR	Final Safety Analysis Report
GNP	General Nuclear Procedure
JOSRC	Joint Off-Site Review Committee
KNPP	Kewaunee Nuclear Power Plant
KV	Kilovolt
LCO	Limiting Condition for Operation
LER	Licensee Event Report
NAD	Nuclear Administrative Directive
NCV	Non-Cited Violation
NMC	Nuclear Management Company, LLC
OE	Operating Experience
PI&R	Problem Identification and Resolution
PMT	Post-Maintenance Testing
QA	Quality Assurance
RCE	Root Cause Evaluation
RCP	Reactor Coolant Pump
SDP	Significance Determination Process
SRO	Senior Reactor Operator
SW	Service Water
TDAFW	Turbine-Driven Auxiliary Feedwater
TS	Technical Specification
V	Volt
VAC	Volt Alternating Current
WO	Work Order

LIST OF DOCUMENTS REVIEWED

The following is a list of licensee documents reviewed during the inspection. Inclusion of a document on this list does not imply that NRC inspectors reviewed the entire document, but, rather that selected sections or portions of the document were evaluated as part of the overall inspection effort. In addition, inclusion of a document on this list does not imply NRC acceptance of the document, unless specifically stated in the body of the inspection report.

General Nuclear Procedures (GNPs) and Nuclear Administrative Directives (NADs)

GNP 03.01.01, Directive and Procedure Administrative Controls, Revision B
GNP 03.01.03, Procedure Use and Adherence, Revision C
GNP 08.02.01, Work Request/Work Order Processing, Revision F
GNP 11.08.01, Instructions for the Kewaunee Assessment Process, Revision F
GNP 11.08.07, Action Prioritization, Revision B

NAD 3.1, Directive and Process Control, Revision H
NAD 11.08, Kewaunee Assessment Process, Revision F
NAD 14.05, Quality Audits, Revision G

Kewaunee Assessment Program (KAPs)

99-003461 Develop Guidance for the Control of QA-1 Lubricants at KNPP

00-001289 Perform Trend Analysis on KAP Data Relative to "Human Performance, Communications and Work

00-001941 MU-320B Lifts and Does Not Reseat Properly

00-002599 SW Pump Minimum Flow Requirement

00-002695 Trend review for engineers issuing instructions based on poor understanding

00-003883 Procedures/Processes Need to be Established to Meet the Requirements Contained in the KNPP QA Manual for Tracking and Trending

00-003979 Corrective Action to Initiate a DCR [Design Change Request] was not Completed

00-004140 Near Miss - Hanging Tags on Wrong Valve

00-004273 Human Errors in Procedure and Tagout Implementation

00-004307 Low Service Water Flow to Containment Fan Coil Units C and D

01-000005 Audit Finding on KAP Prioritization Implementation

01-000007 KAPs Submitted for Closure With Outstanding Corrective Actions

01-000008 Weakness in Maintaining KAP Status in Database Current

01-000115 Oil Fill Point Labeling, TDAFWP Turbine Governor End Bearing

01-000270 Estimates Were Used for Certain NRC Performance Indicators for 4th Quarter 2000

01-000337 Apparent Need for a Root Cause Analysis on the Procedure Process

01-000345 Maintenance Department Gap Analysis

01-000426 Fire Door #281 Did Not Close Completely

01-000608 CRPAR Fans OOS LER/KAP Extent of Condition Review

01-001674 TDAFWP Appendix R Design Requirements

01-001728 Design Change Failed to Designate Several Appendix R Cables and Components

01-001784 There is Confusion on the Proper Oil Level to Maintain on the TDAFW Pump Turbine Bearing 01-001938 E-SW-02 Refers to Deleted FPP

01-001867 Audit Finding for Lack of KAP Trending Process

01-001883 FME Training for Electrical Maintenance

01-001888 Service Water Pump A1 Strainer Breaker Found in OFF Position

01-001921 KAP Description Field Being Inconsistently Completed

01-001933 Determine Correct Method for Determining If Apparent Cause Required for Significance Level C KAPs

01-001938 E-SW-02 Refers to Deleted FPP

01-001965 During the NRC Fire Protection Inspection, the Qualification of Electrical Pull Box 2105 was Questioned

01-003373 Expired Shelf Life of Patel P-1 Thread Sealant

01-004665 Evaluate the Extent of Condition for Other Material and Equipment With a Limited Useful Life and Determine if Additional Administrative Controls Are Needed to Ensure Material That is Stored Outside the Warehouse is Not Used After Its Expiration Date

01-005167 AFW Pump B Flow Indicated

01-005169 KNPP Has no Procedure to Procedure Cross-Reference Database

01-005238 Potential Exists for Preconditioning Equipment Prior to Inservice Testing or Tech Spec

01-005473 Draft Procedures Used in Contradiction to NAD/GNP Requirements

01-006587 Determine Whether AFW Pump 1B Area is III.G.2 or III.G.3 per Appendix R

01-006705 TDAFW Outboard Bearing Oil Level Below Minimum Level Recommended by Vendor

01-006708 Oil Levels in the 'B' AFW Pump and the TDAFW Pump are Slightly Low

01-006803 Potential Preconditioning of IST Component

01-006902 Turbine Driven Aux Feedwater Pump Governor Sightglass Oil Level Out-of-Sight High

01-007071 Resident Inspector Raised Question on KAP 01-6708: Develop a Procedure to Periodically Run the AFW Auxiliary Lube Oil Pumps to Check AFW Pump Oil Level

01-007100 Inappropriate Actions Taken in KAP 01-002624

01-007140 Expired Shelf Life Grease Used on 4160V Safeguards Breakers

01-008035 KAP Corrective Action Closed to History Inappropriately

01-008324 This KAP Documents the Untimely Follow-up on a Request to Add Oil to the B Motor-Driven and Turbine-Driven AFW

01-008749 Document Need to Revise RCE 01-011

01-008769 Review of Operability Evaluation of Switchgear Ventilation Back Draft Dampers

01-008868 Turbine-Driven AFW Pump Oil Level

01-009995 FRS-1 Adequacy 01-013397:PMP-05B-01 Step 4.2.4 Revised, However Warning Prior to Step Not Revised

01-010052 SD100 Blow Fuse

01-010310 Suction Relief for AFW Pump B Lifted Following Running AFW Pump B to Cool Down Discharge Piping

01-010319 Resident NRC Inspector Questions Operability of AFW-1B

01-011514 While Swapping running Service Water Pumps, Indications Appeared to be Different Than Expected

01-013044 KAP Problem Description Level of Detail Needs Improvement
01-013047 Management Expectations or Requirements for Performing ACEs Are Not Consistently Understood Throughout the Organization
01-013048 May Be Some Reluctance to Report Human Performance and Near Miss Events in KAPs
01-013325 Log Keeping Not Tracking Boric Acid Leaks in the Plant
01-013344 Misinterpretation of Display While Performing Radiation Monitoring Surveillance Procedure
01-013397 Revise Procedure PMP-05B-01 to Remove Incorrect Warning
01-013467 KAP Closed Without Following All Requirements of the KAP Process
01-013471 G-37 Grease Analysis and P&IR [Problem Identification and Resolution] Inspector Question
01-013474 August PI&R NRC Inspection Team Identified That GNP 11.8.7 Does Not Require Documentation in the KAP Notes Section of Any Justification for Second Extensions to Priority 1, 2, or KAPs and CAs [Corrective Actions]
01-013475 August PI&R NRC Inspection Team Identified Instances Where Issues KAPs Were Progressed to KAP Complete Status Without the Issue Being Addressed or the Evaluation Complete
01-013476 Evaluate/Determine a Process to Properly Control Lubricants
01-013490 MCC52E-J1 Breaker Interlock Adjustment
01-013493 While Performing Molded Case Circuit Breaker Testing (GMP 244) on MCC52E-J1 Discovered That It Was Being Done With An Out of Date Procedure
01-013518 No Extent of Condition Performed for KAP 01-1938
01-013544 KAP WO 01-001883-000 (FME Training Not Provided When New Procedure Issued - Electrical Maintenance) Closed Without All the Proper Documentation
01-013586 KAPs for the 7/31/2001 Emergency Exercise Were Not Timely
01-013594 Alcohol (Isopropyl) Discovered in Unauthorized Containers in the Flammable Liquid Locker
01-013612 TS Amendment 115 and the OQAPD (Quality Manual) Require a Biennial Surveillance of Safety-Related Procedures
01-014318 Previous KAP Issued Regarding Control of Safety-Related Lubricants
01-014323 August PI&R NRC Inspection Team Questioned the Timeliness of the Biennial Review of Integrated Plant Emergency Operating Procedures

Audits and Assessments

Assessment of Pre-Job Briefings Within Maintenance Department, KSA-MNT-01-02
Foreign Material Exclusion Program Assessment, KSA-MNT-01-01
Kewaunee Assessment Process, KSA-Assessment Process-01-03
KNPP's Fourth Quarter Audit Report for Year 2000
KNPP Audit Report, First Quarter Year 2001
KNPP Operations Assessment, K-SA-OPS-01-01
Operating Experience Assessment Program Effectiveness Review, KSA-Assessment 01-02
Self Assessment of the Kewaunee Assessment Process, KSA-Assessment 01-01

Other Documents Reviewed

AI (Administrative Instruction) 5.3, Document and Drawing Control Program, Revision D
AI 12.1.1, Surveillance Procedures Program, Revision D
Corrective Action Program (KAP) Improvement Initiative, Change Management Plan, November-December 2000
JOSRC [Joint Off-Site Review Committee] Recommendation to CA Schrock on the Kewaunee Corrective Action Program, February 27, 2001
JOSRC Meeting Minutes, February 27-28, 2001, June 7-8, 2001
KAP/Corrective Action/Root Cause: Tracking and Trending Performance Indicators, January 1-June 30, 2001
KAP and Corrective Action Process Performance Indicators, 7/30/01-8/6/01, 8/6/01-8/13/01, 8/14/01-8/20/01
Letter, dated February 23, 1994, from C. Steinhardt, Wisconsin Public Service Corporation, to the NRC, regarding proposed amendment to Kewaunee Technical Specifications
Letter, dated February 23, 1995, from R. Laufer, NRC, to C. Schrock, Wisconsin Public Service Corporation, regarding Amendment No. 115 to Facility Operating License No. DPR-43
Letter, dated August 13, 2001, from M. Reddemann, NMC, to the NRC., regarding Revision 21-B of the Operational Quality Assurance Program Description
GMP (General Maintenance Procedure)-244, "Molded Case Circuit Breaker Testing," Revision H
PMP-05B-01, "AFW - Auxiliary Feedwater Pump Lubrication and Maintenance (QA-1)," Revision V
PMP-18-13, "RBV - Containment Fan Coil Unit Performance Monitoring (QA-1)," Revision A
PMP-39-15, "EHV - 4160V Vacuum Breaker Maintenance," Revision E
RT-FW-05B-1, "AFW Lube Oil Pump Run," Original Revision

Root Cause Evaluations (RCEs)

Root Cause Evaluation Guideline, revisions dated January 9, 2001, and July 26, 2001

00-547	Train B SBV Inappropriately Returned to Service Without Meeting Acceptance Criteria
01-011	Performance Errors in Tagout Control and Procedure Use, Revision 2
01-026	Roll-Up Fire Door 281 Failed Functional Test & Timeliness of Reportability, Revision 1
01-031	RO/SRO Initial Training Exam Failures, Revision 1
01-032	Evaluation of Warehouse Shelf Life Program
01-038	Electrical Pull Box PB 2105 Does Not Meet Appendix R Requirements, Original Revision
01-043	Draft Procedures Used by the Radiation Protection Department, Revision 1
01-055	Shorted Lead During Maintenance, Draft
01-058	Failed Feedwater Regulation Valve Booster Causes Plant Trip, Original Revision

Licensee Event Report

LER 50-305/2000-02 Failure to Perform Second Level Review Results in Train B of the Shield Building Ventilation System Being Incorrectly Returned to Service

DOCUMENTS REQUESTED FROM THE LICENSEE PRIOR TO ONSITE INSPECTION

Administrative procedures related to: corrective action program
work orders
operability determinations
temporary modifications
root cause analysis
procedure change, use, and adherence

Reports of audits and self-assessments conducted since December 1, 2000, in the following areas: corrective action process
maintenance/work control
operations
engineering

Minutes for onsite and offsite committee meetings, including the Corrective Actions Review Board, conducted since December 1, 2000

A listing of: root cause evaluations completed since December 1, 2000
KAPs generated since December 1, 2000, related to corrective actions
work orders and KAPs generated since December 1, 2000, related to the auxiliary feedwater, service water, and the safety-related 4160/480-VAC systems
temporary modifications
operability determinations