UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
SAM NUNN ATLANTA FEDERAL CENTER
61 FORSYTH STREET SW SUITE 23T85
ATLANTA, GEORGIA 30303-8931

March 2, 2001

Florida Power and Light Company
ATTN.: Mr. T. F. Plunkett
President - Nuclear Division
P. O. Box 14000
Juno Beach, FL 33408-0420

SUBJECT: ST. LUCIE NUCLEAR PLANT - NRC INSPECTION REPORT
50-335/01-02 AND 50-389/01-02

Dear Mr. Plunkett:

On February 2, 2001, the NRC completed an inspection at the St. Lucie Nuclear Power Plant. The enclosed report documents the inspection findings which were discussed on February 2, 2001, with Mr. R. West and other 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 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, there were no findings of significance identified during this inspection. The inspectors concluded that most problems were properly identified, evaluated, and resolved within the problem identification and resolution program. However, the inspectors noted that numerous identified issues associated with the emergency operating procedures were not fully addressed in a timely manner. This had also been recently identified by your staff and actions were initiated to address these issues more aggressively.

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 (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,

/RA/

Leonard D. Wert, Chief
Reactor Projects Branch 3
Division of Reactor Projects

Docket Nos. 50-335, 50-389
License Nos. DPR-67, NPF-16

Enclosure: Inspection Report 50-335/01-02, 50-389/01-02

Attachments: 1. NRC's Revised Oversight Process
2. List of Documents Reviewed
3. List of Requested Material

cc w/encls:
Rajiv S. Kundalkar
Plant Vice President
Florida Power & Light Company
Electronic Mail Distribution

R. G. West
Plant General Manager
St. Lucie Nuclear Plant
Electronic Mail Distribution

E. J. Weinkam
Licensing Manager
St. Lucie Nuclear Plant
Electronic Mail Distribution

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RIDSNRRDIPMLIB
PUBLIC

PUBLIC DOCUMENT (circle one): YES

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U.S. NUCLEAR REGULATORY COMMISSION

REGION II

Docket Nos:	50-335, 50-389
License Nos:	DPR-67, NPF-16
Report No:	50-335/01-02, 50-389/01-02
Licensee:	Florida Power & Light Company (FPL)
Facility:	St. Lucie Nuclear Plant, Units 1 & 2
Location:	6351 South Ocean Drive Jensen Beach, FL 34957
Dates:	January 22 - February 2, 2001
Inspectors:	J. Munday, Senior Resident Inspector, Hatch D. Lanyi, Resident Inspector G. Hopper, Senior Operations Engineer J. Blake, Senior Reactor Inspector
Approved by:	L. Wert, Chief Reactor Projects Branch 3 Division of Reactor Projects

Enclosure

Summary of Findings

ADAMS Template:

IR 05000335-01-02, IR 05000389-01-02, on 01/22 - 02/02/2001, Florida Power & Light Company, St. Lucie Nuclear Plant, Units 1 & 2, annual baseline inspection of the identification and resolution of problems. The corrective action program was acceptable with one negative observation noted.

The inspection was conducted by a senior resident inspector, the St. Lucie resident inspector, a regional senior operations engineer, and a regional senior reactor inspector. No significant findings were identified.

Identification and Resolution of Problems:

The inspectors determined that the licensee was effective at identifying problems and entering them into the corrective action program. Generally, problems entered into the program were adequately evaluated and appropriate corrective actions were identified. Formal root cause evaluations and corrective actions for significant issues were thorough and detailed. Corrective actions were generally implemented in a timely manner commensurate with their safety significance. However, the licensee's efforts to upgrade the emergency operating procedures to incorporate revisions and other changes to the Combustion Engineering emergency procedure guidelines have not been timely. This issue had also been recently identified by the licensee and actions were initiated to more aggressively address the procedure changes. Interviews and other information indicated that plant employees were not reluctant to report nuclear safety issues.

Report Details

4. OTHER ACTIVITIES (OA)

4OA2 Problem Identification and Resolution

.1 Effectiveness of Problem Identification

a. Inspection Scope

The inspectors reviewed licensee corrective action activities performed since January 1, 2000. This review included issues documented in NRC inspection reports and the plant issues matrix within the past twelve months. Problem identification and resolution effectiveness during this period was also discussed with the resident inspectors who routinely observed these activities as part of the baseline NRC inspection program.

The inspectors also reviewed the Unit 1 and Unit 2 operating logs for January 2001, selected security logs, and plant system health reports to determine if identified deficiencies were being entered into the corrective action program (CAP). In addition, the inspector conducted tours of the facility during both day shift and back shift periods, including the areas containing the emergency core cooling systems, component cooling water system, electrical distribution systems, spent fuel storage, and the main control rooms to assess the condition of these safety and risk significant systems and to determine if deficiencies existed which had not been entered into the CAP.

The inspectors reviewed selected condition reports (CRs), plant work orders (PWOs) and system health reports for several systems identified as risk significant in the licensee's probabilistic risk assessment, including component cooling water, intake cooling water, high pressure safety injection, low pressure safety injection, auxiliary feedwater, reactor protection system, 125 V DC batteries and breakers, 120 V AC vital inverters, 480 V AC motor control center breakers, and 6.9 kV switchgear and breakers. In addition, the inspectors reviewed approximately 185 CRs associated with items identified in the areas of operations, maintenance, chemistry, health physics, security, engineering, emergency preparedness and personnel safety to determine the licensee's threshold for identifying problems.

The inspectors reviewed several Quality Assurance audits and licensee self assessments to determine if the findings were consistent with those identified by the NRC and had been appropriately entered into the CAP.

The inspectors reviewed industry operating experience, including NRC Information Notices, Generic Letters, NRC daily event reports, 10 CFR Part 21 reports, and vendor reports and bulletins that were issued during the past year to determine if they had been appropriately evaluated for applicability and entered into the CAP.

In addition, the inspectors conducted plant tours and had discussions with various plant personnel to verify that other processes were not being utilized to address problems that should have been included in the CAP. The inspectors attended the licensee's daily plant status meeting and Condition Report Oversight Group meeting to determine the level of management attention and oversight given to issues entered into the CAP.

b. Issues and Findings

The inspectors determined that the licensee's threshold for identifying problems and entering them into the CAP was sufficiently low. Operating experience was routinely reviewed for applicability and documented in the CAP. Audits and self-assessments were sufficiently critical and often captured problems for inclusion in the CAP. Quality Assurance Audit QSL-CA-00-06, Corrective Action Functional Area Audit, identified that emergency operating procedure issues were not being resolved in a timely fashion. As a result, additional management attention was directed at addressing those issues more aggressively. Section 4OA2.3 of this report contains additional details on that matter.

.2 Prioritization and Evaluation of Issues

a. Inspection Scope

The inspectors reviewed the CRs identified in Attachment 2 to determine if they had been properly prioritized and evaluated in the CAP. In addition, the inspectors reviewed the items identified in the licensee's emergency operating procedures (EOP) matrix tracking system to determine if EOP related issues were being properly prioritized and evaluated. Plant work orders and maintenance rule documents were reviewed to determine if systems within the scope of the maintenance rule were being periodically reviewed and identified issues were being repaired in a timely fashion. The inspectors attended a Facility Review Group meeting and several Condition Report Oversight Group meetings. The inspectors also reviewed minutes from several Corporate Nuclear Review Board and the Facility Review Group meetings to determine if identified issues were being adequately reviewed and receiving appropriate management attention.

b. Issues and Findings

Overall, the licensee's CAP was effective at prioritizing and resolving conditions adverse to quality. Root cause analyses were thorough and detailed. For most issues, the licensee's system of prioritization ensured timely resolution commensurate with safety significance. Section 4OA2.3 of this report contains an observation on the resolution of emergency operating procedure issues.

.3 Effectiveness of Corrective Actions

a. Inspection Scope

The inspectors reviewed the CRs identified in Attachment 2 to determine if appropriate corrective actions were prescribed and implemented by the licensee. In addition, the inspectors evaluated the CRs to determine if the individuals or departments assigned to resolve the issues were sufficiently knowledgeable and capable of effectively dispositioning the issues. Trend reports were also reviewed and discussed with the licensee to determine the causes of the various trends and the corrective actions taken. Corrective actions in response to Licensee Event Reports and non-cited violations were reviewed for adequacy and to determine if the extent of condition was sufficiently broad.

The inspectors also reviewed the backlog of open CRs and associated action items as well as the emergency operating procedure (EOP) matrix tracking system to determine if problems were being corrected in a timely fashion.

b. Issues and Findings

The inspectors concluded that the corrective actions for the CRs reviewed were generally appropriately focused to correct the condition and implemented in a timely manner commensurate with the safety significance of the issue. However, the inspectors identified examples where some actions associated with the EOP upgrade project were not implemented in a timely manner. Revision 4 of the Combustion Engineering emergency procedures guidelines (CEN 152 EPGs) was issued on December 31, 1996 and revision 5 was issued on December 10, 1999, however, the licensee has only recently upgraded the EOPs through revision 3 (with some Feedback Response Reports incorporated).

The licensee had reviewed the changes proposed in the two EPG revisions to determine their significance to plant operation and emergency response, and prioritized the items for resolution. The inspectors noted that several issues were not incorporated into the EOPs in a timely manner. Examples include; directions in EOP-01, Standard Post Trip Actions, to trip all reactor coolant pumps specifically upon a loss of 20 degrees F subcooling margin; additional guidance for solid plant operations; specific guidance on depressurizing the Unit 2 safety injection tanks to facilitate plant cooldown; clarification of reactor coolant pump restart criteria during certain conditions; and, incorporation of potential harsh containment environment effects on instrument setpoints. The inspectors discussed these examples with the licensee and determined that they were not of sufficient safety significance to warrant immediate resolution. In many of the instances, other procedures or guidance, outside the EOPs, provided sufficient directions to the operators. Also, the conditions which would necessitate reliance on such specific EOP guidance were unlikely. Although these issues had not been fully addressed in a timely manner, the inspectors did not conclude that the current EOPs were inadequate.

Additionally, the inspectors noted that the issue of timeliness of the EOP upgrade had been previously identified by the Quality Assurance department in audit QSL-CA-00-06, dated November 2, 2000. That audit identified that the EOP upgrade process did not provide for the timely update of the EOPs and that the backlog of open issues was increasing. The corrective action for this finding included, among other things, a plan for bringing the EOPs in-line with revision 5 of the CEN 152 EPGs by December 31, 2001. During this inspection, licensee management indicated that they were committed to meeting this schedule. The overall strategy for the update of the EOPs to revision 5 of the CEN 152 EPGs was identified and described in CR 01-0184.

.4 Assessment of Safety Conscious Work Environment

a. Inspection Scope

The inspectors reviewed licensee audits, assessments, and issues identified in CRs, and questioned licensee employees to determine whether any conditions existed that would cause employees to be reluctant to raise safety concerns. In addition, the inspectors reviewed several issues addressed in the employee concerns program.

b. Issues and Findings

No findings were identified. The inspectors determined that licensee employees were familiar with the CAP and employee concerns programs and did not feel reluctant to raise safety issues.

4OA6 Management Meetings

Exit Meeting Summary

The inspectors presented the inspection results to Mr. R. West, Plant General Manager, and other members of licensee management at the conclusion of the inspection on February 2, 2001. The licensee acknowledged the findings presented.

PARTIAL LIST OF PERSONS CONTACTED

Licensee
G. Bird , Protection Services Manager
R. De La Espriella, Site Quality Manager
B. Dunn, Site Engineering Manager
J. Gallagher, Speakout Investigator
W. Guldemond, Operations Manager
D. Huey, Corrective Action Group Supervisor
R. Kundalkar, Site Vice President
W. Lindsey, Training Manager
J. Martin, Assistant Operations Supervisor/EOP Team Leader
A. Pawley, I&C and Electrical Maintenance Supervisor
J. Porter, Maintenance Rule Administrator
A. Scales, Operations Supervisor
E. Weinkam, Licensing Manager
R. West, Plant General Manager
C. Wood, Work Control Manager

NRC
L. Plisco, Director, Division of Reactor Projects, Region II

ITEMS OPENED, CLOSED AND DISCUSSED

None.

NRC's REVISED REACTOR OVERSIGHT PROCESS

The federal Nuclear Regulatory Commission (NRC) recently revamped its inspection, assessment, and enforcement programs for commercial nuclear power plants. The new process takes into account improvements in the performance of the nuclear industry over the past 25 years and improved approaches of inspecting and assessing safety performance at NRC licensed plants.

The new process monitors licensee performance in three broad areas (called strategic performance areas): reactor safety (avoiding accidents and reducing the consequences of accidents if they occur), radiation safety (protecting plant employees and the public during routine operations), and safeguards (protecting the plant against sabotage or other security threats). The process focuses on licensee performance within each of seven cornerstones of safety in the three areas:

Reactor Safety	Radiation Safety	Safeguards
● Initiating Events	● Occupational	● Physical Protection
● Mitigating Systems	● Public	
● Barrier Integrity		
● Emergency Preparedness		

To monitor these seven cornerstones of safety, the NRC uses two processes that generate information about the safety significance of plant operations: inspections and performance indicators. Inspection findings will be evaluated according to their potential significance for safety, using the Significance Determination Process, and assigned colors of GREEN, WHITE, YELLOW or RED. GREEN findings are indicative of issues that, while they may not be desirable, represent very low safety significance. WHITE findings indicate issues that are of low to moderate safety significance. YELLOW findings are issues that are of substantial safety significance. RED findings represent issues that are of high safety significance with a significant reduction in safety margin.

Performance indicator data will be compared to established criteria for measuring licensee performance in terms of potential safety. Based on prescribed thresholds, the indicators will be classified by color representing varying levels of performance and incremental degradation in safety: GREEN, WHITE, YELLOW, and RED. GREEN indicators represent performance at a level requiring no additional NRC oversight beyond the baseline inspections. WHITE corresponds to performance that may result in increased NRC oversight. YELLOW represents performance that minimally reduces safety margin and requires even more NRC oversight. RED indicates performance that represents a significant reduction in safety margin but still provides adequate protection to public health and safety.

The assessment process integrates performance indicators and inspection so the agency can reach objective conclusions regarding overall plant performance. The agency will use an Action Matrix to determine in a systematic, predictable manner which regulatory actions should be taken based on a licensee's performance. The NRC's actions in response to the significance (as represented by the color) of issues will be the same for performance indicators as for inspection findings. As a licensee's safety performance degrades, the NRC will take more and increasingly significant action, which can include shutting down a plant, as described in the Action Matrix.

More information can be found at *http://www.nrc.gov/NRR/OVERSIGHT/index.html.*

LIST OF DOCUMENTS REVIEWED

Procedures:

ADM-07.01, PMAI Corrective Action Tracking Program, Rev. 1
ADM-07.02, Condition Reports, Rev. 1
ADM-08.04, Root Cause Evaluations, Rev. 9
ADM-11.05, Self Assessment Procedure, Rev. 4A
ADM-17.03, Operating Experience Feedback, Rev. 13A
ADM-17.08, Implementation of 10 CFR 50.65, The Maintenance Rule, Rev. 14
ADM-17.16, Implementation of the Configuration Risk Management Program, Rev. 2
QI-16-PSL-3, Corrective Action, Rev. 1A
2-EOP-01, Standard Post Trip Actions
2-EOP-03, Loss of Coolant Accident
2-EOP-04, Steam Generator Tube Rupture
2-EOP-15, Functional Recovery
CEN-152 Revision 3, Emergency Procedure Guidelines
CEN-152 Revision 4, Emergency Procedure Guidelines
CEN-152 Revision 5, Emergency Procedure Guidelines

Licensee Event Reports:

2000-002-00, Missed Surveillance and Operation Prohibited by Technical Specifications
2000-003-00, Technical Specification Control Room Minimum Staffing Levels Not Met

Licensee Response to Non-Cited Violations

NCV 00-02-01
NCV 00-04-01
NCV 00-04-02
NCV 00-06-01

Operating Experience

NRC Generic Letter 99-02, Laboratory Testing of Nuclear-Grade Activated Charcoal
INPO Significant Event Report 4-00, Continued Operation when Conditions Called for Manually Scramming the Reactor
INPO Significant Event Notice 211, Mispositioned Valve Causes Inadvertent Draindown of the Reactor Coolant System as Shutdown Cooling is Placed in Service
INPO Significant Event Notice 214, Stuck Open Relief Valve Causes Reduction in Reactor Coolant Inventory
INPO Operating Experience 10677, Potential ECCS Pump Unavailability Due to Inadvertent SIAS
INPO Operating Experience 10700, Control Light Indication Does Not Adequately Reflect the Valves Actual Position
INPO Operating Experience11349, HPSI Pump Recirc Check Valve Stuck Open
INPO Operating Experience 11420, HPSI Pump Bearing Experienced a Lack of Oil Due to Inability to Drain From Oil Bubbler
INPO Operating Experience 11564, Containment Spray MOV Stroked Inadvertently During Work
Westinghouse Nuclear Safety Advisory Letter 00-003, Diaphragm Valve Seat Leakage
NRC Regulatory Issue Summary 2000-22, Issues Stemming rom NRC Staff Review of Recent Difficulties Experienced in Maintaining Steam Generator Tube Integrity
NRC Information Notice 2000-14, Non-Vital Bus Fault Leads to Fire and Loss of Offsite Power

Condition Reports:

97-1278	98-0432	98-1331	99-0315	99-1293	99-2369
99-2407	00-0002	00-0003	00-0007	00-0010	00-0012
00-0017	00-0050	00-0065	00-0071	00-0074	00-0080
00-0108	00-0112	00-0125	00-0137	00-0129	00-0132
00-0143	00-0152	00-0172	00-0181	00-0183	00-0184
00-0185	00-0190	00-0200	00-0201	00-0209	00-0214
00-0216	00-0232	00-0233	00-0239	00-0244	00-0245
00-0246	00-0255	00-0275	00-0276	00-0278	00-0281
00-0282	00-0287	00-0294	00-0300	00-0310	00-0313
00-0317	00-0324	00-0357	00-0444	00-0445	00-0475
00-0482	00-0517	00-0554	00-0586	00-0589	00-0610
00-0644	00-0645	00-0652	00-0685	00-0689	00-0699
00-0718	00-0723	00-0732	00-0775	00-0824	00-0855
00-0864	00-0873	00-0880	00-0881	00-0910	00-0911
00-0911 S1	00-0936	00-0945	00-0946	00-0950	00-0956
00-0971	00-0991	00-1005	00-1026	00-1060	00-1066
00-1079	00-1083	00-1086	00-1091	00-1102	00-1104
00-1109	00-1115	00-1136	00-1138	00-1143	00-1161
00-1167	00-1184	00-1195	00-1227	00-1238	00-1243
00-1258	00-1271	00-1275	00-1277	00-1284	00-1296
00-1297	00-1312	00-1313	00-1320	00-1323	00-1324
00-1330	00-1354	00-1357	00-1366	00-1383	00-1383 S1
00-1390	00-1421	00-1422	00-1437	00-1452	00-1484
00-1506	00-1522	00-1539	00-1556	00-1604	00-1623
00-1631	00-1656 S1	00-1639	00-1641	00-1656	00-1670
00-1681	00-1743	00-1757	00-1777	00-1783	00-1812
00-1839	00-1844	00-1849	00-1859	00-1865	00-1866
00-1867	00-1876	00-1907	00-1910	00-1934	00-1981
00-1989	00-1997	00-2032	00-2057	00-2060	00-2074
00-2101	01-0021	01-0022	01-0030	01-0104	01-0116
01-0143	01-0164				

Plant Work Orders:

30000079	30000241	30001846	30000712	30001640	30007220
30001510	30007675	30013812	30020770	30015511	30016336
31001466	31000162				

Licensee Self Assessments:

Health Physics Department Self-Assessment - First Quarter 2000
Health Physics Department Self-Assessment - SL2-12 Outage Critique
Maintenance Rule Program 3rd Quarter 2000 Report, December 18, 2000
Maintenance Rule Program 4th Quarter 2000 Report, January 19, 2001
St. Lucie Site Engineering 2nd Quarter 2000 Self-Assessment, August 30, 2000
St. Lucie Maintenance Self-Assessment 2000-01, March 31, 2000
St. Lucie Maintenance Self-Assessment 2000-03, October 31, 2000
St. Lucie Protection Services Department 1st Quarter Self-Assessment, May 30, 2000
Operations Self-Assessment, OPS-SA-00-01, March 2000
Operations Self-Assessment, OPS-SA-00-02, March 2000

Operations Self-Assessment, OPS-SA-00-03, March 23, 2000
Operations Self-Assessment, OPS-SA-00-04, April 5, 2000
Operations Self-Assessment, OPS-SA-00-05, June 30, 2000
Operations Self-Assessment, POS-SA-00-010, October, 2000
Corrective Action Group/Engineering 1st Quarter Self-Assessment
PS-2000-0130 Rev. 00, Emergency Operating Procedure Review (Westinghouse)

Licensee Quality Assurance Audits:

QR-99-5078, EOP and ONOP Revision Activities of 12/10/99 through 2/15/99
QR-00-5015, EOP Improvement Project Periodic Review
QSL-CHM-00-04, Chemistry Biennial Functional Area Audit
QAS-CA-00-01, Corrective Action Audit
QSL-CA-00-06, Corrective Action Functional Area Audit

Miscellaneous Documents

Operations Department Chronological Log, January 2001
Off-hour Tour Observation Assessment, June 23, 2000
Operations Crew Observation Program Forms
Facility Review Group Meeting Minutes, 00-158, 00-159

LIST OF REQUESTED MATERIAL

St. Lucie Problem Identification and Resolution Inspection Requested Documents

Inspection Dates: First Week Onsite - 01/22 thru 01/26/01
Second Week Onsite - 01/29 thru 02/02/01

Inspection Members: Joel T. Munday (Lead Inspector), SRI Hatch
Dave Lanyi, RI St. Lucie
Jerry Blake, Senior Reactor Inspector, RII
George Hopper, License Examiner

The following is a list procedures and documents we will need to prepare for our inspection:

A. Procedures - Latest revision

1) Corrective Action Program (CAP) related procedures;
2) Root Cause Analysis (RCA) process;
3) Trending process;
4) Self-assessment process;
5) Operating Experience Review (OER) process;
6) Configuration Risk Management Program;
7) Operability Determinations;
8) Action Item tracking process; and,
9) Event Review process.

B. Documents - Only since 1/1/00, except as noted. All lists should include title, date, description, priority and/or significance level, and status, as applicable.

1) Licensee Event Reports and Special Reports required by Technical Specifications, including status of corrective actions;
2) List of Information Notices applicable to St. Lucie;
3) List of all condition reports (CRs), sorted chronologically and by priority/significance;
4) Separate list of all CRs that involved formal RCA, or maintenance preventable functional failure (MPFF);
5) List of all outstanding CRs awaiting final disposition (regardless of age);
6) List of all overdue CRs and corrective actions (regardless of age);
7) Quality Assurance (QA) audits regarding the corrective action program, and onsite and offsite review committees;
8) List of QA audits;
9) Offsite review committee minutes;
10) Safety review group reports;
11) Trending evaluation reports;
12) Self-assessments by internal and external organizations;
13) List of corrective action backlog, including action items, and action item extensions (regardless of age), also trend charts showing priority, age, and number over time;
14) List of all OER items (e.g., 10CFR21 reports, industry reports, vendor notifications, etc.) applicable to St. Lucie;
15) Resolution and corrective actions associated with GL 99-02;

16) All CRs and corrective actions related to NRC violations (e.g., NCV, NOV, and escalated) with status of corrective actions;
17) List of significant repeat CRs;
18) Event Review reports;
19) Maintenance Rule reports (including lists of all MPFFs and a(1) SSCs); and,
20) List of daily/weekly licensee meetings (POD, planning, corrective actions, etc.).

With specific regard to the EOP Program, the following information is also requested:

1) All documents and correspondence with the NRC that describe licensee commitments associated with developing and revising EOPs;
2) Access to CEN 152 REV 3 and REV 5;
3) List of all CRs associated with the EOPs since January 1999;
4) All QA audits, internal and external self-assessments, and licensee or independent reviews of the EOP program since January 1999;
5) Access to all of the EOPs and associated deviation documents (e.g., PSTG); and,
6) List of all EOP discrepancies identified since January 1999, and their current status.

Furthermore, we will also need access to the following documents and materials while onsite:

2. Technical Specifications;
3. FSAR;
4. IPE and IPEEE Reports (Response to GL 88-20);
5. QA Manual;
6. Maintenance Rule Manual;
7. Plant procedure listing;
8. Plant system descriptions;
9. P&IDs;
10. Organization charts; and,
11. Control Room logs.

Requested by Dave Lanyi 12/28: CRs associated with HPSI, CCW, RPS/ESFAS, AFW, Emerg. Pwr, Intake cooling water