PrairieIslandISFSIPEm Resource

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Sent: Friday, October 31, 2014 2:08 PM
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Cc: Eckholt, Gene F.; Staley, Michael; Morrison, Tim; Marty, Scott R.; Nguyen, John-Chau
Subject: Follow-up Discussion Regarding Trends in ISFSI Dose Rates
Attachments: FP-PA-ARP-01.pdf; SP 1076.pdf

Nate,

To follow-up our discussion yesterday, here are informal copies of the procedures we discussed - please note that these are provided for your information only:

- SP 1076, "ISFSI Quarterly Safety Status Surveillance" - this documents the review of radiation survey data for increasing trends, and initiation of a CAP action item if an increasing trend is identified
    - Section 7.12 requires the performer (a nuclear engineer per step 4.1) to verify "absence of an increasing trend in cask dose rates from the quarterly radiation surveys"
    - Section 7.13 requires initiation of a CAP (Corrective Action Program action request) if any increasing trend is observed
    - The "X" in the margin for these steps indicates that they are required by the referenced item with the same "X" designation - ISFSI License Renewal (Reference 2.4)

- FP-PA-ARP-01, "CAP Action Request Process" - this describes the process of reviewing CAP action items to identify their severity, priority, and due dates for actions; note that the initial action for an increasing trend may be to evaluate the cause of the increase and determine further actions - this initial action would be assigned a due date; after the assigned engineer determines an appropriate corrective action(s), each follow-on action would then be added and assigned its own due date.
    - Section 5.1 says this program is used for concerns of all types
    - Section 5.2.1 requires that the Shift Manager be notified immediately of concerns with plant equipment, operability, reportability, or safety
    - Subsequent sections provide requirements for the initiator, reviewers, and performers of identified actions; these also refer to Attachments for more specific details and examples
    - Attachments 3, 4 address the process of screening each CAP and assigning a Severity level, depending on the significance of the issue
    - Attachment 5 provides examples of severity classifications
    - Attachment 6 describes prioritization
    - Attachment 7 describes establishment of due dates

I hope this is useful for explaining how our programs look for increasing trends in radiation survey measurements at the ISFSI, enter any observed increasing trends into our Corrective Action Program, and then provide for appropriate resolution.

Please let me know if you would like us to arrange a telephone conference to provide further clarification of any aspects of this process.

Thanks,

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Nuclear Department Fleet Procedure		Page 1 of 58

Title: **CAP Action Request Process**

Approval:

Kristin Zastrow

Nuclear Performance Assessment Corporate
Functional Area Manager

INFORMATION USE
• **Procedure should be available, but not necessarily at the work location.** • **Procedure may be performed from memory.** • **User remains responsible for procedure adherence.**

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1.0 PURPOSE

NOTE:	**Hyperlinks have been added to this document to improve navigation on electronic devices. On any device other than a workstation connected to the corporate network, hyperlinks to external documents inside the network will not function.**

1.1 This procedure describes the Corrective Action Program (CAP) Action Request (AR) Process. It is the expectation of management that this procedure be made available to all employees to document any problems or concerns regardless of significance or status of resolution.

1.2 This procedure meets the requirements of 10 CFR Part 50, Appendix B criteria XV and XVI, and the "Nuclear Quality Assurance Topical Report."

1.3 This document supports the implementation of renewed license aging management programs, specifically for elements related to corrective action and confirmation of corrective action. This document also supports Monticello's NRC License Renewal Commitment {C008} related to generation of a CAP AR whenever non-conforming conditions are found.

2.0 APPLICABILITY

2.1 This procedure establishes the process for documenting and tracking the resolution of deficient conditions. It provides the framework to ensure that deviations from performance expectations, including conditions adverse to quality, those potentially significant, employee concerns, operability issues, functionality issues, and reportability issues are promptly identified, evaluated, and corrected commensurate with safety significance.

3.0 RESPONSIBILITIES

NOTE:	**In the event that the CAP AR software become unavailable, refer to Attachment 10, Process Continuity.**

3.1 All personnel are responsible for compliance with this procedure. Even if resolved upon identification, problems, issues, and concerns are to be entered into the CAP AR process, at a minimum to facilitate performance trending.

3.2 The "Owed To" is the Manager/Supervisor assigned responsibility for the CAP AR. The Owed To is responsible for resolution of the issue and quality of the products and should:

- Review and approve new CAP ARs.
- Assign CAP AR work activities.

- Ensure assignments are completed as assigned or that documentation for non-performance/deviation from original assignment is adequate in accordance with Attachment 2.
- Review and approve completed CAP ARs.
- Review and approve CAP AR assignment due date extension requests in accordance with Attachment 7.
- Ensure Trend Codes are entered.
- As necessary, ensure reassignment of CAP ARs when individuals within their department leave the organization/department.

3.3 The "Assigned To" is responsible for completing the assignment as defined in the assignment description and in accordance with this procedure.

3.4 The Plant Design Authority is responsible for evaluation and approval of "repair" and "use-as-is" disposition of non-conforming items per guidance in Attachment 8. {C009}

4.0 DEFINITIONS

4.1 **Activities**: Activities as discussed in the definition of a Condition Adverse to Quality include, but are not limited to the following: design, procurement, fabrication, installation, modification, maintenance, repair, refueling, operation, training, inspections, tests, radwaste shipping, independent spent fuel storage, emergency preparedness, security, radiation protection, and fire protection.

4.2 **Adverse Assessment Finding:** A NOS Finding that warrants a Corrective Action to Preclude Repetition (CAPR) and an Effectiveness Review (EFR). Factors that are considered include:

- Issues identified as Significant Conditions Adverse to Quality
- Recurring and/or long-standing issues for which previous corrective actions have been ineffective or unsustainable in correcting the condition
- Cross-functional or safety culture issues impacting multiple departments
- Substantial organizational leadership issues within a department or multiple departments
- Programmatic breakdown or weakness that results in an ineffective program or key aspects of a program
- Falsification of QA records
- Identification of a "chilling environment"

See FP-NO-IA-12, "Nuclear Oversight Finding Development, Issuance, Tracking, and Issue Escalation" for more information.

4.3 **Adverse Trend:** An increase in the frequency of occurrence and/or severity of conditions or causes related to equipment, human performance, organizational and/or programmatic performance, a sustained decline in performance of equipment, organizations, processes, or programs which have or may result in moderate to significant impact to the plant and/or the organization; or a sustained level of performance that is significantly below the goals or expectations established by management.

4.4 **Apparent Cause Evaluation (ACE):** See FP-PA-ACE-01.

4.5 **Assignment/Sub Assignment:** An action initiated as a result of an CAP AR. See Attachment 6 for more details.

4.6 **CAP Action Request (CAP AR):** The electronic or paper record documenting conditions adverse to quality, significant conditions adverse to quality or those that are potentially adverse or significant.

4.7 **Condition Adverse to Quality (CAQ):** An all-inclusive term used in reference to any of the following conditions: failures, malfunctions, deficiencies, deviations, defective material and equipment, abnormal occurrences, non-conformances and out-of-control processes, including the failure to follow procedures, when the condition is related to structures, systems, components (SSC) and activities within the scope of the Quality Assurance Program as defined in the Quality Assurance Topical Report.

4.8 **Credible New Information (CNI Keyword):** Information not previously known about the magnitude and/or frequency of an external event and originates from a nuclear-industry-recognized authority such as a government agency, academic institution, national laboratory, technical or architectural engineering company or industry organization such as EPRI OR due the actual occurrence of an external event.

4.9 **Critical Equipment**: See FP-E-SE-02.

4.10 **Degraded Condition:** See FP-OP-OL-01.

4.11 **Effectiveness Review (EFR):** See FP-PA-EFR-01.

4.12 **Equipment Cause Evaluation (ECE):** See FP-PA-ECE-01.

4.13 **Extent of Condition (EOC):** See FG-PA-EVAL-01.

4.14 **External Event:** Family of external hazards identified in the 1) current plant design basis for a given station and 2) hazards used for a station site assessment process as outlined in NEI 12-06, "Diverse and Flexible Coping Strategies (FLEX)." Examples of external hazards:

1. Seismic events

2. External flooding (such as local intense precipitation, flooding from nearby rivers, lakes, and reservoirs, high tides, seiche, hurricane and storm surge, tsunami events)
3. Storms such as hurricanes, high winds, tornadoes, extreme straight winds, and tornado missiles
4. Extreme snow, ice, and cold such as avalanche, frost, ice cover, frazil ice, snow, and extreme low temperatures
5. Extreme heat

4.15 **Finding (i.e., NOS Finding):** See FP-NO-IA-12, "Nuclear Oversight Finding Development, Issuance, Tracking, and Issue Escalation."

4.16 **Functional/Functionality:** See FP-OP-OL-01, "Functionality is an attribute of SSCs [Systems, Structures, or Components] that are not controlled by Technical Specifications (TS). An SSC is functional or has functionality when it is capable of performing its specified function, as set forth in the CLB [Current License Basis]. Functionality does not apply to specified safety functions, but does apply to non-TS SSCs (to perform other specified functions that have a necessary support function.")

4.17 **Ineffective Corrective Action:** See FP-PA-EFR-01

4.18 **Margin Issue:** See FP-E-CM-01

4.19 **Nonconforming Condition:** See FP-OP-OL-01 for full definition – "A condition of an SSC that involves a failure to meet the Current Licensing Bases (CLB) or a situation in which quality has been reduced because of factors such as improper design, testing, construction, documentation, or modification."

4.20 **Objective Evidence:** Information based on facts that can be proved through analysis, measurement, observation, or other means of quantifiable information.

4.21 **OE Preventable Event:** See FG-PA-EVAL-01

4.22 **Operable/Operability:** See FP-OP-OL-01 – "Apply to specified safety functions of SSCs described in TS (Technical Specifications). SSCs described in TS are either OPERABLE or INOPERABLE. See TS for site-specific definitions."

4.23 **Partial ACE:** See FP-PA-ACE-01

4.24 **Potential Trend:** A change in equipment, human, organizational, or programmatic performance that has not been validated as an Adverse Trend.

4.25 **Priority:** A calculated value (1-100) combining aspects of severity and assignment type that provides Owed-To's and Assigned-To's guidance on the relative importance, level of effort, and resources to be applied to completion of a CAP AR assignment. See Attachment 6 for the combination of Severity and Assignment Types with the corresponding Priority value. {C006}

4.26 **Proprietary Information:** See FP-R-LIC-02

4.27 **Protected Activity:** An activity that involves the identification and resolution of potential safety concerns, violations of license conditions, or violations of NRC regulations. Personnel who engage in protected activities are protected by law against adverse employer actions including discharge or actions relating to compensation, terms, conditions, or privileges of employment. {C004}

4.28 **Repeat Events (REPEAT Keyword):** See FG-PA-EVAL-01

4.29 **Root Cause Evaluation (RCE):** See FP-PA-RCE-01

4.30 **Significant Condition Adverse to Quality (SCAQ):** A condition (CAQ) that, if uncorrected, could have a serious effect on safety or operability. That is, the CAQ could reasonably prevent the assurance of the following:

- Integrity of the reactor coolant pressure boundary
- Capability to shut down the reactor and maintain it in a safe shutdown condition
- Capability to prevent or mitigate the consequences of accidents which could result in potential offsite exposures comparable to the guideline exposures of 10 CFR Part 100 or 10 CFR50.67, as applicable.

4.31 **Severity Levels:** Severity levels are assigned to a CAP AR as determined by the unique circumstances including actual or potential consequences and the probability of recurrence if no actions are taken. See Attachment 4 for more details.

4.32 **Unexplained Condition (UNXPLCND Keyword):** Abnormal plant conditions for which the significance or risk cannot be readily or accurately explained or understood (e.g., Davis Besse rust on containment air filters).

5.0 REQUIREMENTS

5.1 GENERAL REQUIREMENTS

5.1.1 The CAP AR process involves identification and documentation of problems, issues, and concerns of all types. {C009}

The CAP AR process meets the regulatory requirements of 10 CFR Part 50 Appendix B, Criterion XVI.

5.2 ISSUE IDENTIFICATION AND CAP AR INITIATION – AR ORIGINATOR

5.2.1 Personnel SHALL contact the Shift Manager immediately with any plant equipment, operability, reportability, or safety concern. If in doubt, contact the Shift Manager.

5.2.2 If a question exists whether a CAP AR is necessary, utilize the “Issue Discovery Checklist,” QF0573. See additional guidance in Attachment 9.

5.2.3 Determine whether the CAP AR requires review by an SRO. An SRO SHALL review the CAP AR if the issue:

- Affects plant operation, plant equipment, security equipment, or Emergency Response Facility equipment
- Represents an Operability or Functionality concern
- Potentially is reportable or involves external agency notification (NRC, EPA, etc.)
- Involves Technical Specification or Technical Requirement Manual compliance
- Presents an immediate threat to personnel safety
- Represents credible new information regarding external events that challenges the current design and licensing basis {C011}

5.2.4 Notify the shift manager to take the necessary actions to preserve any evidence or damaged equipment to minimize the loss of information that may help determine the cause of the problem. Refer to FP-PA-ARP-02, Attachment 1, for quarantine guidance.

5.2.5 For non-conforming items encountered in the field {C009}

1. Initiate a CAP AR.
2. Notify the responsible work group supervisor to take the necessary actions to segregate, isolate, and identify the items.
3. Segregate non-conforming items and the location and demarcation method used noted in the AR.
4. Identify non-conforming items with a material or substance that does not deteriorate or become illegible. The identification SHALL be affixed to the items and displayed for easy access.
5. Reference the CAP AR on all non-conforming items for use in determining final disposition of the non-conforming item(s).
6. Reference Attachment 8 for further guidance on the Disposition of Non-Conforming Items.

5.2.6 For CAP ARs that involve Repeat Events, OE Preventable Events, or failed EFRs from CAPRs, CAP ARs should be written separately to address:

1. The Repeat/OE Preventable Event. The “REPEAT” or “OE PREV” keyword, as applicable, should be added to the CAP AR (documenting the event that was found to be a repeat). This CAP AR is commonly already written when the event is determined to be Repeat or OE Preventable.
2. The failure of the previous evaluation/corrective actions to prevent the Repeat/OE Preventable Event. This is a Learning Organization objective that needs to be addressed separately as it is fundamentally a different problem statement.
3. Ensure an EFR using QF0438 is added to OE Preventable CAP ARs, due 60 days from event discovery, in accordance with FP-PA-SOER-01.

5.2.7 For NRC Finding/Violations/Unresolved Items (URIs) documented in a CAP AR, Site Regulatory Affairs will generate a CAP AR or ensure that a CAP AR has been generated that details all aspects of the Finding/Violation. {C010}

1. Generate an OTHA action for yellow and red findings to screen the finding to determine if an engineering program should be developed in accordance with CD 5.26. The action should be assigned to the Fleet Director of Program Engineering and given an initial due date of 30 days.
2. Assign Site Regulatory Affairs an OTHA assignment for each NRC Finding/Violation CAP AR to verify that all aspects of the Finding/Violation have been corrected/addressed and documented in the AR prior to closure. {C010}
3. IF a single aspect receives 3 or more cross-cutting aspect hits (or a single hit to SCWE) over a 12-month rolling period, THEN Regulatory Affairs will generate a CAP AR recommending evaluation of the cross-cutting trend. Refer to Attachment 4 to determine the appropriate level of effort associated with the condition.

5.2.8 In accordance with FP-R-LIC-13, generate CAP ARs for external stakeholder (e.g., NRC, INPO, Shareholders, Media, Public, NEIL, FERC/NERC, PUC, etc.) questions, unless the question is immediately answered and resolved without any further follow-up required (e.g. if the NRC resident asks the shift manager a question on plant status and shift manager answers, no follow-up is required).

- When any doubt exists as to the need for the initiation of a CAP AR, a CAP AR should be initiated.

CAUTION **DO NOT enter Safeguards Information into the electronic AR process. Care should be taken to avoid compilation of Non-Safeguards Information that, when combined, could constitute Safeguards Information.**

5.2.9 Processing CAP ARs Containing Safeguards Information (SGI):

1. Initiate a generic (void of SGI or Sensitive Information) CAP AR by completing the electronic AR form in accordance with Attachment 1 {C004} and the CAP Job Aid.
2. Contact a member of the Security organization and review FP-S-FSIP-13, “Information Control Program,” to ensure all SGI control requirements are understood and adhered to.
3. Complete a hardcopy of QF2406, “Safeguards Information Action Request Form,” documenting the details of the issue and cross-referencing the generic electronic AR number.
4. Once filled in, the QF2406 SHALL be handled as Safeguards Information in accordance with FP-S-FSIP-13, “Information Control Program.”

5.2.10 For all other CAP ARs, initiate by completing the electronic AR form using guidance in Attachment 1 {C004} and the CAP Job Aid, if desired.

1. CAP ARs should be initiated and submitted in the same shift or day as issue identification. Submit prior to the end of shift, no later than 24 hours after the issue is identified.

2. IF doubt exists whether a CAP AR should be initiated, THEN initiate the CAP AR.

3. IF the electronic AR Process system is unavailable or the Originator does not have computer access, THEN submit CAP ARs manually using the "Action Request Form" (Form QF0400). Refer to the guidance of Attachment 10, "Process Continuity."

4. IF an Originator generates a QF0400 that relates to a CAQ or SCAQ but omits his or her name, THEN forward the QF0400 to the Performance Assessment Manager to consult with the site employee concerns program manager in accordance with FP-EC-ECP-01 "Employee Concerns Program."

5.2.11 Clearly identify issues that concern "credible new information" and "external events" by adding the "CNI" keyword to the CAP AR. {C011}

5.2.12 Specify that 10 CFR Part 21 applies if the problem involves a potential defect or nonconformance in a Quality Level 1 (QL-1) part or component, including commercially dedicated items (See FP-E-P21-01, "10 CFR 21 Evaluations;" See QF0558, "10 CFR 21 Evaluation Form").

5.2.13 Refer to Attachment 1 and complete the AR Description to include the problem statement, including what happened and the consequences of the issue.

5.2.14 Refer to Attachment 1 and complete the CAP AR NOTES tab of the AR initiation template.

5.2.15 Refer to Attachment 1 and enter the equipment ID or any affected equipment if the condition being reported by the CAP AR affects or involves plant equipment.

5.2.16 IF the CAP AR requires initiation of a process outside of CAP (e.g., PCR, ECR, WR, ITAR, etc.), THEN initiate an action request in accordance with the applicable process and cross-reference the document (AR) to the CAP AR. See Attachment 12 for guidance.

5.2.17 Route the AR to a Manager/Supervisor for approval, or to the A-SRO group as required by Step 5.2.

5.2.18 Contact the Manager/Supervisor or SRO and inform them that a CAP AR has been initiated and sent for review.

5.3 CAP AR REVIEW (SRO)

5.3.1 Immediate Operability/Functionality Determination

NOTE:	**For more detail on evaluating Operability/Functionality, see FP-OP-OL-01.**

The SRO determines, directs, and documents the following items, where applicable:

1. Immediate actions taken as a result of the CAP AR Operability Status of ALL affected structures, systems or components identified in the CAP AR
2. Functionality Status
3. Basis for Operability/Functionality
4. Compensatory Measures
5. External Agency Notification
6. Potential notifications for reporting (e.g., 10 CFR50.73 Part 21, etc.) should be documented for evaluation in a CE Assignment created at the time of CAP AR SRO Review
7. Unplanned LCO Action Statement Entry

5.3.2 Operability/Functionality Determination

In accordance with FP-OP-OL-01, the SRO uses the CAP AR Process to assign a Operability Determination (OPR) or Functionality Assessment (FA) to the appropriate individual.

1. The OPR/FA SHALL be performed in accordance with FP-OP-OL-01.
2. The SRO documents the Operability/Functionality Declaration in the OPS STATUS attribute NOTE of the CAP AR.
3. IF the Immediate Operability/Functionality Declaration is not supported by the OPR/FA, THEN the responsible person immediately notifies the Shift Manager.
4. The SRO SHALL approve the CAP and send it to Screening within 24 hours of assignment of an OPR/FA.

5.4 CAP AR APPROVAL (SRO & NON-SRO APPROVERS)

NOTE:	**Supervisors and above can approve their own CAP ARs, provided they do not meet the requirements for SRO review.**
NOTE:	**Personnel are not authorized to change the AR type from CAP to any other AR type or change the severity level on a CAP AR without approval in accordance with Attachment 3.**
NOTE:	**The OE Coordinator or designee may bypass supervisory review for OE CAP ARs.**

5.4.1 IF the CAP AR bypassed SRO review, THEN verify that the CAP AR does not require SRO Review (per the requirements of Step 5.2).

1. IF SRO Review is required, THEN utilize the RETURN option in PassPort and change the Owed-To to the A-SRO group for review and provide feedback to the initiator that the CAP was routed to the SRO for review.

5.4.2 Review the CAP AR and ensure the standards of Attachment 1 are met. {C004}

NOTE:	**Do not use the Passport REJECT option at any time.**
NOTE:	**Supervisors are NOT permitted to alter any information provided by the originator of the AR without the concurrence of the originator. Supplementary or clarifying information may be added in the notes field of the AR by the supervisor or by other personnel.**

1. Document any comments or information related to the review and provide recommendations for resolution in the “N” notes.
2. IF the condition has been corrected by immediate action, THEN document completion of action in the “N” notes.
3. Verify “A,” “O,” and “R” notes are complete and accurate, providing adequate information in accordance with Attachment 1.
4. Discuss with or return it to the Originator for more information or clarification, as needed.

5.4.3 Complete OPS Status, UNPLANNED TSAC ENTRY, and CAP AR due date as required for APPROVED status.

5.4.4 Approve the CAP AR.

5.4.5 Forward to Screening by setting the Owed To as “A-SCREEN” of the applicable facility.

5.5 CAP AR SCREENING AND PROCESSING

NOTE:	**CAP ARs that require more information to allow proper screening are to be returned to the supervisor/manager who approved the AR for inclusion of necessary information.**

5.5.1 Conduct CAP screening activities in accordance with Attachment 3, CAP Screening Charter.

5.5.2 IF a CAP AR can be completed with no additional action, THEN ensure adequate documentation within the CAP AR or attached in SharePoint supports closure.

1. Verify adequacy of information, apply trend coding, as applicable, and complete the CAP AR

5.5.3 IF AR Screening determines that two or more CAP ARs describe similar issues and only one CAP AR is needed to address, THEN close one AR to the other, ensuring:

1. The assignments are generated under the highest level severity CAP AR
2. The scope of the CAP AR to be used to correct the condition will resolve the issue
3. Adequate documentation within the CAP AR supports closure to another CAP AR

5.5.4 Special Requirements for NOS Findings and Adverse Assessment Findings

1. NOS Adverse Assessment Findings and NOS Findings should normally be assigned as Level A and B CAP ARs, respectively.
2. IF an Adverse Assessment Finding is issued by Nuclear Oversight (NOS), THEN the CAP AR SHALL assign an evaluation performed to determine the cause, assign a CAPR, and assign an EFR. {C005}
3. For NOS Adverse Assessment Findings or NOS Findings, initiate an OTHA for NOS to review the completed evaluation.
4. The AR Attribute “NOS REVIEW REQD?” should be marked “Y” (set by the initiator).

5.5.5 For issues entered into the Corrective Action Program that concern or require interface with agencies outside of the CAP AR process (e.g., Transmission and Distribution (T&D), Corporate Human Resources), a nuclear department representative can be designated to assign any required CAP evaluations or actions and is responsible for ensuring the CAP AR process is followed.

5.5.6 Upon creation of OBD/OBN/FBD/FBN assignments, also create an Approval (A) Route List to the A-SRO group of the Affected Facility. Do not check the “All” box.

5.5.7 Upon creation of OBN/OBD assignments associated with ASME Section XI components, GENERATE separate OTHA actions for both the ASME section XI coordinator and ANII coordinator to document their completion review. These reviews will be completed prior to close out of the associated OBD/OBN actions.

5.5.8 For CAP ARs that require an Operability Determination resulting in the need to implement compensatory measures:

1. Create a CE to Engineering to perform a past operability evaluation within 7 days
2. Create a CE to Licensing to perform a past reportability evaluation within 14 days

5.5.9 Assignments are generated out of CAP Screening in accordance with Attachment 3.

5.6 ACCEPT ASSIGNMENT

NOTE:	**An initial change in due date prior to acceptance is not considered a due date extension per the guidance of Attachment 7.**
NOTE:	**Do not use the Passport ON HOLD option at any time.**

5.6.1 The "Assigned To" is responsible for reviewing the assignment and confirming understand of the following:

1. Scope of the assignment
2. Ability to complete the assignment by the established due date

5.6.2 Accept the Assignment.

5.7 PERFORM ASSIGNMENT

5.7.1 The "Assigned To" performs and completes the requested assignment, as stated in the assignment description, in accordance with the guidance of Attachment 8 and the following requirements:

1. IF new operability/reportability/functionality/safety concerns are identified, THEN notify the shift manager immediately and generate a new CAP AR.
2. IF a new problem or condition adverse to quality is identified, THEN initiate a new CAP AR.
3. IF a higher/lower severity level or a higher/lower evaluation is appropriate using guidance in Attachment 4, pursue rescreening and/or downgrading.
4. To downgrade, use Form QF0466, CAP Evaluation Downgrade Request, and follow guidance in Attachment 7.
5. To request rescreening of an assignment:
    a. Request concurrence of the Owed To for the change.
    b. Add an "N" note to the parent CAP AR. Preface the note with "RESCREEN REQUEST," then clearly describe the requested change (severity level change or upgrade/downgrade/cancellation of assignment), and the basis for the requested change.

c. Owed To changes the “Owed To” of the CAP AR to “A-SCREEN” of the appropriate facility.

6. IF during the evaluation it is determined that 10 CFR Part 21 is applicable, THEN refer to FP-E-P21-01.

7. IF the assignment cannot be completed by the due date, THEN follow guidance provided in Attachment 7.

8. Following completion of the assignment, document the work completed for review and approval in accordance with Attachment 8.

9. IF, following completion of the assignment, an additional action is found necessary, THEN initiate a new assignment in accordance with Step 5.8 of this procedure.

5.7.2 Disposition non-conforming items per Attachment 8.

5.7.3 IF similar, related or repetitive actions exist, THEN these may be consolidated into a single action for tracking purposes IF the following criteria are met:

1. Consolidated actions are cross-referenced
2. The earliest due date takes precedence
3. Remaining open action must be from an equal or higher severity level CAP AR
4. The remaining open action is updated to include any details of expanded scope of requested work being added from the actions being closed
5. Approval of the Owed To

5.8 INITIATE FOLLOW-ON ASSIGNMENTS

NOTE:	**For additional guidance and examples on corrective action development, reference FG-PA-EVAL-01 "Evaluation Manual" Attachment 18 "Corrective Action Development.”**

5.8.1 The CAP AR Owed To is responsible for ensuring assignments are initiated that result from evaluations or additional reviews.

5.8.2 Write the assignment and establish due dates in accordance with Attachment 6, Attachment 7 and Attachment 12, ensuring that it includes the following:

1. Assignment Type – Identification of the type of work activity being requested (Corrective Action, Effectiveness Review, etc.)
2. Identification of the responsible individual
3. Identification of Mode Change Restraint (as determined by an SRO and reviewed by CAP Screening)
4. Identification of Nuclear Oversight or Licensing review required

5.8.3 As appropriate, action descriptions should seek to achieve the INPO recommendations for SMART actions (Specific, Measurable, Achievable, Reasonable, and Timely).

5.8.4 When creating an action under an A or B level CAP AR that tracks completion of a Work Order, complete the following steps:

a. Create the CAP action and cross-reference it to the Work Request or Work Order.

b. Assign CAP action to the work group responsible for implementation of the Work Order to resolve the condition.

c. Align the due date using Attachment 7 Criteria and collaborating with a Cycle or Outage Scheduler in Work Management.

d. If the Work Order has been assigned to the Fix-it-Now (FIN) Team, utilize Attachment 7 to set the initial due date on the CAP action.

e. The Work Order owning group will complete Work Order attributes “CAP 1 AGREED-TO DATE”/“CAP 1 NUMBER”. If the attribute is already in use, then use the second “2” attribute to add this information.

5.8.5 Provide a Due Date for the assignment in accordance with Attachment 7.

5.8.6 If reassignment to another work group is appropriate, obtain agreement from the affected workgroup supervisor/manager prior to reassignment and document alignment.

5.8.7 For corrective actions from “A” or “B” CAPs that impact fleet processes, obtain concurrence of the Peer Group Lead or CFAM for the affected process before initiating the action.

5.8.8 Significant Conditions Adverse to Quality SHALL have corrective actions to preclude repetition (CAPR), and an Effectiveness Review (EFR). {C002}

5.8.9 Initiate an EFR for CAPRs, out of ACEs and RCEs evaluating trends in cross-cutting aspects, and NOS adverse assessment findings, as required by FP-PA-EFR-01.

5.8.10 For guidance on EFRs for externally identified areas for improvement, reference requirements from FP-PA-EFR-01 and FG-PA-PREP-01.

5.9 COMPLETE ASSIGNMENT

5.9.1 Ensure that guidelines of Attachment 8 are met.

5.9.2 For completion of OBD/OBN/FBD/FBN assignments an SRO review is required.

1. IF the review by the SRO for OBD/OBN/FBD/FBN finds the assignment resolution acceptable, THEN the SRO documents the operability/functionality declaration in the CAP AR Ops Status note.
2. IF the completed Assignment is not acceptable to the SRO, THEN document the basis for the determination, reopen the assignment (with an appropriate due date extension) and initiate a CAP AR to document the discrepancy.

5.9.3 IF a MRE concludes that a Maintenance Rule Functional Failure (MRFF) or Equipment Reliability Clock Reset (as defined by AP-913 and evaluated using QF0565) occurred, THEN request a re-screening to upgrade CAP AR severity and level of effort in accordance with Attachment 4.

5.10 TREND CODING

5.10.1 IF the CAP is assigned an evaluation, THEN trend coding is performed after the evaluation is complete. IF no evaluation is assigned, THEN trend coding is performed after the CAP AR has been screened. To perform trend coding, the CAP Liaison (or designee):

1. Applies trend codes in accordance with the guidance of FG-PA-CTC-01
2. When trending a RCE/ACE/ECE, enters the cross-cutting aspect in Passport, when applicable
3. Completes the trend code attribute

5.11 CAP OWED TO REVIEW AND COMPLETE CAP AR

NOTE:	**To meet requirements for processing to records, progress to "COMPLETE" status within 30 days of closeout of the last assignment.**

5.11.1 Review the CAP AR using guidance in Attachment 2.

5.11.2 Review that the actions taken have corrected the condition originally documented in the CAP AR.

1. If the actions taken have not corrected the condition originally documented in the CAP AR, generate a new CAP AR to document that the condition has not been corrected.

5.11.3 IF all assignments have been completed with the appropriate documentation and in accordance with Attachment 8, THEN the CAP AR can be completed.

5.11.4 IF all assignments are not completed as documented in the assignment description, but appropriate basis per Attachment 8 for non-performance is acceptable, THEN the CAP AR may be completed.

5.11.5 Verify that the CAP AR and all attached documents have complete information and are accurate to allow support as a quality record.

5.11.6 IF review of the completed assignment determines that assignment closure is inadequate, THEN:

1. Re-open the applicable assignment(s).
2. Document the gap and what should be done to close the gap in the In-Progress Notes of the assignment(s).
3. Assess whether the existing due date allows sufficient time for the assignee to close the gaps.
4. IF the existing due date is insufficient, THEN process a due date extension in accordance with Attachment 7.
5. Notify the performer that the assignment has been returned.
6. Initiate a new CAP AR for returned/re-opened assignments to document that assignment closure was inadequate.

NOTE:	**The document becomes a record as soon as it is taken to COMPLETE or COMP-NA status and it cannot then be altered without supplementing the record (except for changes to trend codes and keywords using the "Action Tracking Trend Codes and Keywords" bolt-on).**

5.11.7 Complete the AR.

NOTE:	**A CAP AR must NOT be re-opened until at least one hour has passed from the time it was taken to COMPLETE/COMP-NA status to allow adequate time for Passport to generate the records index for the AR.**
NOTE:	**REFRAIN from re-opening legacy CAP ARs and subsequent assignments. Generate a new CAP AR documenting the issue and cross-reference to the legacy CAP AR.**

5.11.8 IF the CAP AR must be re-opened, THEN initiate a tracking assignment to ensure completion of records supplement in accordance with FP-G-RM-01 using QF2110 (Records Supplemental Information). Consult with Performance Assessment prior to re-opening a CAP AR.

6.0 RECORDS

6.1 Applicable records generated by this procedure SHALL be retained at the site/fleet in accordance with their records retention program requirements.

7.0 REFERENCES

7.1 SOURCE DOCUMENTS

7.1.1 ASME NQA-1, "Quality Assurance Requirements for Nuclear Facility Applications"

7.1.2 10 CFR 50, Appendix B, Criterion XV & XVI

7.1.3 Equal Employment Opportunity/Non Harassment Policy

7.1.4 FP-PA-ARP-03, “Non-CAP Action Request Process”

7.1.5 FP-PA-EFR-01, “Effectiveness Review Manual”

7.1.6 FP-OP-OL-01, “Operability Determination”

7.1.7 NSPM-1, “Quality Assurance Topical Report”

7.1.8 NRC Regulator Issue Summary 2005-20, “Revision to Guidance Formerly Contained in NRC Generic Letter 91-18, “Information to Licensees Regarding two NRC Inspection Manual Sections on Resolution of Degraded and Nonconforming Conditions and on Operability.”

7.1.9 PI CAP AR 01145695-35 is the basis for the guidance developed for Attachment 9, Issue Discovery Checklist.

7.2 REFERENCE DOCUMENTS

7.2.1 FP-EC-ECP-01, “Employee Concerns Program”

7.2.2 FP-PA-PAR-01, “Performance Assessment Review Board and Performance Assessment Oversight”

7.2.3 FP-PA-RCE-01, “Root Cause Evaluation Manual”

7.2.4 FP-PA-ACE-01, “Apparent Cause Evaluation Manual”

7.2.5 FP-PA-ECE-01, “Equipment Cause Evaluation Manual”

7.2.6 FG-PA-EVAL-01, “Evaluation Methods”

7.2.7 FG-E-ARP-01, "Disposition of Non-Conforming Items"

7.2.8 FP-PA-ARP-02, “Augmented Incident Evaluation”

7.2.9 FP-PA-OE-01, “Operating Experience Program”

7.2.10 FP-PA-EFR-01, “Corrective Action Effectiveness Review Manual”

7.2.11 FG-PA-CTC-01, “CAP Trend Code Manual”

7.2.12 FP-PA-DRUM-01, “Department Roll Up Meeting (DRUM) Manual”

7.2.13 QF0400, “CAP AR Form”

7.2.14 QF0430, “ACE Report Evaluation”

7.2.15 QF0432, “RCE Report Evaluation”

7.2.16 QF0451, “ECE Report Evaluation”

7.2.17 QF0429, “Standard Screen Team Agenda”

7.2.18 QF0461, “CAP Assignment Due Date Extension Request”

7.2.19 QF2110, “Record Supplemental Information”

7.2.20 QF0573, “Issue Discovery Checklist”

7.2.21 CD 5.20, “Fleet Modification Program”

7.2.22 Code of Federal Regulations, 10 CFR 50.7 “Employee Protection”

7.2.23 Code of Federal Regulations, 10 CFR 50, Appendix B “Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants.”

7.2.24 Code of Federal Regulations, 10 CFR 54, “Requirements for Renewal of Operating Licenses for Nuclear Power Plants”

7.2.25 Code of Federal Regulations, 10 CRF 21, “ Reporting of Defects and Non-Compliance”

7.2.26 NUMARC 93-01, “Industry Guidance for Monitoring the Effectiveness of Maintenance at Nuclear Power Plants”

7.2.27 NUREG-1865, “Safety Evaluation Report Related to the License Renewal of the Monticello Nuclear Generating Plant”

7.2.28 JFG FL-CAP-PAS-002G, “CAP Liaison”

7.2.29 FG-G-REC-01, “Preparing CAP AR PDFs for Transition to Records”

7.2.30 FP-OP-PRC-01, “Plant Operating Review Committee”

7.2.31 FG-R-LIC-06, “NRC Performance Analysis”

7.2.32 NSPM-1, ”Quality Assurance Topical Report”

7.2.33 FP-R-LIC-02, “Regulatory Correspondence”

7.2.34 FP-E-P21-01, “10 CFR 21 Evaluations”

7.2.35 QF0558, “10 CFR 21 Evaluation Form”

7.2.36 DP-NO-IA-01, “Internal Assessments”

7.2.37 EPRI – Clearance and Tagging Guidelines for Nuclear Electric Generating Stations

7.2.38 FP-R-LIC-09, “Licensee Event Reports”

7.2.39 FP-E-CM-01, “Margin Management”

7.2.40 FP-T-SAT-60, “Systematic Approach to Training (SAT) Overview”

7.2.41 FP-G-RM-01, “Quality Assurance Records Control”

7.2.42 FP-G-DOC-05, “Procedure Writer’s Guide”

7.2.43 FP-E-MOD-04, “Design Inputs”

7.2.44 FP-PA-SOER-01, “Significant Operating Experience Report (SOER) Processing”

7.2.45 JFG FL-CAP-SCT-001G, “CAP Screening Team Member”

7.2.46 Mentoring Guide FL-ESP-SYS-003M, “Maintenance Rule System Activities (MRE and (a)(1) Action Planning)”

7.2.47 FP-S-FSIP-13, “Information Control Program”

7.2.48 QF2406, “Safeguards Information CAP AR Form”

7.2.49 FP-NO-IA-12, “Nuclear Oversight Finding Development, Issuance, Tracking, and Issue Escalation”

7.2.50 FP-E-SE-02, “Component Classification”

7.2.51 INPO AP-913, “Equipment Reliability Process Description”

7.2.52 QF0565, “Maintenance Rule Functional, MSPI, and Equipment Reliability Clock Reset Failure Evaluation”

7.2.53 QF1118, “Outage Scope Change Request Scope Control”

7.2.54 FP-R-LIC-13, “Communications with the NRC”

7.2.55 QF0428, “Human Performance Event Investigation Tool”

7.3 COMMITMENTS

7.3.1 PINGP {C001} Prairie Island - CA01001641-17, Provide severity level examples for category 10 EAL threshold declarations for Site, General Emergency, Alert and Unusual Events.

7.3.2 PINGP and MNGP {C002} Prairie Island and Monticello (01010870-11) – Identify that SCAQs require CAPRs.

7.3.3 MNGP {C003} Monticello – CAPR00623668-06 – assign personnel with integrated Knowledge or Team for significant design basis issues.

7.3.4 NSPM {C004} (PINGP, MNGP): NRC Confirmatory Order EA-06-178 Alternate Dispute Resolution (ADR) of Employee Protected Activity. (AR01070334).

7.3.5 NSPM {C005} (PINGP, MNGP): NSPM QATR section C.1 through commitment to NQA-1 Supplement 18S-1 (also see CAP AR 01186023).

7.3.6 PINGP {C006} CAPR 01166830-09 – action priority scheme.

7.3.7 MNGP {C007} CAPR for CAP 01209649 – EPRI tagging levels mapping to CAP AR severity.

7.3.8 MNGP {C008} Monticello – M05009A, AR 00829851, Site documents that implement aging management activities for license renewal will be enhanced to ensure an AR is prepared in accordance with plant procedures whenever non-conforming conditions are found (i.e., the acceptance criteria is not met).

7.3.9 MNGP {C009} Monticello- [M87070A] Abnormal, unsatisfactory, or other nonconforming conditions SHALL be documented along with the corrective action and the results of any required re-inspections. This documentation SHALL be included in the inspection documents.

a. Inspection personnel should review noted discrepancies with the NOS Supervisor.

7.3.10 PINGP {C010} CAPRs for CAP AR 01399588

1. 01390609-19 – Require Site Regulatory Affairs to write a CAP AR to document each NRC Finding/Violation.

2. 01390609-20 – Require that the CAP AR document the NRC Finding SHALL be held open until the NRC Finding/Violation has been corrected, as documented in the closure statement by Regulatory Affairs.

7.3.11 NSPM {C011} IER L1-13-10 – Require identification of credible new information regarding external events.

1. 01376818-30 – Monticello

2. 01376829-17 – Prairie Island

8.0 REVISION SUMMARY

8.1 Editorial and formatting changes throughout

8.2 Section 4.30, added 10CFR50.67
Revised wording of “safety and operability” to “safety or operability” to match NQA-1.

8.3 Section 5.8.4 revised to clarify steps taken when a Work Order is being tracked via an A or B level CAP action.

8.4 5.10.5.2 Deleted step regarding MRule (a)(1) due dates.

8.5 Attachment 5 – Deleted the requirement under column C significance, for generation of a CAP for two or more cross-cuts.

8.6 7.1.9 revised to indicate correct Attachment number, from 10 to 9.

9.0 ATTACHMENTS

9.1 Attachment 1 Expectations for the Use of the Corrective Action Program

9.2 Attachment 2 Supervisor Review/Approval Guide

9.3 Attachment 3 CAP Screening Charter

9.4 Attachment 4 Severity and Evaluation Level Determination Matrix

9.5 Attachment 5 CAP Severity Classification Examples

9.6 Attachment 6 CAP AR Assignment Types and Priority

9.7 Attachment 7 Due Date Establishment and Extension Request Guidance

9.8 Attachment 8 Assignment Completion Guidance

9.9 Attachment 9 Issue Discovery Checklist

9.10 Attachment 10 Process Continuity

9.11 Attachment 11 Mode Change Restraints

9.12 Attachment 12 CAP to External Process Interface

ATTACHMENT 1
EXPECTATIONS FOR USE OF THE CORRECTIVE ACTION PROGRAM

NOTE:	**During the evaluation of any CAP issue, if another issue is identified that is, our could be, considered a condition adverse to quality or a significant condition adverse to quality, then initiate a new CAP AR.**
NOTE:	**The identification of issues in the CAP AR process are considered Protected Activities. These activities are governed by 10 CFR50.7, protecting individuals from retaliation or discrimination of any type, based solely on identification of problems or issues in the CAP AR. {C004}**

General Expectations

When initiating a CAP AR, include the following information:

- Describe activity in progress at the time of discovery, how the issue was found, and what actions were taken when condition was found.
- A clear statement of facts that includes the equipment, component, process, etc. that was affected (object), the expectation or standard of performance and how the condition found deviates from the expectation or standard (defect).
- A listing of any actual or potential consequences as a result of the issue.

Use of individual names, personal ID numbers, or other means to single out individual performance is prohibited. Generic position titles or organizations should be used when that information is relevant to identification and resolution of the problem.

Profanity, demeaning, inflammatory, harassing, or other unprofessional language should not be used in the CAP AR system.

Do NOT include the following in CAP ARs:

- Opinions not supported by facts
- Safeguards or security sensitive information
- Proprietary information
- Personally Identifiable Information (PII)
- Information withheld from public disclosure pursuant to 10 CFR2.390
- Certain INPO/WANO information, including evaluation, review, assistance, and accreditation reports or portions thereof
- Information subject to FERC requirements
- Company sensitive information

Such information may be generally referenced in CAP ARs with directions on where specific documentation can be obtained.

ATTACHMENT 1 (CONT'D)
EXPECTATIONS FOR USE OF THE CORRECTIVE ACTION PROGRAM

COMPLETE A/O/R/N NOTES:

- "A" Note – Documents immediate actions taken. This may include interim/immediate actions or compensatory measures taken, notifications made, immediate evaluation performed, etc.
- "O" Note – Why did this occur? List the cause of the condition (if known). Where possible, discuss the issue with involved personnel to gain an understanding of why the condition exists.
- "R" Note – Recommended actions. This may include recommended course of investigation/evaluation, actions to correct the condition, and/or actions to correct cause(s).
- "N" Note (Optional) – Additional information as deemed appropriate.

Complete attributes required by NOTIFY status:

- EQUIP ID REQ'D – The purpose of this required attribute is to provide a reminder to enter the equipment ID for CAP ARs involving equipment. IF a value of "Y" is entered, verify the equipment ID has been added to the CAP AR in PassPort.
- IDENTIFIED BY – This attribute records the generic entity that identified the condition documented by the CAP AR (not necessarily who enters the CAP AR in Passport).
- SRO REVIEW REQD? – This attribute provides a forcing function for the initiator to determine whether the CAP AR should be sent to a supervisor or to the A-SRO group for approval.

ATTACHMENT 2
SUPERVISOR REVIEW/APPROVAL GUIDE

CAP AR Review/Approval

The reviewer should ensure that the AR follows the general guidance from Attachment 1 for documenting issues in the corrective action program.

AR Completion/Closure

The CAP AR should be closed within 30 days of the last assignment completion.

1. Review the CAP AR parent record to understand the issue.

2. Ensure the actions taken have corrected the condition identified in the CAP AR.

3. Ensure the completed Assignments adequately address the requested action, with objective evidence commensurate with the safety significance of the issue provided.

NOTE:	**For Assignments completed by the "Owed To" supervisor, it is recommended that another supervisor perform the review.**

4. Review the associated/referenced supporting documentation to ensure it supports the closure as described. (Reference Attachment 8)

5. Ensure all required documentation to support closure is attached or referenced.

6. Ensure a quality assignment is performed, in accordance with references below:
   - Apparent Cause Evaluation – FP-PA-ACE-01
   - Root Cause Evaluation – FP-PA-RCE-01
   - Equipment Cause Evaluation – FP-PA-ECE-01
   - Operating Experience Evaluation – FP-PA-OE-01
   - Condition Evaluations – Attachment 8
   - Actions – Attachment 8

7. If all requirements have been completed with the appropriate documentation, the Assignments should be accepted.

8. If all requirements are NOT completed, but appropriate basis for non-performance is documented, the Assignment may be accepted. It is not necessary to provide basis for closure of "C" and "D" level CAP ARs closed to the Work Request/Order, or PCR type ARs that are appropriately cross-referenced.

ATTACHMENT 2 CONT'D
SUPERVISOR REVIEW/APPROVAL GUIDE

9. If assignments are NOT completed or documentation is inadequate, the Assignment(s) should be returned to the responsible person for additional work.

    a. Basis for return of the Assignment should be documented in the record with any new actions initiated to resolve gaps noted.

    b. A new CAP AR SHALL be initiated to document that corrective actions were insufficient to resolve the issue.

        i. Reference the original CAP AR and state what actions were taken.

10. If the review identifies that additional actions are required, ensure that additional Assignments have been created to track the action.

11. If NOS/Licensing Review is required, verify that all affected Assignments have been reviewed.

12. If ACE/ECE/RCE grading is needed, ensure the Assignment is complete, and the grades are entered.

13. Verify that the AR has been trend coded and the applied codes are appropriate.

14. Review the attachments to the AR and verify that they should be part of the quality record.

ATTACHMENT 3
CAP SCREENING CHARTER

PURPOSE

The purpose of the CAP Screening Team is to review incoming CAP ARs to ensure quality documentation and understanding of issues identified in CAP ARs, immediate resolution of conditions, and to facilitate site management ownership of the CAP inventory through assignment and prioritization of CAP activities. CAP Screening is also chartered to provide oversight for administrative implementation of the CAP AR Process.

TEAM MEETINGS

- Fleet Screen Team meetings should be held at least once per week.
- Site CAP Screen Team meetings should be held at least 3 times per week.
- Screen Team members are expected to review the ARs and be familiar with them prior to scheduled meetings.
- A pre-screening meeting may be conducted prior to CAP screening in order to facilitate timely resolution of issues.

COMPOSITION

A Job Familiarization Guide (FL-CAP-SCT-001G) for CAP Screen Team should be completed for each primary and alternate member prior to that person functioning on the team.

For each position, this document designates primary members. Primary members are authorized to designate individuals as alternate for all positions.

In recognition of NOS' role as an independent oversight body, NOS does not satisfy a quorum position.

CAP SCREEN TEAM (SITE)

NOTE:	**An individual can fulfill two roles if they are acting as Chair. For example, if the Engineering Director is the Chair, they also count as the required representative from the Engineering Department. The same is true of a designated Chair.**
NOTE:	**A minimum of 3 primary members must be present to satisfy quorum requirements.**
NOTE:	**In response to emergent need, the Chair has the authority to hold the meeting minus the loss of one individual otherwise needed to meet quorum. (N-1)**
NOTE:	**Senior Station Manager is defined in this context as the Site Vice President, Site Director, Plant Manager, Assistant Plant Manager, Engineering Director, Senior Site Engineering Manager, and Business Support Director.**

ATTACHMENT 3 (CONT'D)
CAP SCREENING CHARTER

The Screen Team Chair is the Performance Assessment Manager. A Senior Station Manager or designee may act as Chair in the PA Manager's absence.

Minimum Quorum Requirements are as follows:

AR Screening Team Chair, Operations, Maintenance, Engineering and Screening Team members from 2 other departments

Quorum members are allowed to fill dual roles to meet quorum requirements.

- Manager in Production Planning Dept.
- Rad Protection Manager or Gen Supv.
- Projects Dept. Manager
- Regulatory Affairs Manager
- Training Manager or Gen Supv
- Human Performance & Safety Manager
- Business Support Manager
- Chemistry Manager or Gen Supv.
- Emergency Preparedness Manager
- Security Manager or Ops/Prog. Supv
- Performance Assessment Manager

One member should hold a current or previous Senior Reactor Operator (SRO) license or SRO Certification.

CAP SCREEN TEAM (FLEET)

NOTE:	**An individual can fulfill two roles if they are acting as Chair.**
NOTE:	**In response to emergent need, the Chair has the authority to hold the meeting minus the loss of one individual otherwise needed to meet quorum. (N-1)**

The Screen Team Chair is the General Manager, Nuclear Fleet Ops – Performance Improvement or the Performance Assessment CFAM. Quorum is comprised of the Chair and other members from five of the listed disciplines, three of whom must be Managers/Directors (regular participation in Screen Team activities is expected for all listed disciplines).

- Operations
- Maintenance
- Engineering
- Training
- Supply Chain
- NAD/Fuels
- Performance Assessment
- Radiation Protection or Chemistry
- Emergency Preparedness
- Information Technology
- Human Performance and Safety
- Standards/Procedures/Records
- Projects
- Regulatory Affairs
- Security
- Production Planning
- Business Planning

CORE BUSINESS

At the time of screening, IF the CAP AR is determined to be a Condition Adverse to Quality (CAQ) impacting equipment at one of the sites, THEN ensure that a licensed SRO at the affected facility conducts the appropriate Operability, Functionality, and reportability reviews.

ATTACHMENT 3 (CONT'D)
CAP SCREENING CHARTER

The primary functions of the Screen Teams are to

1. Review and concur with Operability/Functionality/Reportability determination and status (per FP-OP-OL-01 Attachment 1)
2. Review for potential regulatory issues
3. Ensure conformance of the CAP AR process to the requirements of this procedure

NOTE:	**When determining the severity level and level of evaluation for INPO identified issues, use Attachment 4 and 5 and consult FG-PA-PREP-01.**

4. Determine Severity Level using Attachment 4 and Attachment 5 for guidance
   a) If an issue represents a Significant Condition Adverse to Quality (SCAQ) . SCAQ determination is documented in the AR attributes.
   b) For CAP ARs screened as "A" level, specific determination of whether to initiate Rapid OE Process (per FP-PA-OE-01) is required

NOTE:	**CAP Coordinators and Liaisons may be assigned as Owed To for CAP ARs which are screened as requiring no additional action or for the purposes of administratively processing CAP AR or assignment changes, at the direction of management.**

5. Designate an Owed To
   a) Severity "A" CAP ARs should be assigned to a manager or higher position.
   b) Severity "B," "C" CAP ARs should be assigned to a supervisor or higher position.
6. Determine additional evaluations or actions necessary to resolve the issue
   a) CAP Screening SHALL initiate a MRE assignment for CAP ARs involving a potential Maintenance Rule Functional Failure and assign to an individual that has completed mentor guide FL-ESP-SYS-003M.
   b) Assign ICES actions for processing to:
      - OE Coordinator for CAP ARs flagged for External OE or
      - ICES Equipment Failure Coordinator for CAP ARs assigned a MRE.
   c) Assign causal evaluations pertaining to design basis reviews to an individual with appropriate integrated knowledge, or to a team that has the appropriate regulatory, operational, engineering and design basis knowledge. {C003}
   d) Assign interim/immediate actions or compensatory measures as needed (use IA action type) utilizing Attachment 4, Severity and Evaluation Level Determination Matrix

ATTACHMENT 3 (CONT'D)
CAP SCREENING CHARTER

e) For "A" severity CAP ARs, a RCE is the default level of evaluation with CAPR/EFR requirements. For non-SCAQ RCEs, CAP Screening may direct that CAPR/EFR is not required.

f) Causal evaluation SHALL be performed for CAP ARs that require LER submittal.

g) For CAPs evaluating industrial safety events, the default evolution is the Industrial Safety Event Investigation Process defined in FP-IH-INJ-01.

h) When 3 NRC identified events have the same cross-cutting aspect, or self-identified events rise to A Level of Significance, assign a causal evaluation commensurate with a significant condition adverse to quality.

NOTE:	**For CAP ARs documenting failures or significant degradation of Maintenance Rule, Critical or Tech Spec equipment, an ECE is the default level of evaluation per Attachment 4. Separate ECE & MRE Passport assignments are needed even if the same individual performs both.**

i) For CAP ARs involving potential Maintenance Rule Functional Failures (MRFF) or Critical Equipment Clock Resets (CECR), ensure the CAP AR is screened is at least "C" severity, a MRE (due in 7 days) assignment is assigned to complete form QF0565 and an ICES assignment is initiated in Passport. If the MRE confirms a MRFF or CECR, the CAP AR will be re-screened for upgrade (ref 5.10.5).

j) IF the issue involves designation of a Maintenance Rule system as "a(1)" and an analysis that meets the intent of NUMARC 93 01 will be conducted under the Maintenance Rule Program, THEN the analysis must evaluate organizational and programmatic causes as outlined in FP-PA-ECE-01 or be accomplished by performing an ECE.

k) Ensure actions are assigned to track issues being resolved in external to CAP processes in accordance with Attachment 12.

l) For CAP ARs involving credible new information, ensure an OTHA is assigned to the MSRC Coordinator to ensure inclusion for MSRC review in accordance with FP-NO-MRC-01.

7. Challenge determination of applicable Mode Change Restraints as identified by Operations

   a) Refer to Attachment 11 for additional guidance

8. Identify any CAP ARs for Equipment Failure or External Operating Experience reports. These include, *at the minimum*, any CAP ARs that meet the ICES Reporting Requirements listed in FP-PA-OE-01.

9. Identification of appropriate issues to distribute as Internal Operating Experience.

10. Determination of whether any assignments should have a Management Exception (per Attachment 7) applied.

ATTACHMENT 3 (CONT'D)
CAP SCREENING CHARTER

11. Identification of Potential Trends that need CAP AR initiation.
12. Identification of Unexplained Conditions and ensuring that the "UNXPLCND" keyword is added to applicable CAP ARs.
13. Determine and document (through the appropriate attribute) whether any CAP ARs identify potential margin issues.
14. Determine and recommend actions if Aging Management is a potential issue.
15. Review recently-initiated non-CAP AR types to ensure that all Conditions Adverse to Quality are addressed as CAP ARs.
16. Review recently initiated Work Requests to ensure that WRs initiated against equipment required also be documented in CAP has an appropriately initiated CAP AR cross-referenced to the WR.
17. Review results of WR Screening to ensure that CAP ARs are not closed to a WR that will be cancelled. This review is accomplished via review of the WR Screening report.
18. Drive communication/feedback to the originator of a CAP AR when it is apparent that feedback on the proposed resolution is needed (i.e., a CAP is closed to trend when action is recommended).
19. For CAP ARs closed to trend or actions taken, ensure sufficient information exists in the CAP AR to support actions that corrected the condition and information that can serve as an adequate historical record. Additional guidance for when CAP ARs can be closed to processes outside of CAP can be found in Attachment 12.
20. Determine when action is necessary for
    a) INPO Nuclear Network notification
    b) NOS review
    c) 10 CFR21 evaluation
    d) Maintenance Rule evaluation
21. Initiation of FP-R-EP-04 by the EP Manager for CAP ARs involving ERF functionality or equipment.
22. Determine if any CAP ARs should be classified as "good catches" or "well written."
    a) CAP ARs that meet any of the following criteria may be considered for "Good Catch" designation by the Screening Team.
        - The problem identified is outside the Originator's normal job expectation.
        - The problem identified is not addressed by procedures, forms, logs, policy or specific expectation.
        - An error trap was identified in an approved procedure, instruction, work plan, form or log prior to an error occurring.

ATTACHMENT 3 (CONT'D)
CAP SCREENING CHARTER

- The problem identified has been long standing, but was not previously identified or detected by others.
- An Adverse Trend or recurring problem was identified.
- The problem was identified by extraordinary effort or rigor, even if within the Originator's normal job scope.
- The problem involves a "near miss," especially if it is the CAP AR initiator's own near miss.

b) CAP ARs that meet all of the following criteria may be considered for "Well Documented" designation by the Screening Team. The issue captured in the CAP AR documents should include:

- The object of the condition (what equipment/component/process/procedure, etc. was affected),
- The defect/adverse condition (what was wrong),
- The standard that was not met because of that defect/adverse condition,
- The consequences to the plant, process, personnel, etc., associated with that defect/adverse condition,
- The corrective actions taken and/or recommended are well defined, appropriate, add value, and well documented, and
- The identification of the problem was timely.

Document "Good Catch" or "Well Documented" CAP ARs in the attributes of the CAP AR following designation by the Screening Team.

EMERGENT BUSINESS

1. Review and approve requests to change CAP AR Severity Levels.
2. Review and approve requests to change (or not do) an assignment.
   a) The basis for non-performance of an assignment should be documented and based upon the guidance of Attachment 4 and Attachment 5.

IMPLEMENTATION

The Screen Team Chair is the final decision maker for CAP Screening determinations, and is responsible for:

1. Conducting the Screen Team meetings,
2. Ensuring any necessary corrective or improvement actions are initiated,
3. Identifying an alternate chair, if needed, and

ATTACHMENT 3 (CONT'D)
CAP SCREENING CHARTER

4. Identifying and establishing qualification and competence of Screen Team members and alternates.

The Performance Assessment Group will:

1. Coordinate the Screen Team meetings,
2. Use the NSPM CAP Screen Team Meeting Template (QF0429) to document attendance and results of the meeting, and.
3. Coordinate the administrative duties to assign CAP ARs and Assignments to the responsible persons as dictated by the Screen Team.

ATTACHMENT 4
SEVERITY AND EVALUATION LEVEL DETERMINATION MATRIX

PURPOSE

The following matrix provides the CAP screen team members with a systematic, risk informed evaluation of the significance and level of evaluation that can be applied to a condition documented in a CAP AR.

METHOD

Step 1 **Risk Assessment (Severity Level) – What are the actual or potential consequences?**

Determine what the actual or potential consequences are for the CAP AR in question. Consider what is not known about the event or condition, and how severe the "unrealized" consequences could be.

Step 2 **Risk Assessment (Severity Level) - What is the probability of recurrence if no actions are taken?**

Determine what the probability of recurrence of the event is if no actions are taken prior to completion of an evaluation.

Step 3 Using results from Step 1 and 2 Use the Risk Assessment/Severity Level table to select the overall Risk Assessment/Severity Level of the CAP AR.

Step 4 **Uncertainty Assessment – Are causes known?**

Determine how much is known about the cause of the event or condition. "Partial" can be used when direct causes are known and verified. If underlying causes are not known, consider "no." If underlying causes are simple, known and verified, consider "yes."

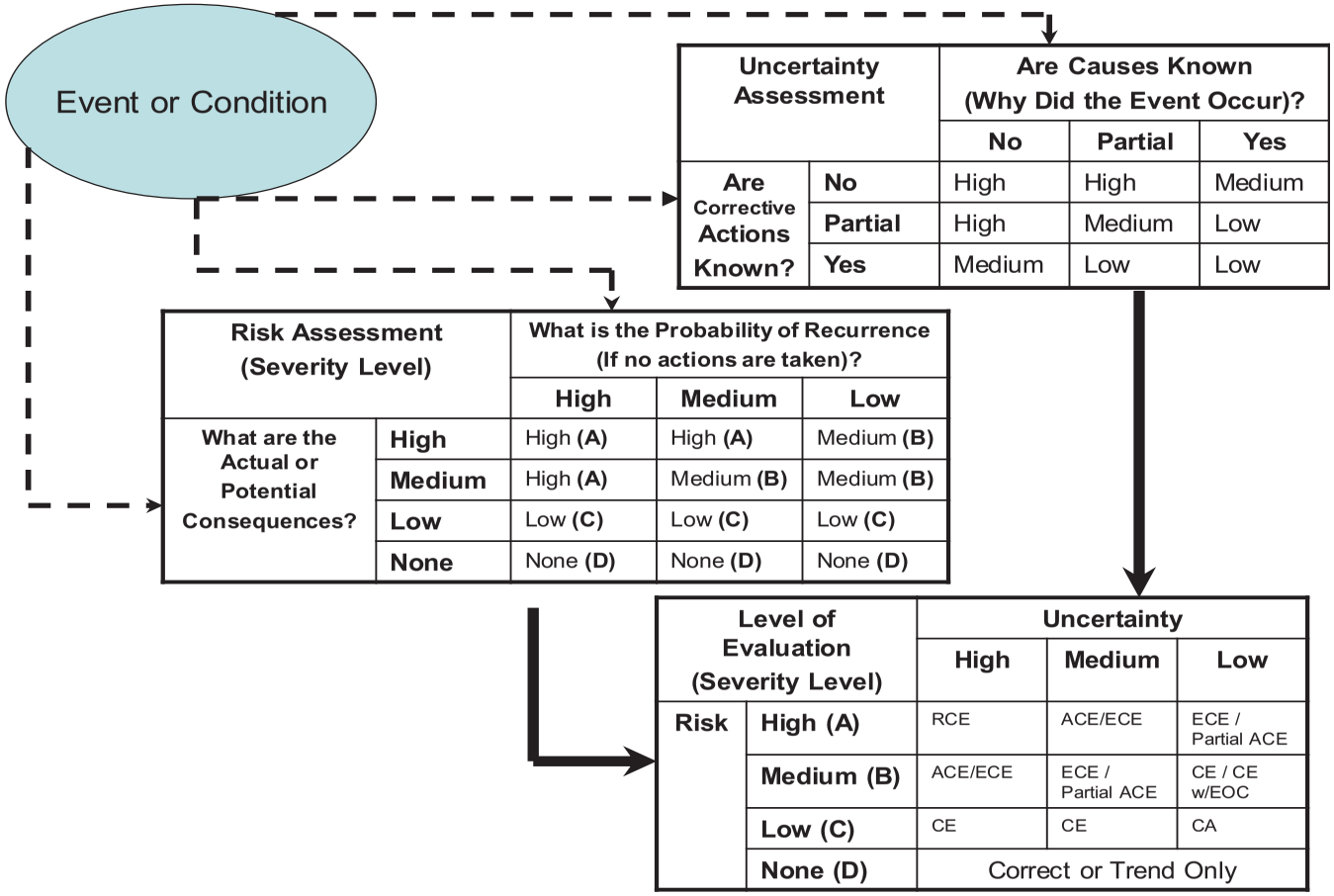
Step 5 **Uncertainty Assessment – Are Corrective Actions known?**

Determine what is known about correcting the condition. If interim corrective actions are known, but longer term actions unknown, "partial" can be considered. If actions to correct the condition are simple and can preclude repetition if required for a SCAQ, "yes" can be considered.

Step 5 Using Results from Step 3 and 4, use the Uncertainty Assessment table to select the overall uncertainty level of the CAP AR.

Step 6 **Based on the selections made from the Risk Assessment, Step 1 and Uncertainty Assessment Step 2, tables,** use the Level of Evaluation (Severity Level) table to select the appropriate evaluation type.

ATTACHMENT 4 CONT'D
SEVERITY AND EVALUATION LEVEL DETERMINATION MATRIX



Uncertainty Assessment		Are Causes Known (Why Did the Event Occur)?		
		No	Partial	Yes
Are Corrective Actions Known?	No	High	High	Medium
	Partial	High	Medium	Low
	Yes	Medium	Low	Low

Risk Assessment (Severity Level)		What is the Probability of Recurrence (If no actions are taken)?		
		High	Medium	Low
What are the Actual or Potential Consequences?	High	High **(A)**	High **(A)**	Medium **(B)**
	Medium	High **(A)**	Medium **(B)**	Medium **(B)**
	Low	Low **(C)**	Low **(C)**	Low **(C)**
	None	None **(D)**	None **(D)**	None **(D)**

Level of Evaluation (Severity Level)		Uncertainty		
		High	Medium	Low
Risk	High (A)	RCE	ACE/ECE	ECE / Partial ACE
	Medium (B)	ACE/ECE	ECE / Partial ACE	CE / CE w/EOC
	Low (C)	CE	CE	CA
	None (D)	Correct or Trend Only		

ATTACHMENT 5
CAP SEVERITY CLASSIFICATION EXAMPLES

NOTE:	**The following table provides examples of issues and potential classifications. This list is not all-inclusive and should NOT be construed as a requirement for classification. The unique circumstances, including actual or potential impact, of each problem must be understood and considered as an input to a risk-informed screening decision using Attachment 4, Severity and Evaluation Level Determination Matrix.**

SEVERITY "A" **Includes Significant Conditions Adverse to Quality**	**SEVERITY "B"** **Includes Conditions Adverse to Quality**	**SEVERITY "C"** **Includes Conditions Adverse to Quality**	**SEVERITY "D"** **Conditions NOT Adverse to Quality**
• Level 1 Clearance and Tagging Event per FP-OP-TAG-04 {C007} • Unplanned loss of Decay Heat Removal, Fission Product Barrier, or Safety Function • Severe Reactivity Events (Level 1) • Unplanned Shutdowns • Violation of TS Safety Limit • Failure to implement TS LCO Action Statement • Non-conservative reactor protection system set point • Damage to irradiated fuel • Loss of Configuration Control of nuclear fuel • NOS-Identified Adverse Assessment Findings • Organizational Issues resulting in a Chilled Work Environment • Cross-cutting aspect with 4 hits • EPA/MPCA Notices of Violation or Enforcement • NRC Traditional Enforcement Severity Level 1 or 2	• Level 2 Clearance and Tagging Event per FP-OP-TAG-04 {C007} • Failure or significant degradation of TS or safety-related equipment • Failure or significant degradation of Augmented Quality equipment (including but not limited to fire protection, EP, security, ISFSI, radioactive effluent monitoring, REMP) in a manner that directly impacts safety-related, maintenance rule, or critical equipment or hinders the functionality of the associated process • Operable but degraded or Operable but non-conforming conditions • Major Management Reactivity Events (Level 2) • Maintenance Rule Functional Failures • Critical Component Failures • Missed or Late Tech Spec Surveillance Requirement • Out of calibration reactor protection system set point • Violation of fuel restrictions • NOS Findings • Training Program Self-Assessment Areas for Improvement • Cross-cutting aspect with 3 hits • Events reportable to the NRC, Federal, or State Agencies (without an LER)	• Level 3 Clearance and Tagging Event per FP-OP-TAG-04 {C007} • Minor Reactivity Management Events (Level 3) • Performance Trends in equipment and programs important to nuclear and radiological safety • Maintenance avoidable rework or QC Reject without consequence • Exam/Training Deficiencies • Drawing errors with operational impact • ODCM non-compliance without consequence • RP/Chemistry Instrument Failure • Exceeding planned dose • Contamination events • NRC INs, RGs, RISs • Non-consequential adverse trend • Single Security event resulting in a **low** potential loss of effectiveness of the site's protective strategy. (i.e., degraded but effective) • Operation of a NERC PRC-005 Protection System Component	• Level 4 Clearance and Tagging Event per FP-OP-TAG-04 {C007} • Reactivity Management Precursors/ Concerns (Level 4-5) • IER – Level 3 and 4 • In process MOD issues (pre-plant turnover) • Minor documentation issues without consequence • Late for Training • Minor Accountability to process issues • Low Level Trend Issues • Internally-identified Areas for Improvement • INPO-Identified Performance Deficiency • Minor injuries and First Aid • Unexcused training absences • Programmatic non-compliance without consequence • Engineering calc. error w/no impact to equipment capability • Ops Sim Crew training scenario failure

ATTACHMENT 5 (CONT'D)
CAP SEVERITY CLASSIFICATION EXAMPLES

SEVERITY "A" Includes Significant Conditions Adverse to Quality	SEVERITY "B" Includes Conditions Adverse to Quality	SEVERITY "C" Includes Conditions Adverse to Quality	SEVERITY "D" Conditions NOT Adverse to Quality
• NRC Violations with Risk Significance > GREEN • NRC Performance Indicator > GREEN Threshold Significant Programmatic Breakdown or MSPI Risk Cap Invoked • Repeat adverse trend in equipment or programs that protect the health and safety of the public • Inadequate implementation of Clearance /Tagging, FME, or Configuration Control Program with significant adverse impact to plant operation. • On-site Fatality • Significant Fire or Flooding • Release > Offsite Dose Calculation Manual Limits • Significant contamination event outside RCA • Non-conservative EAL – Site Area or General Emergency would not have been declared when needed {C001} • Failure to implement a planning standard during an event or significant E-Plan failure • E-Plan declaration (NUE or higher) • NRC Performance Indicator impact per NEI 99-02 (TS HRA event or 100 mrem unplanned exposure) • Significant training program deficiency that could result in probation • Single Security event resulting in a **significant** potential loss of effectiveness of the site's protective strategy (i.e., ineffective)	• NRC Traditional Enforcement Level 3 or lower • NRC Findings with risk significance of GREEN • Any NRC Performance Indicator >50% of the GREEN/WHITE threshold or MSPI low margin • NRC Generic Letters, NRC Orders • Programmatic Breakdown w/consequence • Confirmed adverse trends that have the potential to impact the station's ability to protect the health and safety of the public • OSHA Recordable Injuries • Maintenance avoidable rework or QC Reject with consequence • Events with consequence from ineffective training • HRA Violation • Uncontrolled RAM in the Protected Area • Contamination >50,000 cpm • Unplanned dose >10 mrem (individual) or 500 mrem (activity) • Unplanned ODCM release • Entry into EPRI Chemistry Action Levels 2 and 3 • IER – Levels 1 and 2 • Non-conservative EAL – ALERT or Unusual Event would not have been declared when needed {C001} • Failure to achieve minimum staffing for ERO • Failure to satisfactorily meet drill and exercise objectives related to risk significant planning standards • Single Security event resulting in a **moderate** potential loss of effectiveness of the site's protective strategy. (i.e., effective but vulnerable) • Events reportable to the NRC for which an LER is required • Uncontrolled spill > reportable quantity that do not meet EALs	• Failure of EP Planning Standard Objective • Programmatic non-compliance w/consequence • Significant safety or human performance near misses • Uncontrolled /Controlled spills < reportable quantity • Procedure non-compliance w/consequence	• Drawing errors without operational impact • Low level contamination events not due to worker practices or inadequate RWP

ATTACHMENT 6
CAP AR ASSIGNMENT TYPES AND PRIORITY

The following Assignment (AS) types are available in Passport and are authorized for use in implementation of the Corrective Action Program. Other Assignment Types may not be used for CAP ARs.

The priority codes should be utilized to determine level of effort and assist in determining appropriate due dates, including for assignment extensions. {C006} Attention should be given to assignments with a higher priority first, completing or extending lower priority assignments as appropriate so as not to interfere with higher priority work.

A priority value of "IC" represents an "inappropriate combination" (of severity level and assignment type - e.g., a C level CAP AR should never been assigned a RCE). If this combination occurs, it is likely the result of an error and the assignment type and/or severity level of the CAP AR should be reviewed for appropriateness.

ASSIGNMENT TYPES	PRIORITY			
EVALUATION TYPES	**A**	**B**	**C**	**D**
ACE – Apparent Cause Evaluation – See FP-PA-ACE-01 – Use form QF0431.	80	75	IC	IC
CE – Condition Evaluation – An evaluation performed to determine whether or not an adverse condition exists and/or what the appropriate action to correct an adverse condition is.	72	64	50	IC
ECE – Equipment Cause Evaluation – See FP-PA-ECE-01 – Use form QF0450.	80	75	IC	IC
EFR – CAP Effectiveness Review – See FP-PA-EFR-01 – Use form QF0422.	48	44	41	IC
HUEI – Human Performance Event Investigation – An evaluation performed subsequent to a human performance error to document lessons learned and to trend performance errors. See FP-PA-HU-01 – Use form QF0428.	64	50	44	26
MRE – Maintenance Rule Evaluation - An evaluation performed to document Maintenance Rule Functional Failures, Mitigating System Performance Indicator impacts, and/or Critical Equipment Failure Clock Resets.	80	75	62	IC
MRA – Maintenance Rule Assessment – An evaluation used primarily to document Maintenance Preventable Functional Failures.	80	75	62	IC
ODM1 – Type 1 Operational Decision Making Issue – See FP-OP-ODM-01.	75	65	55	IC
ODM2 – Type 2 Operational Decision Making Issue – See FP-OP-ODM-01.	85	75	65	IC
OEE – Operating Experience Evaluation – An evaluation performed to determine whether conditions identified at other organizations are applicable and appropriate corrective actions to prevent occurrence of identified adverse conditions. See FP-PA-OE-01 – Use form QF0447.	IC	50	41	34
P21E – 10 CFR Part 21 Evaluation – An evaluation performed to document potential defects or nonconformances in Quality Level 1 (QL-1) parts or equipment, including commercially dedicated items. See FP-E-P21-01.	72	62	52	IC
RCE – Root Cause Evaluation – See FP-PA-RCE-01 – Use form QF0433.	90	IC	IC	IC

ATTACHMENT 6 (CONT'D)
CAP AR ASSIGNMENT TYPES AND PRIORITY

ASSIGNMENT TYPES	PRIORITY			
OPERABILITY/FUNCTIONALITY ASSESSMENT TYPES	**A**	**B**	**C**	**D**
FA – Functionality Assessment – See FP-OP-OL-01.	64	50	44	IC
OPR –Operability Determination – See FP-OP-OL-01.	99	91	IC	IC

ASSIGNMENT TYPES	PRIORITY			
CORRECTIVE ACTION TYPES	**A**	**B**	**C**	**D**
CA – Corrective Action – must be used for the tracking or completion and documentation of an action that accomplishes the following: • Corrects a Condition Adverse to Quality • Addresses an apparent or equipment cause that does not require a CAPR (i.e., non-SCAQ and non-AAF) • Addresses extent of condition or cause (as applicable)	85	78	64	IC
CCA – Contributing Cause Action – Corrects Contributing Causes found in Root Cause Evaluations and Apparent Cause Evaluations.	50	44	IC	IC
CAPR – Corrective Action to Preclude Repetition – Actions taken to correct the cause of a Significant Condition Adverse to Quality (SCAQ or AAF). Implementation of a CAPR constitutes an internal commitment. Modification or removal of an in-place CAPR requires PARB approval.	90	IC	IC	IC
FBD[2] – Functional But Degraded – Actions taken to correct conditions that result in equipment declared as Functional But Degraded.	80	73	64	IC
FBN[2] – Functional but Non-Conforming – Actions taken to correct conditions that result in equipment declared as Functional But Non-Conforming.	80	73	64	IC
IA – Immediate/Interim Action – Actions that prevent another event or mitigate additional degradation while the evaluation and final corrective actions to fix the condition or cause(s) are being completed. IA may also be used to correct a SCAQ or perform compensatory measures in accordance with FP-OP-OL-01.	99	90	85	IC
OPB – Operator Burden Tracking Action – Actions taken to correct conditions that result in classification as an operator burden.	74	59	45	IC
OBD[2] – Operable but Degraded – Actions taken to correct conditions that result in equipment declared as Operable But Degraded.	85	78	IC	IC
OBN[2] – Operable But Non-Conforming – Actions taken to correct conditions that result in equipment declared as Operable But Non-conforming.	85	78	IC	IC

[2]Requires A-SRO Approval

ATTACHMENT 6 (CONT'D)
CAP AR ASSIGNMENT TYPES AND PRIORITY

ASSIGNMENT TYPES	PRIORITY			
NON-CORRECTIVE ACTION TYPES	**A**	**B**	**C**	**D**
OTHA – General non-corrective action or administrative activity. – Used for tracking the completion of assignments that are not required to be a corrective action, but have importance sufficient to remain under a CAP AR.	35	33	32	26

ASSIGNMENT TYPES	PRIORITY			
ADMINISTRATIVE ASSIGNMENTS	**A**	**B**	**C**	**D**
ACG – ACE Grading Assignment – Utilized to track and document oversight review and grading of Apparent Cause Evaluations – Use form QF0430.	5	5	IC	IC
ECG – ECE Grading Assignment – Utilized to track and document oversight review and grading of Equipment Cause Evaluations – Use form QF0451.	5	5	IC	IC
ICES – ICES Reporting Assignment – Utilized to track creation of Operating Experience and Equipment Failure reporting into the INPO Consolidated Event System (ICES).	15	15	15	15
OEA – Operating Experience Action – actions used for administration of the Operating Experience Program such as actions to distribute Internal or External Operating Experience (FP-PA-OE-01)	5	5	5	5
PARB – Performance Assessment Review Board Assignment – used for the tracking and documentation of Assignments assigned by the PARB. (FP-PA-PAR-01)	5	5	5	5
RCG – RCE Grading Assignment – created every time an RCE is assigned to ensure RCE review and grading is performed prior to CAP AR closeout – Use form QF0432.	5	IC	IC	IC
TRND – Trend Analysis - used for creating Trend assignments for CAP Liaisons. This assignment is used for A CAP and B CAP assignments.	5	5	5	5
XPLA – Excellence Plan assignment used only for administrative tracking of actions related to the Excellence Plan.	5	5	5	5

ATTACHMENT 7
ASSIGNMENT DUE DATE ESTABLISHMENT, DUE DATE EXTENSION REQUEST, EVALUATION DOWNGRADES, AND MANAGEMENT EXCEPTIONS FROM KPIS

The following table provides general guidance for establishing initial due dates and seeking approval for due date extensions and CAP AR downgrades for various assignment types. All due date extensions require concurrence of the Owed To **in addition to** approval by other review groups or leaders, dependent on the assignment type, as described in this procedure.

Assignments under level "D" CAP ARs, non-corrective assignment types, and administrative assignment types (as defined in Attachment 6) are not subject to the requirements for due date extensions, nor are they counted for any performance indicator measuring CAP AR inventory or average age.

Extension Guidance for Specific Assignment Types

Assignment Type	Initial Due Date	Extension Approval Authority
CAPR	As Soon As Practical	PARB
RCE/"A" Level ACE	≤30 days	PARB
OPR/FA	As Soon As Possible	A Manager in the Operations Department
OBD/OBN	As Soon as Practical, not to exceed next RFO	Engineering Director (see specific requirements below)
P21E	30 days	Regulatory Affairs Manager
HUEI	5 business days	IAW Priority
Past Operability/MRE	7 days	IAW Priority
Past Reportability	14 days	IAW Priority
Other Evaluations	≤30 days	IAW Priority

Extension Guidance for Assignments Based on Priority

Assignment Priority	Initial Due Date	First Extension	Subsequent Extensions
≥90 (Non-CAPR and RCE)	As Soon as Practical, Generally ≤30 days	Senior Manager	Site Vice President
70-89	≤60 days	Manager	Senior Manager
53-69	≤90 days	Supervisor	General Supervisor or higher
40-52	≤120 days		
26-39	≤180 days	None Required	
≤25	As resources allow		

ATTACHMENT 7 (CONT'D)
ASSIGNMENT DUE DATE ESTABLISHMENT, DUE DATE EXTENSION REQUEST, EVALUATION DOWNGRADES, AND MANAGEMENT EXCEPTIONS FROM KPIS

Extending Assignment Due Dates

1. Due date extensions are defined as due date changes made after the assignment was initially moved out of NOTIFY status.

NOTE:	**Evaluations and actions in response to Adverse Assessment Findings, evaluations in response to Nuclear Oversight (NOS) Findings, or responses to NOS Escalation Plans should not be extended without Nuclear Oversight concurrence.**
NOTE:	**Senior Manager is defined as: Vice President, Site Director, Plant Manager, Assistant Plant Manager, or Fleet General Manager.**
NOTE:	**Due dates for evaluations that provide the basis for an LER should not be extended such that it would challenge the submittal schedule for the LER without the concurrence of the Regulatory Affairs Manager. See FP-R-LIC-09.**

2. For A and B CAP AR assignments, document due date extension request on QF0461 and attach in SharePoint.
3. For C CAP AR assignments, include the following information in the In Progress notes and follow the extension requirements as documented above for approval authority
    a. Why the due date cannot be met
    b. An assessment of the risk associated with extending the assignment
    c. Position of extension approval authority
4. When determining the new due date, ensure it has the support and resources needed, including consideration of extending lower-priority actions at the same time.
5. Justification for extension of OBD and OBN actions past the first available opportunity for resolution is required per NRC Inspection Manual Chapter 0326. Extensions of OBD and OBN actions will include documentation of
    a. The non-conforming or degraded condition
    b. The identified cause, including contributing factors and proposed corrective actions, and
    c. The basis for why the repair or replacement activities will not be accomplished prior to restart after a planned outage

Requesting Evaluation Downgrade

If, using Attachment 4, review of the issue using the risk and uncertainty assessment supports a different level of evaluation

ATTACHMENT 7 (CONT'D)
ASSIGNMENT DUE DATE ESTABLISHMENT, DUE DATE EXTENSION REQUEST, EVALUATION DOWNGRADES, AND MANAGEMENT EXCEPTIONS FROM KPIS

1. Request concurrence of the Owed To for the change in the level of evaluation
2. Complete QF0466, Cap Evaluation Downgrade Request.
3. Add an "N" note to the parent CAP AR documenting a request to RESCREEN and indicating attachment of QF0466.
4. Change the "Owed To" of the CAP AR to "A-SCREEN" of the appropriate facility

Management Exceptions to Performance Indicators

NOTE:	**IF the "Management Exception" attribute is checked, THEN the Assignment is not included in Backlog or Timeliness Performance Indicators.**
NOTE:	**The Performance Assessment Manager may apply the Management Exception attribute to re-opened assignments in order to correct minor or otherwise editorial deficiencies.**

1. Exceptions to Performance Indicators require Senior Manager approval.
2. IF the assignment requirement meets any of the following criteria, THEN it may be considered for exception from the CAP Performance Indicators.
    a. The assignment is dependent on unusual plant conditions or alignments (outage, reduced power, defueled, etc.).
    b. The assignment is dependent on parts or services with a long lead time.
    c. The assignment is part of a long-term corrective action with established milestones and due dates (i.e. licensing basis change, project implementation, plant modification, training implementation, etc.)
3. Establish an appropriate due date per the above guidance.
4. Document the basis and approval for the Management Exception in SharePoint.
5. Mark this Activity for "Management Exception from Performance Indicators."
    a. In CAP AR assignment, select the Attributes chicklet
    b. Double click in a blank space to add a new attribute
    c. From the list, select "MGMT EXCEPT FROM PI?"
    d. Return to the Attribute list
    e. The Management Exception attribute is now added. Contact Performance Assessment Coordinator to enter "Y" for the value

ATTACHMENT 8
ASSIGNMENT COMPLETION GUIDANCE

This attachment contains guidance on the following subjects:

Conduct of Condition Evaluations

Disposition of Non-Conforming Items

Cycle-Specific Reload, Accident/Transient Analysis

Documentation Standards

Conduct of Condition Evaluations

The purpose of Condition Evaluations is to

1. Answer a question posed by a CAP AR,
2. Confirm that a questionable condition does or does not exist, and
3. Determine the corrective actions necessary to correct a condition described in a CAP AR.

NOTE:	**CEs should follow the principle of "That which needs to be changed is changed—and no more." (INPO 09-011 Success Factor #5)**
NOTE:	**Condition Evaluations are NOT causal evaluations. IF, during the Condition Evaluation, it is determined that a larger issue exists which warrants a causal evaluation, THEN generate a new CAP AR in accordance with this procedure.**
NOTE:	**Reference FG-PA-EVAL-01 (Evaluation Methods), FP-PA-ACE-01 (Apparent Cause Evaluation Manual) and FP-PA-RCE-01 (Root Cause Evaluation Manual) for guidance on conduct of extent of condition or for analysis techniques.**

1. Review the CAP AR to understand the issue and review the assignment description for any special instructions that may have been provided by the CAP Screen team.

2. Determine the question that must be answered or the condition that must be confirmed and/or corrected by the evaluation. It may be helpful to write a brief problem statement.

3. Briefly record any analysis performed. If the cause is known, document the cause and identify how the cause will be or has been corrected.

ATTACHMENT 8 (CONT'D)
ASSIGNMENT COMPLETION GUIDANCE

4. If it is determined that further actions are required based on review of the condition, ensure corrective actions are created in passport, and, where applicable, are developed to be specific, measurable, achievable, reasonable, and timely.

Disposition of Non-Conforming Items {C009}

The Plant Design Authority is responsible for evaluation and approval of "repair" and "use-as-is" disposition of non-conforming items.

1. Equipment within the scope of the operability determination process SHALL NOT be declared operable prior to resolution of all discrepancies unless specific action is taken to assure that any discrepancy will be resolved prior to the item being used to perform a specified safety function.
2. Items which are not quality assurance related should be dispositioned by one of the methods listed above.
3. Items which are to be dispositioned by repair or rework may be corrected prior to having the CAP AR approved as long as the repair or rework will not destroy evidence needed for the root cause investigation.
4. Items that are repaired or reworked SHALL be re-inspected or retested in accordance with the applicable work control process prior to acceptance.
    a. Re-inspection or retesting of non-conforming aspects SHALL be identical or equivalent to original inspection and testing and documented on the work control document used to repair or rework the item.

Determine if the CAP AR is ASME Section XI or Supplier Related.

1. IF the CAP AR is ASME Section XI related, THEN a special review SHALL assure that the Section XI ISI Coordinator and Authorized Nuclear In-service Inspector reviews this condition. ISI indications SHALL be dispositioned in accordance with the applicable requirements of the code. At a minimum, ISI indications accepted by evaluation SHALL be evaluated and documented by an EC of some type (i.e., MOD, EQV, SPT, DOC, or EVL) in accordance with FG-E-ARP-01.
2. IF the CAP AR is Supplier Related, THEN Nuclear Oversight Supplier Assessment SHALL be notified.

Items which are safety-related or augmented quality SHALL be dispositioned by one of the following methods:

1. Reject
    a. Item scrapped or returned to vendor.
    b. If returning to vendor, note the purchase order number in the CAP AR assessment.

ATTACHMENT 8 (CONT'D)
ASSIGNMENT COMPLETION GUIDANCE

2. Repair (restore the item such that it will function reliably and safely even though conformance to original requirements is not satisfied.)
   a. Items should be repaired per the Engineering Change process, as applicable. See FG-E-ARP-01, "Disposition of Non-Conforming Items" for detailed instructions.
   b. Generate Corrective Action to Track EC.
   c. Any proposed changes, waivers, or deviations SHALL be described in the CAP AR assessment.
   d. When installed plant equipment is dispositioned as "repair," the as left equipment condition SHALL be screened in accordance with the 10 CFR50.59/72.48 process. Normally, the screening is done in conjunction with the Modification, Equivalency, or other EC type which accomplishes the repair.
   e. If evidence indicates that common components in safety-related systems have performed unsatisfactorily, compensatory or corrective measures are planned prior to replacement or repair of such components.
3. Rework (Restore the item to specified requirements)
   a. Rework in accordance with the applicable work control process. Reference the appropriate work control document number.
4. Accept (Use As Is)
   a. Include a technical basis in the CAP AR assessment or reference an Engineering Change (EC) or 10 CFR50.59/72.48 Evaluation or Screening.
   b. Any proposed changes, waivers, or deviations SHALL be described in the CAP AR assessment or the AR SHALL reference the applicable Engineering Change (EC) and cross-reference the EC to the CAP AR. IF an EC is not used to document the proposed change, waiver or deviation, THEN the CAP AR SHALL be reviewed by an Engineering Manager (Acting as Design Authority as described in CD 5.20). An Engineering Change (EC) is required if any Facility Configuration Information (drawings, calculations, etc.) is affected. See FG-E-ARP-01 "Disposition of Non-Conforming Items" for detailed instructions.
   c. When installed plant equipment is dispositioned as "accept," the as left equipment condition SHALL be screened in accordance with the 10 CFR50.59/72.48 process. A "Use As Is" disposition is a de facto modification to the plant.
   d. If evidence indicates that common components in safety-related systems have performed unsatisfactorily, compensatory or corrective measures are planned prior to replacement or repair of such components.

ATTACHMENT 8 (CONT'D)
ASSIGNMENT COMPLETION GUIDANCE

The 10 CFR50.59/72.48 screening or evaluation, as applicable, SHALL be performed and a copy appended to the CAP AR or referenced in the EC.

Items that are to be returned to stock are to be re-inspected.

Cycle-Specific Reload, Accident/Transient Analysis

Does the assignment potentially affect one of the systems listed in the attachments to FP-E-MOD-04?

IF the answer to this question is "NO," THEN NAD does not need to be notified.

IF the answer to this question is "YES," THEN consider the following.

Assignments of interest are those that affect reload accident or transient analysis assumptions, inputs, models, methods, results, acceptance criteria or conclusions. Such assignments may involve changes to the operation, operating characteristics, performance, acceptable or assumed performance criteria of any of the following examples in the systems listed in FP-E-MOD-04.

- Valve, valve operator, heat exchanger, or piping system
- Motor/pump capacity, inertia or starting, running, stopping, or coast down times
- Instrument or control function, set point, response time, range or uncertainty
- Containment performance-associated characteristics such as volume, cooling, heat sinks or heat-producing reactions during a LOCA or SLB, including any change that could affect containment pressure/temperature response or containment sump flow capacity
- Emergency or abnormal operating procedure actions or operator response times
- Core flow, temperature, pressure or coolant chemistry
- Core, core components, control rods, fuel

IF such a change is involved or in doubt, THEN notify NAD.

Documentation Standards

NOTE:	**Documentation attached to the AR should not be named the 9-digit AR number only (i.e., 01234567.pdf) as this interferes with the records process identified in FG-G-REC-01.**

1. Adequate Documentation for Completed Assignments

    a. Objective evidence that the assignment has been completed/implemented and has been provided and or attached in SharePoint.

ATTACHMENT 8 (CONT'D)
ASSIGNMENT COMPLETION GUIDANCE

b. The Assignment documentation contains sufficient level of detail such that a competent individual can read the Assignment requirement and the completed Assignment documentation and determine whether the Assignment has been thoroughly and accurately completed.

c. Any unique supporting documentation that is not an official plant record (e.g., memos, unserialized reports, informal calculations, correspondence, information sharing, and external documents – where not prohibited as confidential or proprietary) are attached to the electronic CAP AR record for retention and review.

d. Any non-unique supporting documentation that is a plant record (e.g., formal calculations, formal letters/memos, approved procedures, formal training) are referenced with document or revision numbers, if available, in the electronic CAP AR record, or linked within Passport.

e. Assure safeguards, classified, proprietary, or personal identifying information that is not otherwise publicly available is not included in documentation attached to CAP ARs or assignments.

f. Assure that the assignment was completed to meet the intent of the assignment description and the condition was corrected.

- For assignments that do not meet the intent of the assignment description or do not correct the condition identified, return the action and, if necessary, generate additional assignments to complete the necessary work.

g. Assure assignments under the Corrective Action Program have NOT been closed to assignments outside the Corrective Action Program. Reference Attachment 12.

2. Adequate Documentation for Basis of Assignment Non-performance, with approval of the Owed To.

a. Assignments associated with CAPRs cannot be closed if they have not been completed

b. Assignments associated with CAPRs from NOS Adverse Assessment Findings cannot be closed unless Nuclear Oversight concurrence is obtained.

c. Assignments associated with corrective actions created from a causal evaluation on "A" level CAP ARs may not be modified (alternate action taken) or cancelled (non-performance) without PARB approval.

d. The basis for partial or non-performance of a requested work activity should contain sufficient detail such that a competent individual can read the Assignment requirement and the basis for non-performance and logically conclude that the Assignment is not required.

e. Justification for non-performance may include, as applicable:

- Condition/problem was corrected under different action,

- Condition/problem no longer exists,
- Condition/problem does not require correction due to circumstances supported by objective evidence commensurate with the safety significance of the issue provided,
- Condition/problem does not pose risk to the station/personnel as it exists, based on Attachment 4, and
- Plant conditions have changed such that the condition/problem no longer adversely impacts the station, safety, personnel or the public.

3. Ensure that documents (procedures, guidance docs, forms, etc.) that are revised as part of CAPRs or as part of a response to a SOER/IER-1/2 are designated as commitments in the revised document in accordance with FP-G-DOC-05.

ATTACHMENT 9
ISSUE DISCOVERY CHECKLIST

Potentially degraded or non-conforming conditions affecting Structures, Systems or Components (SSCs) are identified during the conduct of day-to-day work, particularly in Engineering. These conditions could be identified during activities such as audits, vendor document reviews (e.g., studies, reports – draft or final), design changes, plant inspections or Industry Operations Experience Review. The "Issue Discovery Checklist," QF0573, provides a systematic approach for Engineering when evaluating complex issues or conditions to determine if a degraded or non-conforming condition exists in a manner that is consistent with the expectations and requirements of the Corrective Action Program described in this procedure. Questions and missing information are resolved as part of the process to obtain necessary information to make this determination.

1. QF0573 may be used to vet technical issues that could potentially constitute a condition adverse to quality when complete information is not necessarily or readily available. Regardless of the conclusion (adverse condition or non-adverse condition), when this tool is used, a CAP AR will ultimately be generated.

NOTE:	**Step 5.2.1 states "Personnel SHALL contact the Shift Manager immediately with any immediate safety, plant equipment, operability or reportability concern. Do not wait for AR initiation to make the notification. Real-time, verbal communication is expected. Initiation of the CAP AR is not sufficient to satisfy this requirement."** **An example of this requirement would be upon determination of a potential impact to in scope Technical Specification equipment or regulatory required equipment to alert the Shift Manager of the potential issue.**

2. IF the questions/issues impact Technical Specification Functions or supporting Technical Specification Functions, THEN a CAP AR should be generated by the end of the shift.

3. IF the questions/issues are potentially non-conforming or degraded, THEN the Issue Discovery Checklist, QF0573, may be used. In all situations, CAP AR initiation should be completed within 24 hours.

Addressing Discrepancies Identified During Day to Day Engineering Work

Objective evidence (data, additional documentation, verification of assumptions) commensurate with the safety significance of the issue is needed to validate whether the potential condition actually exists and/or results in a degraded or nonconforming condition.

Discrepancies are items that may be a nonconformance or may have potential safety significance. Discrepancies are screened as part of the corrective action process to determine if the item impacts OPERABILITY of safety related equipment.

ATTACHMENT 9 (CONT'D)
ISSUE DISCOVERY CHECKLIST

When screening indicates that a discrepancy has the potential to impact the OPERABILITY of a system or component, formal OPERABILITY and reportability determinations are initiated by generation of a CAP AR. These determinations document the concern and safety significance. Further actions are taken as necessary to comply with Technical Specifications to ensure safe operation of the plant.

A potential degraded or nonconforming condition is an apparent hardware or documentation discrepancy that requires validation to determine if it impacts any MNGP/PINGP SSC and is actually a degraded or nonconforming condition.

A NONCONFORMING CONDITION results from the failure to meet the CURRENT LICENSING BASIS or a situation in which quality has been reduced because of factors such as improper design, testing, construction, or modification in a manner that could impact a SSC's operation.

QF0573 may be used for technical issues that could potentially constitute a DEGRADED or NONCONFORMING CONDITION with respect to MNGP/PINGP Current Licensing Bases. This checklist is expected to have limited application.

Once the DEGRADED or NONCONFORMING CONDITION is confirmed to exist, the condition SHALL be immediately reported to the Shift Manager. FP-OP-OL-01, Operability / Functionality Determination, will then be used to determine impact of the DEG/NC on the Operability or Functionality of the affected SSC.

QF0573 is a structured review to determine if the CURRENT LICENSING BASIS is met and if not, specify exactly what part is not met. The focus is on deficiencies that could result in an SSC's failure to perform its function. For example, a testing deficiency that involves the actual test conditions should be described as being distinct from a testing deficiency that appears to be limited to documentation.

Part II of QF0573 should be worked continuously and reviewed by an Engineering Supervisor within the first **24 hours** from identification.

IF at any time it is determined that the answer to any of the questions on the form is YES, THEN complete the section following the questions AND notify the Shift Manager.

ATTACHMENT 10
PROCESS CONTINUITY

PURPOSE

This instruction provides guidance for actions to be taken in the event that the CAP AR process's supporting software becomes unavailable and is intended to provide guidance for long-term actions in the event the software is unavailable for a period greater than 24 hours.

PROCESS CONTINUITY ACTIONS

The following actions should be considered, as a minimum, to ensure process continuity:

1. If the CAP AR software becomes unavailable use form QF0400:
    a. Originators SHALL identify and document conditions adverse to quality, conditions with immediate safety concerns, conditions that require Operability/Functionality reviews or conditions that are reportable to outside agencies using form QF0400 in accordance with the instructions of this procedure.
2. If the CAP AR software is unavailable for a period exceeding 12 hours, re-create screening cue:
    a. The CAP Coordinator should review station logs and query Operations, Leadership, Engineering, etc. personnel for conditions adverse to quality or significant conditions adverse to quality as defined by this procedure, that may have been entered into the system prior to last CAP screening.
    b. The CAP Coordinator should create a QF0400 as appropriate for the issues identified.
    c. The CAP Coordinator or the AR Administrator should assemble QF0400 forms and distribute them to the AR Screening Team for review and action assignment in accordance with Attachment 8.
3. If the CAP AR software is unavailable for a period exceeding 24 hours identify time critical assignments:
    a. The AR CAP Coordinator SHALL convene the CAP Liaisons to identify time critical CAP Assignments coming due.
    b. The CAP Liaisons should help Assignees within their area of responsibility recover and recreate lost data to open CAP AR assignments.

RECOVERY

Upon returning to service and stabilizing as functioning software, the CAP Coordinator should convene a team to input data, review and verify existing data that may have been affected, i.e., recent CAP ARs, recent Action Assignments or, to the extent practicable, CAP AR records that may have been open at the time of the software failure.

ATTACHMENT 11
MODE CHANGE RESTRAINTS

PURPOSE

The purpose of Mode Change Restraints is to provide an administrative barrier to assist in identification of conditions to be resolved and work to be performed prior to entering into a mode of applicability for licensed based requirements and commitments.

Mode Change Restraints are added only to track requirements that must be completed prior to the change of an operating mode, as defined by the station's Technical Specifications.

PROCESS

1. Mode Change Restraints should be applied to CAP AR ASSIGNMENTS, WORK REQUESTS, or WORK ORDERS only. (Mode Change Restraints applied to a parent CAP AR prior to creation of an assignment should be removed when the restraint is added to the assignment).

2. Mode Change Restraints should be applied to work requests and work orders by Senior Reactor Operators (SRO) during the review, approval, and screening process.

1. Mode Change Restraints should be applied to CAP AR assignments as directed by Operations and reviewed by Screen Team, as appropriate.

2. A Mode Change Restraint is considered complete when the associated work request, work order or assignment is complete or removed with the approval of a SRO.

    a. The removal of mode change restraints must be approved by a SRO to ensure operability requirements are satisfied.

3. Mode Change Restraints which require work in non-CAP processes (i.e. ITAR, PCR, etc.) will be tracked utilizing a CA in the CAP AR process.

4. For Mode Change Restraints identified as part of the corrective action program, the CA will be issued to track completion of the work with the appropriate restraint updated in the assignment attributes.

5. Mode Change Restraints will be tracked utilizing the AT-0246 and WM-0221 reports and will be verified complete prior to changing modes of plant operation.

6. Removal of a Mode Change Restraint without completing the requested activity will be evaluated with results documented in a plant record (i.e., operating log, CAP AR assignment, or other PassPort element that becomes a record.

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ATTACHMENT 12
CAP TO EXTERNAL PROCESS INTERFACE

General Guidance

1. Actions that address “A,” “B,” or “C” CAP ARs SHALL NOT be closed to GARs, ITARs, PMCRs, ECs, ECRs, TRRs, or other Passport AR types outside the Corrective Action Program, with the exceptions and clarifications provided below.
2. Severity level “D” CAP ARs may be closed to non-CAP Passport AR types.
3. IF any action in an outside process that is tracked per this attachment is not completed as directed in the assignment description or cancelled, THEN the CAP AR Owed-To should
    a. Develop a suitable alternative solution and initiate actions to address the condition or cause OR
    b. Provide adequate basis for non-performance of the action in accordance with the documentation standards outlined in Attachment 8 of this procedure.
4. To prevent cross-referenced action closure, cross-reference the activity to the parent CAP AR and check the CMP/APR to Close AR radio button. Owed Tos should review cross-referenced assignments prior to CAP AR closure to ensure actions were taken to correct the condition in the parent CAP AR.
5. Prior to initiating any assignments, the Owed-To should ensure that alignment on the action and an appropriate due date is achieved with the group that controls the action. The agreed upon due date should be the same on both the CAP AR assignment and exterior process activity.
6. Refer to Attachment 6 when determining which assignment type should be used to track work outside of a CAP AR.

Guidance for Specific External Processes

1. PCRs and WR/WOs
    a. “C” and “D” level CAP ARs - Cross-reference the CAP AR to the PCR or WR/WO or Work Plan (WP) (remove Check Box) and close the CAP AR.
    b. “A” and “B” level CAP ARs – Initiate an assignment in accordance with Attachment 6 & Attachment 7 to track the PCR or WR/WO to completion or CANCELLED and cross-reference the assignment to the PCR or WR/WOs.
    c. Actions to track PCRs are complete when the revised document has been issued.
    d. Actions to track WR/WO are complete when the WR or WO Task that corrects the condition and any associated PMT/RTS is at a FINISHED status in Passport.

ATTACHMENT 12 CONT'D
CAP TO EXTERNAL PROCESS INTERFACE

2. ECs
    a. "D" level CAP ARs - Cross-reference CAP AR to the EC (remove Check Box) and close the CAP AR.
    b. "C" level CAP ARs – Initiate an assignment in accordance with Attachment 6 & Attachment 7 to track the EC to APPROVED or CANCELLED status and cross-reference the assignment to the EC.
    c. "A" and "B" level CAP ARs – Initiate an assignment in accordance with Attachment 6 & Attachment 7 to track the EC to MODIFIED or CANCELLED status and cross-reference the assignment to the EC.
    d. To assist in meeting significant milestones to EC completion, separate assignments may be utilized as follows:

Action Description	Assigned To	When Initiated
Obtain authorization for the Study Phase of the modification, with scope, funding and schedule defined.	Project Manager or Responsible Engineer	After CAP AR Initiation
Track EC to APPROVED status	Project Engineer or Responsible Engineer	After PRG approval for EC Design Phase
Track EC to turnover to operations	Project Manager or Responsible Engineer	After PRG approval for EC Implementation Phase

3. ECRs
    a. "D" level CAP ARs - Cross-reference the CAP AR to the ECR (remove Check Box) and close the CAP AR.
    b. "A, "B," and "C" level CAP ARs – Initiate an assignment in accordance with Attachment 6 & Attachment 7 to track the ECR to ACTIONED status and cross reference the assignment to the ECR. After the ECR is ACTIONED, initiate an assignment to track the subsequent EC in accordance with the guidance above.

4. KPI CAP ARs
    a. "D" level CAP ARs - Cross-reference the CAP AR to the AR (remove Check Box) and close the CAP AR.
    b. "A," "B," and "C" level CAP ARs – Initiate an assignment in accordance with Attachment 6 & Attachment 7 to track the KPI AR to completion or CANCELLED and cross-reference the assignment to the KPI AR.
    c. Actions to track KPI ARs are complete when the KPI has been implemented in the live KPI spreadsheets and the revised basis document has been posted to the web.

ATTACHMENT 12 CONT'D
CAP TO EXTERNAL PROCESS INTERFACE

5. USAR ARs

    a. Actions to track USARs are complete when the changes have been posted to the living USAR.

6. Other ARs (e.g., GARs, TRRs, CGMRs, PMCRs, ITARs, label requests, etc.)

NOTE:	**Actions should not specify to conduct formal training unless needs analysis in accordance with SAT procedures has been accomplished.**

    a. "D" level CAP ARs - Cross-reference the CAP AR to the AR (remove Check Box) and close the CAP AR.

"A," "B," and "C" level CAP ARs – Initiate an assignment in accordance with Attachment 6 & Attachment 7 to track the AR to completion or CANCELLED and cross-reference the assignment to the AR.

SP	ISFSI QUARTERLY SAFETY STATUS SURVEILLANCE	NUMBER: SP 1076 REV: 7 Page 1 of 8

SYSTEMS:	FS

WO: _____

RESULTS/COMMENTS:

Work Request Initiated: YES _____ NO _____ No. _____

Test Performance:

Performed By: _____ Date: _____
(Signature or Initials)

Additional Requirements:

NONE

Review of Acceptability:
Acceptance Criteria Met? YES/NO

SP Completion:
System Engineer: _____ Date: _____

SP Surveillance Schedule Satisfied. YES/NO Surv. Admin: _____

Other Actions for Consideration:

System Engineer Review: _____ Date: _____

PORC REVIEW DATE:	OWNER:	EFFECTIVE DATE:
NR	M. Brossart	7/5/13

1.0 PURPOSE AND GENERAL DISCUSSION

REFERENCE USE
• ***Procedure segments may be performed from memory.***
• ***Use the procedure to verify segments are complete.***
• ***Mark off steps within segment before continuing.***
• ***Procedure should be available at the work location.***

This procedure serves as the documentation of the ISFSI safety status surveillance as required by the ISFSI Technical Specifications. The purpose of this inspection is to ensure that the casks are free of significant damage, deterioration, and debris accumulation that could potentially interfere with the proper functioning of the cask.

Additionally, this surveillance will be used to document that the earthen berms are being maintained in accordance with the requirements of the Certificate of Need issued by the Minnesota Public Utilities Commission. This requires that the berm be maintained higher than the top of the casks.

This test is acceptable when the required inspections have been completed, and when any corrective action work needed has been initiated.

2.0 REFERENCES

2.1 ISFSI Technical Specification 3.1.4

L **2.2** Order Granting Limited Certificate of Need, Minn PUC Docket No. E-002/CN-91-19, August 10, 1992

2.3 NCR 19981241, TN-40 06 Outer Shell Weld Indications

X **2.4** ISFSI License Renewal

3.0 PRECAUTIONS AND LIMITATIONS

Follow the requirements of the ISFSI access RWP.

4.0 PERSONNEL AND SPECIAL EQUIPMENT REQUIREMENTS

4.1 Suggested Personnel

4.1.1 One (1) nuclear engineer to conduct the inspection.

4.1.2 One (1) security officer is required for access to ISFSI.

4.2 Special Equipment

NONE

5.0 SPECIAL CONSIDERATIONS

Personnel entering the ISFSI should contact Rad Protection prior to entry to determine the expected radiation levels in the ISFSI.

6.0 PREREQUISITES AND INITIAL CONDITIONS

NONE

7.0 PROCEDURE

NOTE:	Steps may be performed in any order.

7.1 Visually inspect the cask(s) to determine if any damage or deterioration of the exterior of the casks has occurred. Note any observed damage or deterioration on Attachment A. _____

7.2 Visually inspect the cask(s) to determine if an accumulation of debris on the cask surface has occurred. Note any observed accumulation of debris on Attachment A. _____

7.3 IF this procedure is being performed in the second or fourth quarter of the year, THEN manually check the pressure in the overpressure tank on any empty casks being stored. Repressurize the tank with helium to 72 ± 5 psig if the indicated pressure is < 40 psig. Record gauge number and calibration due date on the front cover of this SP. _____

L **7.4** Visually inspect the berm to determine if any significant deterioration has occurred that results in any part of the berm being lower than the top of the casks. (A general observation of the condition of the berm is adequate, no exact measurement is required.) Record any unusual conditions on Attachment B. _____

7.5 Visually inspect the road leading to and from the ISFSI to determine if any significant deterioration has occurred. Note deterioration on Attachment B. _____

7.6 Visually inspect the ISFSI pads for significant cracking or other significant deterioration. (This inspection does not replace the credited structures monitoring program inspections but is an inspection of opportunity.) Record condition in Attachment B. _____

7.7 IF this procedure is being performed in the second or fourth quarter of the year, THEN visually check the welds on the outer shell surrounding the radial neutron shield for cracked or peeling paint, broken or cracked welds, or corrosion. It is intended that only the welds visible from the ground be checked at this time (no ladder or scaffolding is required). If any of these conditions are found, initiate a work order to perform a detailed weld inspection by a NSP certified Level II VT/weld inspector. _____

7.8 IF this procedure is being performed in the second quarter of year, THEN initiate actions to remove the vent covers in the CTV storage building. _____

7.9 IF this procedure is being performed in the fourth quarter of the year, THEN initiate actions to install the vent covers in the CTV storage building. _____

7.10 Initiate corrective action to repair any unacceptable condition noted in the inspections above. IF none found, THEN write NA in the sign off. _____

x **7.11** Verify the absence of any of the aging effects listed in Attachment C for all dry casks via a visual inspection of the areas observable from the ground. _____

x **7.12** Verify the absence of an increasing trend in cask dose rates from the quarterly radiation surveys. _____

x **7.13** IF any aging effects or increasing trend in dose rates are observed, THEN initiate a CAP to document the resolution of the condition. _____

8.0 ADDITIONAL REQUIREMENTS

NONE

9.0 ATTACHMENTS

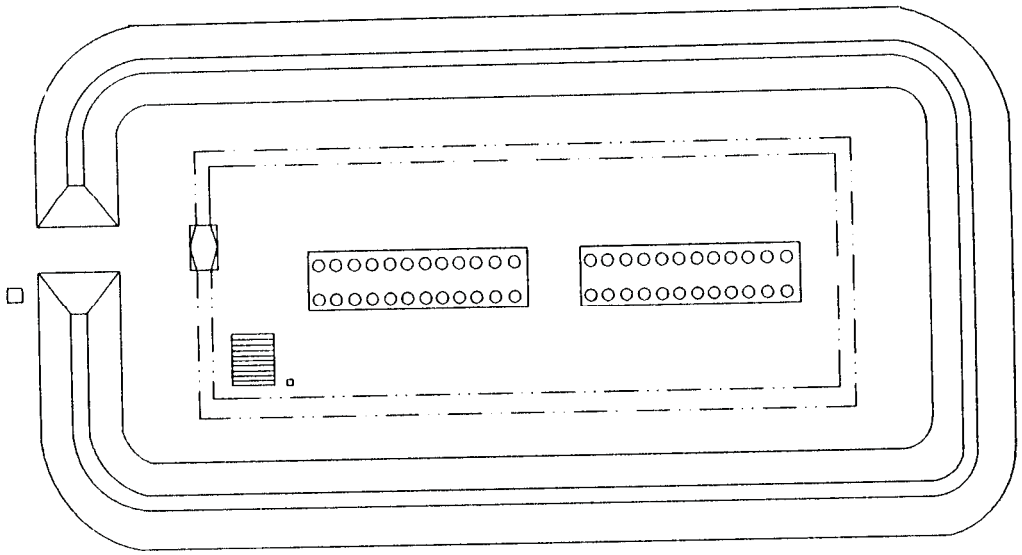
9.1 Attachment A – Cask Exterior Condition Notes

9.2 Attachment B – Berm, Road, and ISFSI Pads Condition Notes

9.3 Attachment C – Cask Aging Effects

Attachment A Cask Exterior Condition Notes

Attachment B Berm, Road, and ISFSI Pads Condition Notes



Attachment C Cask Aging Effects

Component	Material	Aging Effect	Aging Mechanism	Inspection Results
Shell	Carbon Steel	Loss of Material	Crevice Corrosion	
			General Corrosion	
			Pitting Corrosion	
Upper Trunnion	Carbon Steel	Loss of Material	Crevice Corrosion	
			General Corrosion	
			Pitting Corrosion	
Lower Trunnion	Carbon Steel	Loss of Material	Crevice Corrosion	
			General Corrosion	
			Pitting Corrosion	
Outer shell	Carbon Steel	Loss of Material	Crevice Corrosion	
			General Corrosion	
			Pitting Corrosion	
Containment Flange	Carbon Steel	Loss of Material	Crevice Corrosion	
			Galvanic Corrosion	
			General Corrosion	
			Pitting Corrosion	