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U. S. NUCLEAR REGULATORY COMMISSION  
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Gentlemen:

DOCKET NOS. 50-266 AND 50-301  
POINT BEACH NUCLEAR PLANT, UNITS 1 AND 2  
REPLY TO NOTICE OF VIOLATION 50-266/89027 AND 50-301/89026

This replies to a Notice of Violation as outlined in Inspection Report 50-266/89027 for Unit 1 and 50-301/89026 for Unit 2. Attachment I consists of a description of the situation, the corrective actions to be taken, and the time at which full compliance will be achieved. We agree with the characterization of these issues as a Level IV violation.

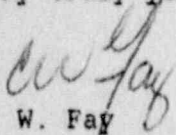
Additionally, the inspection report asked for a response regarding the intended corrective actions concerning various procedural control issues. That response is contained in Attachment II.

There were some issues raised in the report which we feel need followup. Those issues are included in Attachment III.

We discussed the timeliness of this response with Mr. Ed Greenman of Region III. He agreed that we could have an extension of the nominal 30-day response because of activities associated with the Unit 2 outage.

If you have any questions regarding this reply, please contact us.

Very truly yours,

  
C. W. Fay  
Vice President  
Nuclear Power

Enclosure

Copies to NRC Regional Administrator, Region III  
NRC Resident Inspector

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Attachment I

REPLY TO NOTICE OF VIOLATION  
POINT BEACH NUCLEAR PLANT, UNITS 1 AND 2  
DOCKET NOS. 50-266 AND 50-301

DESCRIPTION OF THE VIOLATION

1. During the last week of September 1989, temporary changes to operations refueling test, ORT 9, "Preparation for the Integrated Leak Rate Test," and the Wisconsin-Michigan test procedure, WMTF 12.29, "Containment Integrated Leak Rate Test, Unit 2," were made. These revisions were minor in nature and reflected changes in system configuration during the ILRT and methods and personnel involved in the tests, but did not change the intent of the test. Each of the changes was made using the temporary procedure change method outlined in administrative procedure PBNP 2.1.1, "Classification, Review and Approval of Procedures." In each case, form EQR-26b, "Temporary Procedure Revision and Approval Sheet," was attached and the appropriate approvals were obtained prior to implementation of the changed steps.

Common practice for procedure changes of this nature is to make the changes in pen and ink directly on the procedure attached to form EQR-26b, obtain the appropriate approvals for use, and use this copy of the procedure, with the EQR-26b form attached, for the performance of the work. A summary of the procedure changes is made in the "Describe Changes" section of form EQR-26b. Technical Specification 15.6.3.8.3.B and C as well as PBNP 2.1.1 describe the subsequent approval process required, depending on the classification of the procedure as "major" or "minor." In the case of a "major" procedure (such as ORT-9), the temporary change to the procedure must be reviewed by the Manager's Supervisory Staff and approved by the manager within two weeks of actual use of the changed procedure.

With one exception, all requirements of PBNP 2.1.1 were complied with. The review and approval of the temporary changes were documented and the reasons for the overall procedure changes were also documented on the EQR-26b forms. Step 6.3 of PBNP 2.1.1 states that the "reasons for procedure changes shall be documented on form EQR-26b." This step can be reasonably interpreted to require that each change and its reason be documented separately. This interpretation is consistent with the notice of violation. Another interpretation often used at PBNP is that the reason for the overall temporary change shall be documented and that each and every step change need not be documented on the form EQR-26b. Our intent is that each changed step be listed, its change described and the reason for the change discussed on EQR-26b.

2. Section 4.0 of health physics standing order HPSO 6.0, "Summary of Contractor Health Physics Responsibilities," requires that contractor health physics supervisors maintain a refueling outage log book. Paragraph 4.2 specifically identifies the need to maintain a log book at the containment El. 8' health physics control point. The contractor health physics supervisor assigned to this control point is responsible for documenting the activities which are managed from the control point. The contractor supervisor is to generally use his professional judgement regarding the nature of the entries to be made into the log book. Paragraph 4.2 does, however, identify specific items which the supervisor is to document in the log book. These specific items were identified in HPSO 6.0 as requiring log book entries due to the determined need to capture this information and because no other formal mechanism existed for documenting these items.

During the first week of our Unit 2 refueling outage, the contractor health physics supervisors were observed to have deviated from the log book entry requirements defined in HPSO 6.0. Specifically, log book entry deficiencies included: (1) Daily instrument source checks were not documented; (2) important events were identified but the time of day each event occurred was not always recorded; and (3) ventilation inspections were documented but the name of the inspector was not always recorded.

On September 11, 1989, a set of revised procedures was issued which established a new methodology for the documentation of daily instrument response checks. Because these procedures and associated forms were used to document daily response checks of survey instruments, the contractor health physics supervisors determined that recording the response checks in the log book was a redundant and unnecessary requirement and, therefore, these entries were not made as identified in (1) above. While the logic was appropriate, it was not their place to unilaterally decide to change the material to be logged.

The failure to list the time of day with each event and the failure to always identify the ventilation system inspector's name was caused by an inattentiveness to detail and a misinterpretation of the requirements of HPSO 6.0. The requirement that "all important events be listed in time sequence" was interpreted to mean that the log book entries need only be made in chronological order, and not necessarily that the time be listed. Although it was the desired practice to list the time of each event, not all of the supervisors interpreted this as a requirement.

3. A temporary change to inservice test IT-1180, "Ten-Year Pneumatic Test of the Air Start System for Diesel Generator G02," was not reviewed by the Manager's Supervisory Staff and approved by the manager within 14 days of actual use of the changed procedure. When this was identified in the plant's review process, a nonconformance report was written. This approval time (14 days) is required by Technical Specification 15.3.8.3.B. The actual time was 27 days.

## CORRECTIVE ACTION

1. The discussion of a comprehensive change to PBNP 2.1.1 to address the complexity of handling temporary changes to procedures is already in progress at Point Beach. The need for a written description of each and every step change in the procedure on form EQR-26b is just one part of a possible overall change to the procedure.

Due to the complexity of the task and careful consideration which must be given to this issue, the manager-PBNP has appointed an interdisciplinary task force. Their charter requires analysis of the temporary procedure use and change process. They are to revise PBNP 2.1.1 to more clearly define that process by September 1990. They will also draft a procedure users' guideline to describe management expectations on how to use PBNP 2.1.1 during procedurally controlled actions. These revised and new procedures will be approved by the manager and employees will be trained on them prior to implementation. A comprehensive revision of QP 3-3, "Authorization of Changes, Tests and Experiments" (10 CFR 50.59 reviews), is also in progress and is expected to be issued by April 1990.

2. The Superintendent-Health Physics discussed the log book entry requirements with the health physics contractor site coordinator. The Superintendent-Health Physics directed the site coordinator to conform to the requirements of HPSO 6.0. The site coordinator then instructed each of the contractor health physics supervisors to make log book entries in accordance with HPSO 6.0. The Superintendent-Health Physics and health physics technical specialists, assigned to coordinate contractor work activities, frequently reviewed the contents of the log book for the duration of the outage. Log book entries were observed to be satisfactory.

Although pre-outage training programs emphasized procedure compliance, the Superintendent-Health Physics also directed the health physics contractor site coordinator to reiterate to all health physics contractor personnel their obligation to conform to plant procedures and standing orders. The site coordinator subsequently reenforced procedure compliance to all his personnel. Wisconsin Electric health physics management personnel continued to scrutinize the day-to-day activities of the health physics contractor personnel to ensure conformance to plant procedures.

A contributing cause to this procedure violation may have been a misunderstanding regarding the proper utilization of health physics standing orders. Health physics standing orders provide information and guidance regarding a preferred method to complete a desired task. The standing orders are intended to supplement other procedures and are

considered subordinate to the major and minor procedures which they supplement. The health physics group initiated a review of health physics standing orders in late 1988 and determined that a program change was warranted based upon the need to enhance the guidance contained in the standing orders and the need to clarify the intended use and application of the standing orders. A decision was made in late 1988 to begin a systematic elimination of the health physics standing orders. The material in the standing orders is being appropriately included in procedures or guidelines depending on whether the actions are requirements or not.

We expect to complete this process of eliminating health physics standing orders by June 1, 1990. We will then be in compliance.

3. IT-1180 was approved by the manager after review by the Manager's Supervisory Staff on September 13, 1989. We are now in compliance.

## Attachment II

### RESPONSE REGARDING PROCEDURES AND THEIR REVIEW, CONTROL, MODIFICATION EFFECTS, PRECAUTIONS, DOCUMENTATION AND INCONSISTENCY

#### BIENNIAL REVIEW PROCESS

The biennial review of procedures is controlled by PBNP 2.1.2, "Periodic Procedure Review." This procedure requires that each procedure be reviewed on a biennial basis to ensure accuracy and lack of conflict with other PBNP procedures. PBNP 2.1.2 provides direction in the review process of procedures. It is not expected to be a detailed checklist of all those items that may be checked during the biennial review. PBNP 2.1.2 was last revised in July 1989. The Manager-PBNP has established an ad hoc committee to review our policies for procedure usage and review. The review will investigate those potential weaknesses identified in this inspection report (i.e., use and inclusion of more cautions and precautions, and procedural inconsistencies) and appropriate changes will be made. This review and appropriate revision will be accomplished by September 1, 1990.

Prior to the most recent revision, a "use of the procedure" could be employed as the biennial review. This is no longer the case. It should be noted, however, that review and revision of a procedure for any reason must use the criteria set down in PBNP 2.1.2 and, therefore, does constitute a biennial review.

#### CONTROL OF TEMPORARY CHANGES

Temporary changes at PBNP are performed under the procedural control of PBNP 4.17, "Temporary Modifications." This procedure was last revised on October 6, 1989. The changes made to the procedure at that time were made to include the use of a new documentation form, PBF-2013. This new form has some minor changes which enhance the flow of the document and the decision to perform a 10 CFR 50.59 review.

Other issues being contemplated are:

- Does the temporary change become effective upon approval or upon initial use? Can a temporary change be negated without further review if the procedure is not used? How do we differentiate between those temporary changes that should be incorporated into the procedure permanently and those that are for a short-term situation?

- What is the mechanism for return of the procedure to its original form prior to the temporary change if that is required? In other words, when is a temporary change truly temporary and when is it an expeditious way to obtain a permanent change to a procedure in an "urgent" situation?
- Can a temporarily changed procedure be changed again while the procedure is being used and what is the mechanism for ensuring no conflicts within the procedure or with other procedure changes? How is the approval of this second change documented?
- When is a 10 CFR 50.59 safety evaluation required and how is that documentation maintained for those cases requiring an evaluation and those cases where no evaluation is required? When should further 10 CFR 50.59 documentation be required if subsequent changes are made to a procedure during use?

We believe each issue must be addressed to ensure improved implementation and control of temporary procedure changes.

#### EVALUATION OF TEMPORARY MODIFICATION EFFECTS ON EXISTING PROCEDURES

PBNP 4.17 requires a technical review which includes effects on interfacing systems and components as well as any adverse effects. This requires the review of procedures controlling those interfacing systems and components as well as the adverse effects on any procedures. 10 CFR 50.59 applicability and reviews, if appropriate, are also required.

#### USE OF PRECAUTIONS

Writers' guides and reviewers' guides for procedures at PBNP provide for the inclusion of notes, cautions and precautions. The cautions and notes can be and are located in the beginning sections of procedures and are located throughout the body of procedures usually immediately preceding the affected steps. Precautions are usually placed in one of the beginning sections of a procedure prior to the active body of the procedure. During the review of procedures, either the biennial or routine, notes, cautions and precautions must be reviewed in accordance with PBNP 2.1.2, "Periodic Procedure Review," and the Instrument and Control, Operations, and Maintenance reviewers' guides.

#### AVAILABILITY OF SUPPORTING DOCUMENTATION

The major piece of supporting documentation that is required of a procedure change or change to the plant is the 10 CFR 50.59 review of that change, if required. When it is required, that review must be attached to the form or set of forms authorizing the change. As an example, for a temporary modification (form PBF-2013), OPS-13a and OPS-13b (tags) are required to be reviewed by the DSS for clarity, accuracy and applicability and, therefore, must be attached to form PBF-2013. This also applies to the EQR-26b temporary procedure and EQR-26a permanent procedure changes. All supporting documentation such as 10 CFR 50.59 reviews must be attached.

Please note the discussion of the documentation of temporary procedure changes in "Control of Temporary Changes" above.

#### INCONSISTENCY IN PROCEDURAL DIRECTION

The removal of inconsistencies in procedures is the continuing task of all writers, reviewers, approvers, and users of procedures. It is the goal of all those at PBNP to reduce the number of inconsistencies to a minimum.



### Attachment III

This attachment discusses several procedural issues in inspection reports 50-266/89027 and 50-301/89026 which we would like to provide an update on.

On page 8, paragraph 3)e, there is some discussion of a conservative ENS notification that was made on October 8. CRT 66A for both Unit 1 and Unit 2 has been changed to include appropriate precautions so that in the future it is clearer that a first-out annunciator may be actuated during the test.

On page 10, paragraph 3)j mentions the fact that "PBNP 4.13, 'Equipment Isolation Procedure,' may have been inadequate." The manager-PBNP has assigned a multi-disciplinary task force to take a fresh look at this procedure to assure it is adequate to not only protect employees but also to address the administrative demands of our operating environment. This procedural revision should be implemented by September 1990.

On pages 11 and 12, paragraph 3)l, there is a discussion of the qualified red taggers list. The qualified red taggers list is also mentioned in the fourth paragraph of page 13. In our response to Notice of Violation 50-266/89015 and 50-301/89014, we provided a description of the way changes to the qualified red taggers list, referenced in PBNP 4.13, "Equipment Isolation Procedure," are controlled. We have implemented interim changes but not those outlined in our reply to the Notice of Violation. We agree that good control of the accuracy of that list is important. We will, however, make the following changes:

Step 4.4 of PBNP 4.13 will be changed to eliminate the reference to standing order PBNP 4.12.2 by January 1, 1990.

PBNP 2.1.1 will be changed to clearly specify the review and approval process options for nonnuclear safety related procedures. This change will also occur by January 1, 1990.

With the change in PBNP 2.1.1, separation of the qualified red taggers list from the standing order will not be necessary.

On page 16, there is some discussion about PT.S-2 and the fact it needs revision. This procedure is used only during the diesel annual maintenance outage. The procedure will be revised prior to that outage.