UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION II
101 MARIETTA STREET, N.W.
ATLANTA, GEORGIA 30323

Report No.: 50-302/85-15

Licensee: Florida Power Corporation
3201 34th Street, South
St. Petersburg, FL 33733

Docket No.: 50-302 License No.: DPR-72

Facility Name: Crystal River 3

Inspection Conducted: March 25-29, 1985

Inspector: C M Upright for 5/2/85
G. A. Belisle Date Signed

Accompanying Personnel: J. H. Moorman, Region II
M. A. Scott, Region II

Approved by: C M Upright 5/2/85
C. M. Upright, Section Chief Date Signed
Division of Reactor Safety

SUMMARY

Scope: This routine, unannounced inspection entailed 96 inspector-hours on site and at FPC corporate offices in the areas of QA program review, audits, and offsite support staff.

Results: Four violations were identified - Failure to assure that conditions adverse to quality were promptly corrected, Failure to escalate an audit finding to an NCR, Failure to perform Technical Specification (TS) audits and Criterion II reviews within required intervals, and Failure to properly store records.

REPORT DETAILS

1. Persons Contacted

Licensee Employees

K. Baker, Manager, Nuclear Electrical Engineering
*D. Bates, Quality Engineer
*D. Betts, Supervisor, Quality Audits
*R. Bright, Manager, Nuclear Licensing
*W. Clemons, Nuclear Compliance Specialist
*J. Colby, Manager, Site Nuclear Engineering
*J. Frijouf, Acting Nuclear Compliance Specialist
E. Froats, Nuclear Project Management Engineer
E. Good, Senior Nuclear Licensing Engineer
D. Harper, Licensing Assistant
S. Jesien, Nuclear Project Engineer
M. Mann, Nuclear Compliance Specialist
D. Porter, Senior Nuclear Licensing Engineer
W. Rossfeld, Nuclear Compliance Manager
R. Schmiedel, Nuclear Electrical Engineer
E. Simpson, Director, Nuclear Operations Engineering and Licensing
J. Telford, Director, Quality Programs
D. Terrill, Senior Nuclear Licensing Engineer
S. Ulm, Nuclear Engineering Supervisor
G. Westafer, Manager, Nuclear Operations Licensing and Fuel Management

NRC Resident Inspectors

*T. Stetka
*J. Tedrow

*Attended exit interview

2. Exit Interview

The inspection scope and findings were summarized on March 29, 1985, with those persons indicated in paragraph 1 above. The inspector described the areas inspected and discussed in detail the inspection findings listed below.

Violation, Failure to Assure that Conditions Adverse to Quality were Promptly Corrected, paragraph 7. The licensee denied this violation without providing the inspector an adequate basis by which this requirement had been met.

Violation, Failure to Escalate an Audit Finding to an NCR, paragraph 8. The licensee denied the violation without providing the inspector an adequate basis by which this requirement had been met.

Violation, Failure to Perform TS Audits and Criterion II Reviews Within Required Intervals, paragraph 9. The licensee denied this violation by stating that FPC Criterion II reviews and TS audits were scheduled to be performed at the same interval as routine TS surveillance activities.

Violation, Failure to Properly Store Records, paragraph 10. The licensee denied this violation without providing an adequate basis by which this requirement had been met.

Unresolved Item, Commitment Tracking, paragraph 11.

Inspector Followup Item, Health Physics Calibration Evaluation, paragraph 12.

The licensee did not identify as proprietary any of the materials provided to or reviewed by the inspector during this inspection.

3. Licensee Action on Previous Enforcement Matters

This subject was not addressed in the inspection.

4. Unresolved Items

An Unresolved Item is a matter about which more information is required to determine whether it is acceptable or may involve a violation or deviation.

One new unresolved item identified during this inspection is discussed in paragraph 11.

5. QA Program Review (35701)

Reference: 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants

The inspector reviewed the licensee QA program required by the above reference and verified that these activities were conducted in accordance with regulatory requirements. The following criteria were used during this review to assess overall acceptability of the established program:

- Personnel responsible for preparing implementing procedures understand the significance of changes to these procedures.

- Licensee procedures are in conformance with the QA Program.

The procedures discussed throughout this report were reviewed to verify conformance with the QA program. The inspectors reviewed QA program implementation as a part of the inspection. Each specific area is detailed in other paragraphs of this report. Problem areas, if identified, are detailed in specific areas inspected.

Within this area, no violations or deviations were identified.

6. Audits (40702 and 40704)

(1) References:

(a) 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants, and Fuel Reprocessing Plants

(b) Regulatory Guide 1.144, Audit of Quality Assurance Programs for Nuclear Power Plants

(c) ANSI N45.2.12-1977, Requirements for Auditing of Quality Assurance Programs for Nuclear Power Plants

(d) Regulatory Guide 1.146, Qualification of Quality Assurance Program Audit Personnel for Nuclear Power Plants

(e) ANSI N45.2.23-1978, Qualification of Quality Assurance Program Audit Personnel for Nuclear Power Plants

(f) Regulatory Guide 1.33, Quality Assurance Program Requirements (Operation)

(g) ANSI N18.7-1976, Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants

(h) Technical Specifications, Section 6

The inspector reviewed the licensee audit program required by references (a) through (h) to verify that the program had been established in accordance with regulatory requirements, industry guides and standards, and Technical Specifications. The following criteria were used during this review to determine the overall acceptability of the established program:

- The audit program scope was consistent with Technical Specifications and QA program requirements.

- Responsibilities were assigned in writing for overall management of the audit program.

- Methods were defined for taking corrective action on deficiencies identified during audits.

- The audited organization was required to respond in writing to audit findings.

- Distribution requirements were defined for audit reports and corrective action responses.

- Checklists were required to be used in performing audits.

- Measures were established to assure that QA audit personnel met minimum education, experience, and qualification requirements for the audited activity.

The documents listed below were reviewed to verify that these criteria had been incorporated into the auditing program:

FSAR Chapter 1.7 Quality Programs (Operational), Revision 5

NQAP Quality Program Including Audit and Followup Action Program, Code: IADT, Revision 0

NQAP Personnel and Training, Code: PTQ, Revision 0

NQAP Document and Records Control Documentation, Code: DOCC, Revision 0

NQAP Nonconforming Item Control and Corrective Actions, Code: NCON, Revision 0

NQAP Instructions and Procedures Requirements, Code: PCDR, Revision 0

NQAP Vendor Qualification Audit and Surveillance Program, Code: VADT, Revision 1

QAP-8 Quality Program Audits, Revision 9

QAP-9 Transmittal of Quality Records - Quality Programs Department to the Nuclear Plant Quality Documents File, Revision 4

QAP-18 Control of Nonconformance Reports, Revision 8

QAP-27 Noncompliance Tracking, Revision 4

QAP-14 Corrective Action, Revision 5

QAP-23 Reporting of Defects and Noncompliance, Revision 6

QAP-35 Quality Programs Department Training, Revision 1

The inspector selected the following audits for review to verify audit program implementation:

QP-226 Operational Technical Specification Conformance
Conducted July 19 - August 16, 1982; Issued September 15, 1982

QP-237 Design and Modification Control
Conducted August 6 - September 30, 1983; Issued October 26, 1983

QP-238 Fire Protection
Conducted June 6 - July 17, 1983; Issued August 5, 1983

QP-249 Emergency Preparedness
Conducted January 9 - February 3, 1984; Issued March 2, 1984

QP-250 Preventive and Corrective Maintenance Program
Conducted January 30 - March 12, 1984; Issued April 11, 1984

QP-252 Measuring and Test Equipment Control
Conducted April 18 - May 10, 1984; Issued June 8, 1984

QP-253 Procurement
Conducted May 11 - June 7, 1984; Issued July 3, 1984

QP-255 Nonconforming Item Control and Corrective Action
Conducted July 16 - August 2, 1984; Issued August 31, 1984

QP-258 Personnel Training and Qualification
Conducted August 29 - October 19, 1984; Issued November 19, 1984

All audits reviewed were issued within frequencies permitted by controlling procedures. If audit findings were identified, the audited organization responded within required timeframes. Audits were performed with approved checklists. Audit frequency was determined by QA personnel using allowances stated in TS Section 4.0.2. A violation pertaining to this method of determining audit frequency is discussed in paragraph 9. These TS 4.0.2 statements have also been included in QAP-8. The inspector reviewed 1983, 1984, and 1985 audit schedules. The inspector randomly selected different audit subjects and verified that they are being performed within TS requirements. The inspector reviewed qualifications for 13 lead auditors. Currently, four lead auditors are physically located at the corporate offices and the remaining auditors are located on site.

The inspector questioned licensee personnel about performance of an evaluation to determine QA program status and adequacy. The Nuclear Generation Review Committee (NGRC) has delegated this evaluation performance to the Corporate Audit Subcommittee (CAS) which is headed by the Director, Technology Services. Consultants previously performed this evaluation for FPC. CAS is reviewing inputs such as INPO reports, NGRC liaison information, and LRS consultant information to form the basis for this evaluation. Work is scheduled for completion in early April with the evaluation issuance to senior management.

Within this area, four violations, one unresolved item, and one inspector followup item were identified and are discussed in the following paragraphs.

7. Failure to Assure that Conditions Adverse to Quality Were Promptly Corrected

During audit QP-249 review, the inspector identified that the initial response from the audited organization was transmitted to Quality Programs Department (QPD) personnel on March 28, 1984. At that time, there appeared to be a disagreement between the audited and auditing organizations. This apparent disagreement is the basis for a violation discussed in paragraph 8. The next correspondence relating to Finding 11 resolution was November 8, 1984, by the auditing group and November 30, 1984, by the audited

organization. The inspector was informed by QPD personnel that from March until November, QPD personnel and audited personnel conducted telephone conversations and corresponded informally attempting to resolve this finding. However, these actions did not resolve the issue and the November correspondence still indicated that both organizations were in disagreement.

The inspector also reviewed Audit QP-250 which identified 26 findings. All items were initially responded to on May 7, 1984. Corrective actions for findings 1, 5, 6, 7, and 8 were apparently accomplished as scheduled. QPD requested an additional response for finding 2 on May 23, 1984. This additional response was reviewed by QPD as being acceptable. On July 10, 1984, the audited organization requested an extension to complete corrective action for this item until August 31, 1984. On September 21, 1984, the audited organization requested another extension for corrective action completion until October 15, 1984. The corrective action for finding 2 was completed on October 17, 1984.

QPD requested an additional response for finding 3 on May 23, 1984. This additional response was submitted to QPD on July 2, 1984. The additional response also requested an extension for corrective action completion until August 3, 1984. The corrective action for finding 3 was reported completed by the audited organization on August 2, 1984.

QPD requested an additional response for finding 13 on May 24, 1984. On July 6, 1984, a response was received by QPD stating that procedural requirements had been revised on July 1, 1984; consequently, the corrective action for finding 13 had been completed. QPD issued a request to personnel responsible for finding 13 corrective action to provide a followup verification stating that the corrective action was completed. QPD requested this followup by August 6, 1984. QPD issued another request on August 14, 1984, stating that the followup requested to be sent to QPD by August 6, 1984, had not been received. If a followup was not received by August 30, 1984, QPD would issue a nonconformance (NCR). On August 17, 1984, a response was sent to QPD stating that the corrective action for finding 13 had been completed and that QPD, after verification, could close finding 13.

Corrective actions for the remaining Audit QP-250 findings are somewhat similar to those described for findings 2 and 3. Certain audit findings are still awaiting corrective action resolution from 1982 (1 finding) and 1983 (21 findings). Corrective action due dates have been established for these items; however, measures have not been specifically delineated to assure prompt corrective action. Existing procedures do not delineate how many requests for extensions are acceptable and when items will be escalated to higher management. Failure to establish measures to assure that conditions adverse to quality are promptly corrected constitutes violation 302/85-15-01.

8. Failure to Escalate an Audit Finding to an NCR

During audit QP-249 performance, 16 findings were identified by the auditing organization. Finding 11 stated that not all emergency preparedness records

required by NQA practices are assembled as required. The audited organization's response to this finding was submitted for NQA review on March 28, 1984. The response stated the following specifically:

> "The Manager, Site Nuclear Services, has reviewed all Site Nuclear Services records and, according to the criteria of ANSI N45.2.9 and QP-17.1, does not consider Emergency Planning records to require assembly in accordance with NQA Practice DOCC. AMI-03 will be reissued to stipulate those Site Nuclear Services' records that are considered "Quality" by approximately May 1984.
>
> The Radiological Emergency Response Plan and its implementing procedures (i.e., Emergency Plan Implementing Procedures (EMs)) are included in the licensing docket and are thus controlled as "Quality" records."

The next correspondence relating to this item was a letter from the Supervisor, Quality Audits, to the Site Director dated November 8, 1984, which stated that Emergency Planning records need to be treated as QA records. This letter further stated that a follow-up report to the Supervisor, Quality Audits, is required by December 3, 1984, documenting corrective action to be implemented relative to the control of Emergency Planning records. The response from the Site Director to the Supervisor, Quality Audits, dated November 30, 1984, stated that there is an apparent disagreement about emergency planning documents being considered quality records. It further stated that based on reviews of FSAR Section 1.7.1.17, Standard Technical Specifications (STS) Section 6.10, and ANSI N45.2.9, Appendix A, records related to emergency preparedness are not included; consequently, the audit finding should be closed.

QAP-8, Section 6.6.2.1, states that if the audit team leader and audited organization cannot reach agreement on the corrective actions for any finding, the audit team leader will refer these items to the Supervisor, Quality Audits. If satisfactory resolution cannot be obtained by the Supervisor, Quality Audits, within an additional 30 days, he initiates a nonconformance report (NCR) in accordance with QAP-18. Disagreement with this audit finding by the line organization was known in March 1984 and a nonconformance was not written for this particular item as of the date of this inspection. Failure to achieve resolution of this problem through the required NCR process constitutes violation 302/85-15-02.

9. Failure to Perform TS Audits and Criterion II Reviews Within Required Intervals

TS Section 6.5.2.9 states that audits shall be performed under the cognizance of the NGRC. These audits encompass various areas. For each area listed, specific intervals are stated. For surveillance tests, TS Section 4.0.2 states the following:

a. A maximum allowable extention not to exceed 25% of the surveillance interval, and

b. A total maximum combined interval time for any three consecutive tests not to exceed 3.25 times the specified surveillance interval.

The licensee has applied TS 4.0.2 time variations to audit frequencies in TS Section 6. QAP-8 also reflects these intervals. The licensee has developed methods to assure that audits are conducted within these intervals. Audit schedules are published as drawings with specific drawing numbers. These schedules are updated twice a year. The application of TS 4.0.2 to TS Section 6 is not appropriate.

10 CFR 50 Appendix B Criterion II states in part that the applicant shall regularly review the status and adequacy of the quality assurance program. This has been expanded by the accepted QA program in FSAR Section 1.7.1.2 which states that FPC regularly reviews the status and adequacy of its quality program through periodic reviews conducted at least once every two years. As previously stated, this review is being conducted by the CAS and is due to be completed in early April 1985. The reason this review is due at this time is to meet TS 4.0.2.a requirements. Application of TS 4.0.2 requirements was not appropriate and this review is required to be performed within quality program timeframes. Failure to perform TS audits and Criterion II reviews at required frequencies constitutes a violation 302/85-15-03.

10. Failure to Properly Store Records

The licensee administrative controls for records allows record storage to meet ANSI N45.2.9, NFPA-232, or duplicate storage requirements. The licensee has taken an approved exception to ANSI N45.2.9, Section 5.6 (FSAR Table 1-3) which states that this section does not provide a distinction between temporary and permanent facilities. To cover temporary storage, the following clarification is added: Active records (those completed but not yet duplicated or placed on microform) may be temporarily stored in one-hour fire rated file cabinets. In general, records shall not be maintained in such temporary storage for more than three months after completion without being duplicated (for dual storage) or being placed on microform. Vault facilities are provided on site. Audit records reviewed at FPC corporate offices were being stored in a one-hour fire rated locked cabinet. QAP-9 defines Quality Program Audits as nonpermanent records with a six-year retention period. The audit plan, notice, and audit report are transmitted to permanent storage upon audit report issuance. Audit item responses, followup records, and closure records are retained in the QPD cabinet until audit closure. Some of these original records are maintained for a year or longer depending upon how long it takes to close the audit. Storage of these records in a one-hour fire rated cabinet is acceptable providing NFPA-232 1975, Standard for the Protection of Records, requirements are adhered to. NFPA-232 1975 requires that a fire load analysis be performed to verify storage location adequacy. Other options available are duplicate storage or ANSI N45.2.9. Failure to store records in accordance with QA program requirements constitutes violation 302/85-15-04.

11. Commitment Tracking

The following paragraphs describe issues which collectively constitute an unresolved item regarding the effectiveness of the licensee commitment tracking system.

a. Part 21 Followup Commitment

In a letter dated June 27, 1983, to NRC Region II Florida Power Corporation (FPC) reported a 10 CFR 21 deficiency regarding the plant's high pressure injection valves. The letter stated that when a valve replacement and schedule for installation is determined, FPC will advise the NRC accordingly. Per conversations with the NRC Project Inspector and site Senior Resident Inspector, valve replacement will occur this outage. To date, Region II has not received an updated Part 21 report regarding the valve replacement schedule.

b. Post Accident Sampling System (PASS)

Audit report QP 259, Site Nuclear Operations (Chem/Rad), issued November 18, 1984, identified an item on the PASS. Site audit responses of December 12, 1984, and March 1, 1985, to the item agreed with the finding in that the "as-built" PASS does not match the system described in the FPC commitment letter to NRC dated December 30, 1981. Part of the installed equipment differs in design criteria (such as ranges) from that described in the commitment letter. The audit item had been open for approximately four months since the date of the last site response. Per site audit response dated March 1, 1985, site Nuclear Compliance has action to generate the necessary correspondence when exact recommendations are determined. Since this system is under NUREG 0737, Post TMI Requirements (Item II.B.3), as-built or design criteria differences should be formally identified to the NRC.

c. NUREG 0578 Item 2.1.6.a Commitment

In subparagraph 3) on page 3 of Audit Report QP-250, Preventive and Corrective Maintenance Program, dated April 11, 1984, a deficiency closure was addressed. The deficiency involved the FPC commitment to NUREG 0578, TMI-2 Lessons Learned Short Term Recommendations, as it relates to Item 2.1.6.a, Integrity of Systems Outside Containment Likely to Contain Radioactive Material for PWRs and BWRs. The audit report indicated a letter from FPC to NRR dated October 1, 1979, which stated that FPC will develop and implement a leak reduction and maintenance program. The initial concern of the audit was that a complete preventive maintenance program was not established to address how leaks were to be prevented. Deficiency closure was based on site procedures and on an interpretation of an NRR letter to FPC dated May 5, 1980. The NRR letter indicated that verification of procedures which implement the licensee's program would be documented in a separate inspection report. This separate inspection report was not documented in Audit Report QP-250. The basis for the audit report deficiency closure was not clear. Closure of this deficiency questions whether or not the program meets the commitments of the FPC letter to NRR dated October 1, 1979, or that the current program was clarified to NRR via correspondence.

d. Commitment System

Audit Report QP-247 issued February 2, 1984, identified as findings a number of FPC commitments, requirements, and regulations that were not

being met. These noncompliances are catagorized as follows: five audit findings concerned FPC commitment letters to the NRC; one audit finding concerned 10 CFR 50, Appendix B, Criterion V; one audit finding listed above also deals with 10 CFR 50, Appendix R; one audit finding concerned an FSAR requirement; and one audit finding concerned a commitment documented in NRC Inspection Report 79-19 exit interview.

The FPC commitment letter dates varied from 1975 to 1982. For audit findings 04, 07, and 09 where the intent of the commitment had been changed, a modifying letter was sent to the NRC after the audit findings were issued. Of the nine audit items, eight had been closed by the time of this inspection. The closure of findings varied from approximately 10 to 12 months (finding 02 had yet to be officially closed by the auditors). Closure of the remaining open finding (02) was confirmed via a telephone conversation with the site Nuclear Compliance Manager on April 3, 1985. Responses to four audit findings contained statements indicating that personnel were unaware of the particular commitment, requirement, or regulation. Responses to one audit finding indicated that personnel complied with the commitment yet there was a dependency on the knowledge of the individuals involved without procedural back-up.

Audit QP 259 dated October 18, 1984, finding 14, identified a need for the site compliance group commitment tracking computer program to be auditable. The Nuclear Operations Commitment System (NOCS) upgrading and its attendant procedure NOD-9, Processing of Nuclear Operations Commitment System Correspondence, was the basis for finding 14 closure on February 15, 1985. An IOC of February 20, 1985, (NOSD 85-0025) from the Site Nuclear Operations Director indicated concern that site personnel are ignoring the NOCS. The Director further stated the following:

> "In the future when a NOCS-identified commitment is not met, I want to be notified; and I intend to treat these failures as a procedural deficiency in that there is no reasonable excuse for ignoring this tool."

The audit findings and other issues indicated above involve a general concern regarding incomplete tracking of commitments and untimely resolution to licensee identified findings. Until management controls are implemented to provide an effective system which assures complete tracking, timely resolution, and technically sound closeout of all commitments, this concern will be identified as unresolved item 50-302/85-15-05.

12. Health Physics (HP) Calibration Evaluations

The inspector reviewed audit QP-252 in which one comment by the auditor suggested that HP strengthen their procedure to require a resurvey in areas affected by an out-of-calibration survey meter. At present, when a survey instrument is out-of-calibration, the situation becomes very obvious and a

noncompliance is prevented by the use of another instrument. The inspector questioned the auditor as to why this audit comment was not a finding. The auditor responded that HP personnel provided supplemental information to assure that calibration controls were in conformance with FPC program requirements; therefore, a finding was not warranted. The inspector attempted to interview HP personnel but due to scheduling conflicts was unable to verify that the HP calibration program is in conformance with regulatory requirements. Until the HP calibration program can be verified to be in conformance with regulatory requirements, this is identified as inspector followup item 302/85-15-06.

13. Offsite Support Staff (40703)

References:
(a) 10 CFR 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants

(b) Regulatory Guide 1.33, Quality Assurance Program Requirements (Operations)

(c) ANSI N18.7-1976, Quality Assurance for the Operational Phase of Nuclear Power Plants

(d) Technical Specifications, Section 6

The inspector visited site and corporate offices to determine whether the offsite support staff functions were performed by qualified personnel in accordance with licensee administrative controls, regulatory requirements, industry guides and standards, and Technical Specifications. The following criteria were used during this review to determine the overall acceptability of the established program:

- Administrative controls were established to assign departmental responsibilities, authorities, and lines of communication in conformance with requirements of 10 CFR 50, Appendix B, and the accepted QA program.

- Managers, group leaders, and staff members understand their responsibilities and authorities.

- The above personnel were qualified for the related work.

The inspector interviewed the following Florida Power Corporation personnel:

Quality Programs

D. Bates, Quality Engineer
D. Kurtz, Senior Nuclear Quality Assurance Specialist
J. Telford, Director, Quality Programs

Nuclear Operations Engineering and Licensing

K. Baker, Manager, Nuclear Electrical Engineering
R. Bright, Manager, Nuclear Licensing
E. Froats, Nuclear Project Management Engineer
E. Good, Senior Nuclear Licensing Engineer
D. Harper, Licensing Assistant
S. Jasien, Nuclear Project Engineer
R. Schmiedel, Nuclear Electrical Engineer
E. Simpson, Director, Nuclear Operations Engineering and Licensing
D. Terrill, Senior Nuclear Licensing Engineer
S. Ulm, Nuclear Engineering Supervisor
G. Westafer, Manager, Nuclear Operations Licensing and Fuel Management

The above personnel were interviewed to determine the offsite support staff adequacy. All employees appeared to understand their responsibilities and authorities and could identify the documents which delineate this information. In most cases, division and department managers had promulgated written office procedures to their staffs. Inter-office communication appeared to be satisfactory. All employees had received training. This training consisted of classroom instruction supplemented by on-the-job training. The majority of the technical staff are degreed engineers. A small percentage are registered as professional engineers. The office support staff appeared to be interfacing satisfactorily with the onsite staff. Offsite personnel routinely visit the site to coordinate their work. The various departments and divisions within the corporate office appeared to be interfacing satisfactorily.

The inspector reviewed the following procedures and discussed their content relative to the offsite support staff function with selected personnel:

NQAP	Procurement, Code: PCMT, Revision 1
NQAP	Personal Training and Qualification, Code: PTQ, Revision 0
NQAP	Internal and External Reporting Requirements, Code: REPT, Revision 0
NQAP	Modification Control, Code: MCTL, Revision 0
NOD-3	Reporting Requirement Program, Revision 1
SREP-1	Safety Identification and Design Input Requirements, Revision 7
SREP-3	Interface Design Control, Revision 4
SREP-6	Preparation and Control of a Modification Approval Record (MAR), Revision 7
SREP-10	10 CFR Part 21, Revision 4
SREP-17	Preparation, Review, and Approval of Safety-Related Field Change Notice (FCN), Revision 5

EGN-1	Preparation, Review and Approval of Engineering Studies, Revision 0
NL-06	Resolution of Safety Concerns, Revision 4
NL-07	Control of Crystal River Unit 3 Licensing Documents, Revision 4
NL-09	Nuclear Licensing Commitment Tracking, Revision 2
NL-10	Control of Changes to the Quality Program Description, Revision 1

These discussions, indicated that appropriate personnel had adequate knowledge of these procedures and how they interfaced with other organizational units.

Within this area, no violations or deviations were identified.