## December 7, 2001

Mr. Theodore Sullivan
Vice President - Operations
Entergy Nuclear Northeast
James A. FitzPatrick Nuclear Power Plant
Post Office Box 110
Lycoming, NY 13093

SUBJECT: FITZPATRICK NUCLEAR POWER STATION - NRC INSPECTION REPORT

50-333/01-011

Dear Mr. Sullivan:

On November 9, 2001, the NRC completed a team inspection at the James A. FitzPatrick Nuclear Power Plant. The enclosed report documents the inspection findings which were discussed on November 9, 2001, with Mr. B. O'Grady and other members of your staff.

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

On the basis of the sample selected for review, there were no findings of significance identified during this inspection. Overall, the team found that your staff properly identified, assessed, prioritized, and corrected risk significant equipment and program deficiencies. Quality assurance audits and department self-assessments focused on identifying corrective action program enhancements.

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

Sincerely,

/RA/

David C. Lew, Chief Performance Evaluation Branch Division of Reactor Safety

Docket No. 50-333 License No.: DPR-59

Enclosure: Inspection Report 50-333/01-011

cc w/encl:

J. Yelverton, CEO, Entergy Operations

- B, O'Grady, General Manager, Entergy Nuclear Operations
- J. Knubel, VP Operations Support
- R. Patch, Acting Director of Oversight
- A. Halliday, Licensing Manager
- M. Kansler, Chief Operating Officer, Entergy
- D. Pace, VP Engineering
- J. Fulton, Assistant General Counsel

Supervisor, Town of Scriba

- J. Tierney, Oswego County Administrator
- C. Donaldson, Esquire, Assistant Attorney General, New York Department of Law
- P. Eddy, Electric Division, Department of Public Service, State of New York
- W. Flynn, President, New York State Energy Research

and Development Authority

- T. Judson, Central NY Citizens Awareness Network
- S. Lousteau, Treasury Department

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# U.S. NUCLEAR REGULATORY COMMISSION REGION I

Docket No: 50-333

License No: DPR-59

Report No: 50-333/01-011

Licensee: Entergy Nuclear Northeast

Post Office Box 110 Lycoming, NY 13093

Facility: James A. FitzPatrick Nuclear Power Plant

Location: 268 Lake Road

Scriba, New York 13093

Dates: October 22 - November 9, 2001

Inspectors: W. L. Schmidt, Senior Reactor Inspector, Division of Reactor Safety

(lead)

R. A. Rasmussen, Senior Resident Inspector

K. A. Young, Reactor Inspector, Division of Reactor Safety

Approved by: David Lew, Chief

Performance Evaluation Branch

Division of Reactor Safety

### SUMMARY OF FINDINGS

IR 05000333-01-011, on 10/22 - 11/9/2001; Entergy Nuclear Northeast, James A. FitzPatrick Nuclear Power Plant, Problem Identification and Resolution (PI&R), Corrective Actions Program.

The inspection was conducted by two regional inspectors and one resident inspector. No findings were identified. The NRC evaluates issues using the significance determination process. The significance of most findings is indicated by their color (Green, White, Yellow, or Red) using IMC 0609, "Significance Determination Process" (SDP). Findings for which the SDP does not apply are indicated by "No Color" or by the severity level of the applicable violation.

### Identification and Resolution of Problems

Overall, the team determined that the licensee adequately identified problems and initiated Deviation/Event Reports (DERs) at the proper threshold including the identification of adverse trends or repetitive problems. The licensee adequately evaluated and categorized problems entered into the DER process at the correct significance level, properly considering operability and reportability requirements and the potential extent of conditions. Developed and implemented corrective actions appeared reasonable to address the identified problems. Corrective actions were completed or scheduled to be completed in a timely manner commensurate with the potential significance of the issue. Licensee audits and selfassessments reviewed were objective, in-depth and identified issues to enhance the corrective action process. Actions taken since the last corrective action program inspection appeared effective, including implementation of: the DER screening committee and management review, the corrective action review board, program performance indicators, and the open corrective action backlog reduction effort. These actions had a positive impact in improving the overall review and accountability for identified issues, in improving the quality of causal factor analysis. and in reducing the number of older corrective action program (CAP) items. However, the team noted several minor issues with causal evaluations that lacked rigor, minor program process problems, and several instances of overdue action items.

#### Report Details

## 4. OTHER ACTIVITIES (OA)

## 4OA2 Problem Identification and Resolution (IP 71152)

### .1 Effectiveness of Problem Identification

## a. <u>Inspection Scope</u>

The team reviewed the process for identifying and resolving problems within the licensee's corrective action program (CAP); items entered into this process are referred to as Deviation Event Reports (DERs). The team reviewed DERs and other documents, identified in Attachment 1, to determine the licensee's threshold for identifying problems and entering them as DERs for evaluation and resolution.

The team reviewed items from the licensee's operating, maintenance, and quality assessment processes to determine if personnel were appropriately initiating DERs when problems were identified. The team reviewed a sample of the licensee's pertinent work requests (WR), control room deficiencies, system health reports, results from surveillance tests and preventive maintenance tasks, and operating experience information.

The team also conducted a plant walk-down of safety-related, risk significant areas to verify that observable system equipment and plant material adverse conditions were entered into the CAP. Additionally, the team interviewed plant personnel to discuss technical issues and the use of the CAP.

The inspectors reviewed quality assurance (QA) audit surveillance reports, departmental self-assessments, and an internal analysis of the corrective action program. The review was to determine if assessment findings were entered into the licensee's corrective action program, and to determine if corrective actions were completed to resolve identified program deficiencies.

## b. <u>Issues and Findings</u>

No findings of significance were identified.

Overall, the team determined that the licensee adequately identified problems and initiated DERs at the proper threshold to allow evaluation. When adverse trends or repetitive problems occurred, the licensee issued trending DERs to determine the cause and initiate corrective action. The licensee's self-assessments and audits were effective in identifying deficiencies in the corrective action program. Assessments noted deficiencies in implementation of the corrective action program in the following areas: ineffective tracking of corrective actions to ensure completion, inadequate DER response and closures, and recurring equipment performance deficiencies due to inadequate corrective actions. The corrective actions for these issues appeared appropriate.

## .2 Prioritization and Evaluation of Issues

## a. Inspection Scope

The team reviewed items selected from the licensee's corrective action processes to determine whether the issues were properly evaluated and resolved. The review included the appropriateness of the assigned significance, the timeliness of resolution, and the scope and depth of the root cause evaluations (or apparent cause evaluations). The samples included issues in risk significant systems including the automatic depressurization system (ADS), safety relief valves (SRVs), and the residual heat removal (RHR) system. The team screened DERs in the licensee's corrective action process and selected those listed in Attachment 1 of this report for detailed review. The review also included an assessment of the backlog of corrective actions to determine if any, individually or collectively, represented an increased risk due to the delay in implementation. The team also reviewed the status and plans to correct equipment performance problems identified through the Maintenance Rule for SRV leakage and 10CFR50, Appendix R, battery powered lights. Additionally, the team attended the licensee's daily DER screening meeting and management meeting to observe the DER review process and the basis for assigning DER significance levels.

The team observed the licensee's implementation of recent initiatives to strengthen the CAP. These initiatives include: 1) a screening committee for DERs and work requests, which meets every morning to discuss, prioritize, and assign the issues raised over the last day; and, 2) a management review of the screening committee recommendations.

### b. Issues and Findings

No findings of significance were identified.

From the samples reviewed, the team concluded that the licensee adequately evaluated and categorized problems entered into the DER process at the correct significance level. The licensee's evaluations were of adequate depth to identify the causes and appropriately broad in considering the extent of condition. The licensee's assessments properly considered operability and reportability requirements. Additionally, the team observed that the DER screening committee and management review improved the overall review and accountability for identified issues. However, the team noted several minor instances where evaluations, as documented in the DER response package, lacked rigor in identifying the cause of the issue.

## .3 <u>Effectiveness of Corrective Actions</u>

### a. Inspection Scope

The team reviewed the corrective actions associated with selected DERs to determine whether the corrective actions addressed the identified causes and were completed or scheduled to be completed in a timely fashion.

The team reviewed DERs for repetitive problems to determine whether previous corrective actions were effective; this included actions on the ADS, SRV and RHR

systems. The team also reviewed the removal of the safety-related 4 KV circuit breakers from the Maintenance Rule enhanced monitoring status.

The team reviewed the DER backlog reduction initiative to determine if there were items that individually or collectively represented an adverse effect on plant risk or an adverse trend in the implementation of the CAP.

The team observed the licensee's implementation of recent initiatives to strengthen the CAP. These initiatives include establishment of the Corrective Action Review Board (CARB), and CAP performance indicators.

## b. <u>Issues and Findings</u>

No findings of significance were identified.

Overall, the team concluded the licensee developed and implemented corrective actions that appeared reasonable to address the identified problems. Based on the sample reviewed, the team determined that corrective actions were completed or scheduled to be completed in a timely manner commensurate with the potential significance of the issue. The team did not identify corrective actions in the backlog of work that represented an adverse impact on plant safety. Additionally, the team observed that the CARB and CAP performance indicators improved the quality of causal factor analysis and reduced the number of open CAP items. However, the team identified some minor program issues where the licensee did not adequately process DERs and where some action items were open past their due dates.

## .4 <u>Assessment of Safety-Conscious Work Environment</u>

## a. <u>Inspection Scope</u>

The team interviewed plant staff to determine if conditions existed that would result in personnel being hesitant to raise safety concerns to their management and/or the NRC.

## b. Issues and findings

No findings of significance were identified.

## 4OA6 Meetings, Including Exit

## .1 Exit Meeting Summary

The team presented the inspection results to Mr. B. O'Grady and other members of licensee management at the conclusion of the inspection on November 9, 2001. The team asked the licensee whether any materials examined during the inspection should be considered proprietary. None was identified.

Attachment 1: Partial List of Personnel Contacted
Items Opened, Closed, and Discussed
List of Acronyms
List of Documents Reviewed/Referenced

Attachment 1

### PARTIAL LIST OF PERSONNEL CONTACTED

### **FitzPatrick**

R. Angus System Engineer

V. Bacanskas Component Engineering Supervisor V. Bhardwaj Program and Components Manager

S. Bono Corrective Action Manager
C. Brown Quality Assurance Supervisor

W. Hendrick Quality Assurance
T. Hermann Root Cause Coordinator
L. Leiter System Engineer

B. O'Grady Plant Operations General Manager

J. Pechacek Fire Protection Supervisor

M. Perkins System Engineer

T. SavoryJ. SteadA. ZarembaElectrical Design SupervisorComponent EngineerGeneral Manager Support

ITEMS OPENED, CLOSED, AND DISCUSSED

None

## LIST OF ACRONYMS

ADS Automatic Depressurization System

CAP Corrective Action Program
CARB Corrective Action Review Board

CS Core Spray

DER Deviation and Event Report
EDG Emergency Diesel Generator
HPCI High Pressure Coolant Injection

KV Kilovolts

NRC Nuclear Regulatory Commission

OA Other Activities
QA Quality Assurance
RHR Residual Heat Removal

SDP Significance Determination Process

SRV Safety Relief Valve WR Work Request

# LIST OF DOCUMENTS REVIEWED/REFERENCED

# \* Indicates CAP Effectiveness Review

00-05732 01-00793 01-01159 01-00308 01-03848 01-04203	01-01109 01-01141 01-01213 01-01217 01-01218 01-01277 01-01345	01-01944 01-02107 01-02222 01-02342 01-02779 01-03935
<u>Level B</u>	01-01390	<u>Level C</u>
*00-03877	01-01484	*00-04079
*00-03901	01-01496	*00-05692
*00-05323	01-01516	*00-05891
*00-05356	01-01582	*01-02223
*00-05750	01-01690	00-04163
*01-02117	01-01760	00-04731
*01-04125	01-01774	00-05243
*01-00629	01-01879	00-05440
*01-01570	01-01924	01-00701
*01-01576	01-02104	01-01199
*01-01750	01-02106	01-01504
*01-01880 NCV01-04-01	01-02261	01-02135
*01-02221	01-02640	01-00376
*01-02277	01-03077	01-00789
*0100146	01-03204	01-00894
00-03720	01-03341	01-01035
00-05112	01-03342	01-01146
00-05113	01-00173	01-02459
00-05458	01-00239	01-02974
00-05851 00-03136 NCV 00-11-03 00-03413 00-03654 NCV 00-11-03 00-03656 NCV 00-11-04 00-03749	01-00291 01-00841 01-00841 01-00848 01-00931 01-00932	01-02976 01-03093 01-03564 01-03565 98-01926
00-03749 00-03887 00-05276 00-05864 00-05875 01-00005	01-00932 01-00948 01-01142 01-01238 01-01317 01-01476	<u>Level D</u> 00-04083 00-05211 00-05487 01-00014
01-00003 01-00191 01-00317 01-00634 01-00656 01-00845 01-01108	01-01476 01-01477 01-01479 01-01596 01-01693 01-01714 01-01754 01-01893	01-00014 01-01209 01-01808 01-02060 01-03262 01-03263 01-03598

### Work Requests (WR)

99-10411-01	00-03250-00	01-03005-01
99-10411-02	00-04366-00	01-10566-01
99-01808-00	00-06544-01	
99-01810-00	00-06638-01	

## LCO Entry/Engineering Operability Determinations

P 01-0523 Control Room Emergency Ventilation DER 01-01616

P01-1077 RHRSW Water hammer, DER 01-03476

Self-Assessments

JENG-01-0427 Engineering Self-Assessment of Human Performance Issues

(2000-2001), September 27, 2001.

JPLN-01-042 Planning Department Self Assessment, July 9, 2001.

JOPS-01-079 ACT-00-49412 - Assessment of Corrective Action Plans and

Progress for Restoring Current Operator Work-arounds,

August 8, 2001.

JRP-00-225 Self Assessment/Extent of Condition for DER-00-05643,

December 21, 2000.

JOPS-01-085 Timeliness and Effectiveness of Correcting SRV Electric Lift

Modification Issues, September 5, 2001.

## Quality Assurance Audits & Surveillance Reports

SR NO. 2196 Quality Assurance Standard Surveillance Report,

December 21, 2000

#### Procedures

AP-03.02	Deviation and Event Reporting, Rev. 17
AP-03.03	Deviation and Event Analysis, Rev. 19

AP-30.08 Action and Commitment Tracking System, Rev. 15
OP-46A 4160V and 600 V Normal AC Power Distribution, Rev. 40

#### Other Documents

Common Cause Analysis of Equipment Performance Issues (1993-2000), Rev. 1

Common Cause Analysis of the FitzPatrick Corrective Action Program April-August, 2000,

(DERs: 00-01361, 00-01363 and 00-01390), Approved 8/4/00

JAF-ICD-ELEC-04347 Tolerances for G.E. Electro-Mechanical Overcurrent Relay

Calibration, Rev. 0

JAF-RPT-EDG-04305 EDG "B" Governor Control Rod Lever Assembly Root Cause

Failure Evaluation, June 19, 2001

JAF-RPT-MISC-02751 Emergency Lighting, May 29, 1997

JTS-APL-97-026 Maintenance Rule Action Plan (a)(1) System/Components

Emergency Battery Lights-System 076, Rev. 6

DER Program Performance Indicators, September 2001

JGMPO-APL-01-00 Corrective Action Backlog Plan, April 27, 2001