

# **NRC INSPECTION MANUAL**

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INSPECTION MANUAL CHAPTER 0613

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POWER REACTOR CONSTRUCTION INSPECTION REPORTS

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## 0613-01 PURPOSE

01.01 Convey the basic requirements and content for reports documenting the results of inspections conducted at power reactors that are under construction.

01.02 Provide requirements for inspection issue screening and for documenting power reactor construction inspection findings, violations, and observations.

01.03 Ensure that violations of Nuclear Regulatory Commission (NRC) requirements by licensees for power reactors that are under construction are appropriately dispositioned in accordance with the NRC Enforcement Policy. This includes violations which cannot be addressed only through the construction reactor oversight process (cROP).

## 0613-02 OBJECTIVES

02.01 Screen inspection results to determine if issues warrant documentation in power reactor construction inspection reports.

02.02 Clearly communicate significant inspection results in a consistent manner to licensees, NRC staff, and the public.

02.03 Document the basis for significance determination and enforcement action.

02.04 Provide inspection results as input into the construction reactor assessment program (Inspection Manual Chapter (IMC) 2505, "Periodic Assessment of Construction Inspection Program Results") of the cROP.

02.05 Clearly communicate the closure requirements for performance deficiencies and findings material to Inspections, Tests, Analyses, and Acceptance Criteria (ITAAC) prior to and during the ITAAC maintenance period leading up to the 52.103(g) finding.

## 0613-03 APPLICABILITY

This IMC applies to pre-construction and construction inspections at all commercial nuclear power reactors. For this IMC, the term licensee also refers to applicants who have applied for a license to construct and/or operate a commercial nuclear power plant. It is NRC policy to hold licensees, certificate holders, and applicants responsible for the acts of their employees, contractors, or vendors and their employees, and the NRC may cite the licensee, certificate holder, or applicant for violations committed by its employees, contractors, or vendors and their employees. Therefore, the screening and documenting guidance in this IMC applies to acts of licensee employees, contractors and their employees for which the NRC determines that the licensee, certificate holder, and/or applicants are responsible. When screening and documenting inspection results, the terms "applicant" and "pre-construction activity" should be substituted for "licensee" and "construction" throughout this manual chapter, where applicable, to denote inspection activities prior to the issuance of a license. At the time the Commission makes an affirmative 10 CFR Part 52.103(g) finding, oversight of the plant will transition to the Reactor Oversight Process (ROP). **Subsequently**, IMC 0611, "Power Reactor Inspection Reports" and IMC 0612, "Issue Screening" will apply for screening and documenting inspection results.

Documentation and finding guidance for vendor findings is provided in IMC 2507, "Construction Inspection Program: Vendor Inspections," IMC 0617, "Vendor And Quality Assurance Implementation Inspection Reports," and IMC 2502, "Construction Inspection Program: Pre-Combined License (Pre-COL) Phase." Regulatory issues involving vendor performance that are identified during construction inspections of a licensee or its agent which may require follow-up by the vendor inspection staff should be forwarded via a Technical Assistance Request (TAR) to the Office of Nuclear Reactor Regulation (NRR).

ITAAC are legal requirements contained in Appendix C of the combined license. The NRC must ensure pursuant to 10 CFR 52.99(e) that the licensee performed the inspections, tests, and analyses and prior to operation of the facility, must find pursuant to 52.103(g) that the acceptance criteria are met. Specific documentation and closure requirements apply to inspection issues material to ITAAC to ensure sufficient information exist to support the 52.103(g) finding.

#### 0613-04 DEFINITIONS

Applicable definitions are found in Inspection Manual Chapter 2506, "Construction Reactor Oversight Process General Guidance and Basis Document." These two additional definitions associated with ITAAC maintenance are provided to support later discussions and noncited violation (NCV) closure guidance.

ITAAC Maintenance Period - is the period between when a licensee submits an ITAAC closure notification (ICN) and the 10 CFR 52.103(g) finding.

ITAAC Maintenance – the use of established licensee programs; such as the Quality Assurance Program, Problem Identification and Resolution Program, Maintenance/Construction Program, and Design and Configuration Management Program; to maintain the validity of an ITAAC's conclusion and its determination basis after initial completion of the ITAAC.

#### 0613-05 RESPONSIBILITIES AND AUTHORITIES

05.01 General Responsibilities. Each inspection of a reactor facility must be documented in a report consisting of a cover letter, a summary, inspection details, and supplemental information.

05.02 Inspectors. Prepare power reactor construction inspection reports in accordance with the direction provided in this IMC.

- a. Ensure that inspection results are properly characterized, objectively supported, and accurately documented.
- b. Ensure that inspection reports do not communicate regulatory determinations or actions not established in accordance with approved processes.

- c. Ensure referenced material is correctly documented.
- d. Ensure that the inspection report documents conclusions presented to the licensee at the exit or re-exit meetings.
- e. Ensure that ITAAC findings are properly screened in the ITAAC maintenance period against the established ITAAC maintenance thresholds.

05.03 Regional Branch Chiefs or Division Directors.

- a. Review each inspection report to ensure it is consistent with the direction provided in this IMC.
- b. Ensure that inspection findings, determinations, and actions are consistent with NRC policies, directions, and technical requirements. For example, ensure that screening and significance determinations documented in the inspection report are in accordance with Appendix B, "Issue Screening," of this IMC, IMC 2519, "Construction Significance Determination Process," the Enforcement Policy, the Enforcement Manual, and applicable Enforcement Guidance Memoranda (EGM), as applicable.
- c. Ensure that violations are addressed in accordance with the Enforcement Policy and the Enforcement Manual.
- d. Ensure the content, tone, overall regulatory focus, and timeliness of inspection reports are appropriate and support agency goals.

05.04 Office of Nuclear Reactor Regulation (NRR), [Vogtle Project Office \(VPO\)](#)

- a. Provide interpretations and support for information contained in this IMC.
- b. Facilitate resolution of identified gaps in IMC directions and guidance.
- c. Provide guidance when required for issues involving ITAAC maintenance.

0613-06 CONSTRUCTION INSPECTION PROGRAM INFORMATION MANAGEMENT SYSTEM

To support the construction inspection program (CIP), the staff developed a computer-based application called the Construction Inspection Program Information Management System (CIPIMS). CIPIMS is a management tool used to plan, document, organize, and track information collected during inspections.

Report numbers for all inspections will be assigned as the planned inspections are entered into the Inspection Planning (IP) module of the Reactor Programs System (RPS). Instructions for entering data into RPS are contained in IMC-0306, "Information Technology Support for the Reactor Oversight Process."

Inspectors will enter inspection results into CIPIMS under a specific docket number and inspection report number that are associated with the facility being inspected and the inspection report period. Further information on the use of CIPIMS is available in the “Construction Inspection Program Information Management System (CIPIMS) User’s Guide.”

#### 0613-07 ISSUE SCREENING

The screening of inspection results shall be performed by inspectors using the guidance provided in Appendix B, “Issue Screening,” of this IMC. The process will guide the inspectors in determining the safety or security significance of the inspection issue and whether it is potentially willful, requires traditional enforcement, is a performance deficiency (PD), is more than minor, is a violation, or warrants enforcement discretion.

For ITAAC in the ITAAC maintenance period, inspectors shall screen ITAAC findings to determine if an ITAAC maintenance threshold is crossed and an ITAAC post-closure notification (IPCN) is required. Inspectors should refer to Nuclear Energy Institute (NEI) 08-01 and Regulatory Guide 1.125, “Physical Models for Design and Operation of Hydraulic Structures and Systems for Nuclear Power Plants” for guidance.

#### 0613-08 DOCUMENTING FINDINGS USING THE FOUR PART FORMAT

This section provides instructions for documenting findings without associated traditional enforcement (TE) violations.

Findings are documented using the four-part format, organized as follows:

- Introduction
- Description
- Analysis
- Enforcement

##### 08.01 Introduction.

Provide a brief discussion of the finding. This section does not need to stand alone because the description that follows will provide the supporting details. The introduction must include:

- a. The performance deficiency.
- b. The significance color.
- c. The type of finding (ITAAC Finding or Construction Finding).
- d. The identification credit (self-revealed, NRC-identified, or licensee-identified).
- e. For violations, the requirement violated and whether it is a noncited violation (NCV), an apparent violation (AV), or a cited notice of violation (NOV).

## 08.02 Description.

Describe the circumstances associated with the finding or violation or both, and include the factual information that is both necessary and sufficient to support the determinations described in the analysis and enforcement sections and to enable an informed, independent reader to understand the actual or potential impact to safety or security. Include the approximate dates the NRC and licensee became aware of the issue of concern. Also include references to any other documented inspection activities or docketed correspondence associated with the finding, violation, or both (e.g., unresolved items (URIs), construction deficiency reports (CDRs)) as appropriate. For findings and violations that are determined to be NRC-identified because the inspector identified a previously unknown weakness in the licensee's classification, evaluation, or corrective actions, include evidence that the licensee had identified the issue but failed to properly classify, evaluate or correct the problem. Most findings can be described in less than one page and should rarely exceed two pages; findings based on more complex circumstances may merit more discussion.

## 08.03 Analysis.

The analysis must contain sufficient detail to allow a knowledgeable reader to reconstruct the decision logic used to arrive at any documented conclusions.

- a. The first part must include the basis for the finding.
  1. State the performance deficiency. Identify the requirement or standard that was not met and describe how the licensee failed to satisfy the requirement or standard. Refer to Section 17.07 when documenting multiple examples of a finding.
  2. Identify an appropriate more than minor screening question found in IMC 0613, Appendix E, "Examples of Minor Construction Issues," that was answered "yes" for the stated performance deficiency. Describe the reason why the identified screening question was answered "yes".
  3. Identify if the finding is an ITAAC finding or construction finding:
    - (a) ITAAC findings are findings that are material to the ITAAC (i.e., they prevent satisfying the acceptance criteria of an ITAAC or invalidate the performance of the inspection, test, or analysis upon which the ITAAC acceptance criteria is based). For ITAAC findings, a clear nexus of the performance deficiency to the ITAAC acceptance criteria must be documented. Include a description of why the ITAAC acceptance criteria cannot be met or why the performance of the associated inspection, test, or analysis is invalid unless the performance deficiency is corrected.
    - (b) A Construction finding is any finding that is not an ITAAC finding.
- b. The second part must describe the logic used to determine the significance of the finding. Include appropriate references to IMC 2519 and the issue date.
  1. For all findings for which a preliminary or final safety or security significance determination has been made, discuss the following:

- (a) The affected cornerstone. If the finding applies to the Operational Programs cornerstone, then also identify the operational program associated with the finding.
  - (b) The Significance Determination Process (SDP) Appendix used in the determination (for AP1000 plants, IMC 2519, Appendix A applies).
  - (c) Any assumptions used in the determination (these assumptions may be referenced and described in the report attachment).
  - (d) A description of the path on the SDP flow diagram or the SDP matrix coordinates used to arrive at the conclusion, as applicable.
  - (e) The preliminary or final color.
2. For findings with pending significance (i.e., the Significance and Enforcement Review Panel (SERP) has not determined the significance characterization), state that the finding could not be determined to be of very low safety significance (screened to Green) and is pending a significance determination. Discuss the following:
- (a) The risk characterization or other basis as determined by the SERP.
  - (b) State that the significance determination is preliminary or pending an initial significance determination. Emphasize that the safety or security characterization is not yet finalized. Do not make statements regarding safety significance in the inspection report when the agency has not yet reached a conclusion.

If the staff's significance determination of a finding is not complete or the significance determination is complete but a SERP was not able to review and make a preliminary decision prior to the deadline to issue the inspection report, then the significance of the finding shall be characterized in the inspection report as "to be determined" (TBD). Only a SERP review and decision can make a preliminary significance determination of White, Yellow, Red, or Greater-than Green (GTG). When the preliminary or final significance characterization determination is complete, document the characterization of the finding in accordance with Section 08.03.b.1 in a subsequent inspection report or cover letter.

- c. The third part must include the basis for assigning or not assigning a cross-cutting aspect (CCA), per IMC 0613, Appendix B, Figure 1, Block 6. Specifically:
  - 1. When a CCA is assigned:
    - (a) For those licensee-identified findings with pending or preliminary significance, state that the assigned CCA is conditional on the final significance determination being White, Yellow, or Red.



- (b) Identify which CCA described in IMC 0613, Appendix F best corresponds to the apparent cause or most significant causal factor of the performance deficiency.
  - (c) Identify the apparent cause or most significant contributor of the performance deficiency and explain why it best aligns with the assigned CCA.
  - (d) Provide the alpha-numeric identifier associated with the selected CCA listed in IMC 0613, Appendix F.
2. When a CCA is not assigned, include a statement briefly describing the reason for not assigning a CCA (e.g., performance deficiency is not reflective of current licensee performance).

#### 08.04 Enforcement.

Violations must be dispositioned in accordance with the Enforcement Policy.

Document the enforcement attributes of the finding, violation, or both as described below:

- a. For a finding without an associated violation, the enforcement section must include a statement similar to: “Inspectors did not identify a violation of regulatory requirements associated with this finding.”
- b. For findings with violations which do not receive enforcement discretion, include the following (refer to Section 0613-11 of this IMC when the violation involves enforcement discretion):
  - 1. What requirement was violated and how it was violated (this requires a “contrary to” statement consistent with guidance in the Enforcement Manual, using language that is parallel to that of the requirement).
  - 2. When the violation occurred and how long it existed (Use bracketing dates or date and duration. State if the dates are estimates or if the condition still exists at time of exit).
  - 3. Any actual or potential safety or security consequence.
  - 4. Immediate corrective actions taken to restore compliance. If corrective actions are planned or are still being evaluated to restore compliance, indicate why continued non-compliance does not present an immediate safety, security or quality concern.
  - 5. Any compensatory measures in place while the licensee’s long-term corrective measures are being implemented.
  - 6. A reference to the licensee’s corrective action program document number.

Specific enforcement actions. For all SL IV violations identified by the NRC at reactors under construction in accordance with 10 CFR Part 50 or 10 CFR Part 52, before the NRC determines that an adequate corrective action program has been implemented, the NRC normally issues a

Notice of Violation. Until the determination that an adequate corrective action program has been implemented, NCVs may be issued for SL IV violations if the NRC has determined that the applicable criteria in Section 2.3.2.b of the Enforcement Policy are met. For reactor construction licensees, after the NRC determines that an adequate corrective action program has been implemented, the NRC will normally issue an NCV in lieu of an SL IV violation, whether that violation is identified by the licensee or the NRC.

7. A statement similar to

- (a) For NCVs “This violation is being treated as an NCV, consistent with Section 2.3.2.a of the Enforcement Policy.”
- (b) If an NOV is being used to disposition a violation normally dispositioned as an NCV (e.g., Green finding), describe the circumstances in accordance with Section 2.3.2.a of the Enforcement Policy.
- (c) For AVs: “This violation is being treated as an apparent violation pending a final significance (enforcement) determination.”
- (d) For NOVs, “A Notice of Violation is attached.” Also, for NOVs, see the Enforcement Manual for guidance on developing the notice and cover letter.

- c. End the enforcement section with the item type, tracking number, and title (e.g., NCV (designation for a finding with an associated noncited violation), FIN (designation for a finding without a violation), AV (designation for an apparent violation), or VIO (designation for a cited violation with an accompanying NOV) followed by [Docket Number]/[Report Number]-[Unique Sequential Integer], “[Title]”). Refer to IMC 0306 for more information on item types and tracking numbers.

## 0613-09 DOCUMENTING TRADITIONAL ENFORCEMENT VIOLATIONS WITHOUT AN ASSOCIATED FINDING OR ENFORCEMENT DISCRETION USING THE FOUR-PART FORMAT

This section provides instructions for documenting TE violations without an associated finding using the four-part format. Refer to Section 0613-11 of this IMC when the violation involves enforcement discretion.

### 09.01 Introduction.

Provide a brief discussion of the TE violation. This section does not need to stand alone because the description that follows will provide the supporting details. The introduction must include:

- a. The requirement violated and whether it is an NCV, AV, or NOV.
- b. The Severity Level (SL). For AVs, indicate the NRC has not made an enforcement decision.

- c. For SL IV violations, the identification credit (self-revealed or NRC-identified).

09.02 Description.

Refer to Section 08.02 for specific direction.

09.03 Analysis.

The level of detail must allow a knowledgeable reader to reconstruct the decision logic used to arrive at any documented conclusions.

- a. The first part must indicate why no associated finding exists.
  - 1. When no performance deficiency exists, include a statement similar to:

“The NRC determined that this violation was not reasonably foreseeable and preventable by the licensee and therefore is not a performance deficiency.”
  - 2. When a minor performance deficiency exists, include a statement similar to:

“The NRC determined this violation was associated with a minor performance deficiency.” Describe as necessary.
  - 3. When the TE violation is associated by common performance deficiency with a previously dispositioned finding, cross reference the tracking number and title description for the related finding that was dispositioned in a previous report.
  - 4. Indicate that CCAs are not assigned to TE violations. Include a statement similar to: “Traditional enforcement violations are not assessed for cross-cutting aspects.”
- b. The second part must describe the decision logic used to determine the SL of the violation.
  - 1. Describe why TE is being used to disposition the violation (i.e., willfulness, impacting regulatory process, actual consequence, or a violation without a finding). Include a statement similar to:

“The cROP’s significance determination process does not specifically consider [willfulness or the regulatory process impact] in its assessment of licensee performance. Therefore, it is necessary to address this violation which [involves willfulness or impedes the NRC’s ability to regulate] using traditional enforcement to adequately deter non-compliance.”
  - 2. Describe the logic used to determine the SL of the violation. Include reference to Enforcement Policy examples. For AVs indicate the NRC has not made an enforcement decision.

#### 09.04 Enforcement.

Document the remaining enforcement attributes for the violation in accordance with Section 08.04.b of this IMC. Also note that conclusions about the willfulness of a violation are agency decisions and are normally not made until after the Office of Investigations has completed an investigation. A premature or inaccurate discussion of the willfulness of a violation in an inspection report could result in later conflict based on additional input and review. Do not speculate or draw conclusions about the intent behind a violation. Inspection reports that include potentially willful violations or that contain material that may be related to an ongoing investigation must be reviewed by the Office of Investigations and the Office of Enforcement prior to issuance.

For a violation in which enforcement discretion is applied, work with the Office of Enforcement, through the Regional Enforcement Coordinator, to develop appropriate wording for the Enforcement Section. See the Enforcement Manual for standard paragraphs to be included.

#### 0613-10 DOCUMENTING TRADITIONAL ENFORCEMENT VIOLATIONS AND ASSOCIATED FINDINGS USING A COMBINED FOUR-PART FORMAT

This section provides instructions for documenting TE violations with an associated finding in a combined four-part write-up. The combined write-up must be used to document findings and TE violations dispositioned in the same report that are either associated with a common performance deficiency or closely related by cause and effect, or both. Note that a separate four part write-up is required for each performance deficiency that is identified.

#### 10.01 Introduction.

The introduction should be one or two sentences that provide a brief discussion of the associated finding and TE violation. This section does not need to stand alone because the description that follows will provide the supporting details. The introduction must include:

- a. The performance deficiency.
- b. The significance color.
- c. The SL of the violation. For AVs indicate the NRC has not made an enforcement decision.
- d. The identification credit (self-revealed, NRC-identified, or licensee-identified)
- e. The requirement violated and whether it is an NCV, AV, or NOV.

#### 10.02 Description.

Refer to Section 08.02 for specific direction.

#### 10.03 Analysis.

The level of detail must allow a knowledgeable reader to reconstruct the decision logic used to arrive at the final conclusions.

- a. The first three parts must include the logic used to determine the finding's significance, and the basis for assigning or not assigning a CCA to the finding. Document the first three parts using Section 08.03 of this IMC.
- b. The last part must include decision logic used to determine the SL of the violation. Document the last part using Section 09.03b of this IMC.

#### 10.04 Enforcement.

Document the remaining enforcement attributes for the violation in accordance with Section 08.04b of this IMC. Inspection reports that contain material that may be related to an ongoing investigation must be reviewed by the Office of Investigations and the Office of Enforcement prior to issuance.

### 0613-11 VIOLATIONS WARRANTING ENFORCEMENT DISCRETION

This section provides instructions for documenting violations warranting enforcement discretion. Violations that may warrant enforcement discretion (e.g., violations without performance deficiencies) shall be brought to the attention of the Regional Enforcement Coordinator. Refer to the NRC Enforcement Manual for additional direction.

Document violations receiving enforcement discretion in accordance with any overriding directions contained in an Enforcement Guidance Memorandum or as directed by the Office of Enforcement. Unless otherwise directed, document violations receiving enforcement discretion under the applicable inspectable area using the two-part write-up below:

Description: The description should be similar to the description in Section 08.02 of this IMC.

- a. Enforcement: Describe the basis for granting enforcement discretion.
  1. Identify the requirement violated and discuss how it was violated (this requires a "contrary to" statement consistent with guidance in the Enforcement Manual).
  2. Briefly discuss the SL categorization in accordance with the Enforcement Policy. This may additionally include the safety or security significance characterization as appropriate. A detailed analysis is not required.
  3. As appropriate, state why enforcement discretion is being granted. Include a statement similar to  
  
"The NRC exercised enforcement discretion (Enforcement Action (EA)-##-###) in accordance with Section [##] of the Enforcement Policy because [reason]."
  4. Provide a reference to the licensee's corrective action program document number.

Violations that receive enforcement discretion are not assigned a cROP tracking number and

are not documented in the Summary. They must be assigned an enforcement action (EA) number which can be obtained through the Regional Enforcement Coordinator. The cover letter must contain the required language used for exercising enforcement discretion.

## 0613-12 UNRESOLVED ITEMS

### 12.01 Opening

Open a URI when an issue of concern is identified but more information is required to determine one or more of the following:

- If there is a performance deficiency
- If the performance deficiency is More-than-Minor
- If the issue of concern constitutes a violation
- If the performance deficiency is material to the acceptance criteria of an ITAAC

A URI cannot be opened for an issue of concern that is known to be of minor significance. A URI cannot be used as a placeholder while the significance of a finding is being determined (note that a finding has, by definition, been determined to be More-than-Minor) or to track completion of licensee's actions associated with a finding or an inspection question. The action of documenting a URI is a commitment of future resources.

Document URIs using the following two-part write-up:

- a. Introduction: Provide a brief discussion of the URI. This section does not need to stand alone because the description that follows will provide the supporting details.
- b. Description: Clearly state that a URI was identified and describe the issue with sufficient detail, so that another inspector can complete the inspection and documentation effort. Describe any corrective actions taken to eliminate any perceived immediate safety or security concerns. Clearly identify the specific licensee or NRC actions needed to resolve the issue. End this section with the item type, tracking number, and title. Example: URI 052000###/2016003-01, "Cable Separation May Not Be In Accordance With Standards."

Do not document unresolved items in the summary section or in the inspection report cover letter.

### 12.02 Follow-up and Closure.

URIs shall be closed as soon as practical. The level of detail devoted to closing URIs depends on the nature and significance of the additional information identified. Documentation of the closure of an URI must include a summary of the topic, the inspector's follow-up actions, evaluation of the adequacy of any licensee actions, and determination of whether a violation or finding was identified.

If resolution of an URI was based on discussions between inspector(s) and **NRR** technical staff(s), concisely document the details of these discussions. Additionally, branch chiefs of the inspector(s) and technical staff(s) who were involved in these discussions should concur on the

inspection report.

When the URI results in a finding or violation which must be documented in accordance with Sections 0613-08, 0613-09, 0613-10, or 0613-11 of this IMC, document the closure of the URI in the inspectable area section of the inspection report associated with the sample that led to the URI. Otherwise, document the closure of the URI in report Section 4OA3. If no findings or violations were identified, document the URI resolution in Section 4OA3 of the report.

0613-13 CLOSURE OF CONSTRUCTION DEFICIENCY REPORTS PURSUANT TO 10 CFR 50.55(e) (CDRs)

Document reviews, revisions, and closures of CDRs in report Section 4OA3, "Follow-up of Licensee Reports, URIs, NCVs, and NOV." If inspection documentation in another section of the report provides a description of the event in the CDR, then reference that section under report Section 4OA3 with a very brief description.

All licensee issued CDRs should be reviewed and closed. In general, CDR reviews should have a brief description of the event and reference the docketed CDR. If a CDR review is already documented in a separate NRC correspondence, or the CDR is reporting a previously documented finding in a separate correspondence (e.g., a previously issued inspection report) then close the CDR with a brief statement in an inspection report referencing the separate correspondence and how the issue was dispositioned. Otherwise, document closure of the CDR as follows:

- a. No Violations, No NRC-Identified or Self-Revealed Findings, and No Licensee-Identified Findings with pending or preliminary significance. Include a statement similar to "The Construction Deficiency Report was reviewed. No findings or violations of NRC requirements were identified."
- b. Minor Violations. Use guidance in Section 0613-16, "Minor Issues and Minor Violations," of this IMC.
- c. Licensee-identified Violations. Document in accordance with Section 0613-15, "Licensee-Identified Violations," of this IMC in report Section 4OA7. Include a statement similar to: "The enforcement aspects of this finding are discussed in Section 4OA7," in the CDR closeout section under report Section 4OA3.
- d. NRC-Identified or Self-Revealed Findings, Licensee-Identified Findings with pending or preliminary significance, or TE Violations which are not Licensee-Identified NCVs. Document using the four part format if not previously documented. Refer to Sections 0613-08, 0613-09, and 0613-10 of this IMC.

## 0613-14 CLOSURE OF CITED VIOLATIONS

After receipt of the licensee's response to a Notice of Violation and completion of special and infrequently performed inspections, document the closure of cited violations in report Section 4OA3, unless otherwise directed. The level of detail required to document closure of cited violations depends on the extent of corrective actions conducted by the licensee. In general, summarize the inspector's follow-up actions to evaluate the adequacy of any licensee actions and provide enough detail to justify closing the violation.

## 0613-15 LICENSEE-IDENTIFIED VIOLATIONS (LIVs)

NRC policy requires identified non-compliances to be dispositioned in accordance with the Enforcement Policy, regardless of who identified them. Non-compliances are identified through inspection when they are selected as an issue of concern and screened through IMC 0613, Appendix B to determine the presence of a violation within the scope of an inspection sample. Particular attention should be given to screening identified non-compliances captured in docketed communications such as those associated with required reporting (e.g., 10 CFR 50.55(e)) and voluntary reports submitted at the licensee's discretion.

NOTE: If a non-compliance is captured in a docketed communication (e.g., 10 CFR 50.55(e) CDR), and that communication is reporting the occurrence of a previously NRC-identified finding, then the CDR may be closed by referring to the original finding and the inspection report reporting the finding (see Section 0613-13).

Licensee-identified violations which meet the requirements for an NCV in accordance with Section 2.3.2.a of the Enforcement Policy, should receive minimal documentation in report Section 4OA7. These licensee-identified violations are not considered during assessment of licensee performance to prevent discouraging an aggressive problem identification process. All other non-minor violations must be documented in accordance with Section 0613-08, 0613-09, 0613-10, or 0613-11 of this IMC.

Include an introductory statement in report Section 4OA7 similar to:

"The following licensee-identified violations of NRC requirements were determined to be of very low significance or Severity Level IV and meet the NRC Enforcement Policy criteria for being dispositioned as a Noncited Violation."

For each LIV documented in report Section 4OA7:

- a. Identify the requirement violated and discuss how it was violated (this requires a "contrary to" statement consistent with guidance in the Enforcement Manual).
- b. Identify when the violation occurred and how long it existed (Use bracketing dates or date and duration. Reflect when estimated or ongoing at time of the exit meeting).
- c. Provide a reference to the licensee's corrective action document number.



- d. For violations of very low safety or security significance (Green), briefly explain why the finding is Green.
- e. For SL IV violations, identify why TE is applicable and briefly describe the SL categorization in accordance with the Enforcement Policy.
- f. Licensee-identified violations (LIVs) that are material to the acceptance criteria of an ITAAC must be assigned a sequential tracking number in accordance with IMC 0306.

#### 0613-16 MINOR ISSUES AND MINOR VIOLATIONS

Minor performance deficiencies, observations, and minor violations are not routinely documented in inspection reports. However, they may be documented when specifically allowed by an inspection procedure or temporary instruction, or when it becomes necessary to capture a required inspection activity or conclusion for the record, such as part of closing out a CDR or a URI. When a minor performance deficiency or violation is documented, provide sufficient detail to allow an informed, independent reader to understand the basis for the minor determination.

For each minor performance deficiency or minor violation documented:

- a. Briefly describe the minor performance deficiency or minor violation
- b. State the reason why the performance deficiency or TE violation is minor in accordance with IMC 0613, Appendix E, More-than-Minor screening questions or the Enforcement Policy, as applicable
- c. For violations, state that the licensee has taken actions to restore compliance and include a statement similar to the following: "This failure to comply with [requirement] constitutes a minor violation that is not subject to enforcement action in accordance with the NRC's Enforcement Policy."

If a licensee has an adequate corrective action program (CAP), then minor performance deficiencies material to an ITAAC do not need to be described in the inspection report or followed up. Instead, record the licensee's CAP number in the documents reviewed section of the inspection report and discuss the issue during the exit meeting to ensure a common understanding of the issue and its impact on the 52.103(g) finding. If the licensee does not have an adequate CAP, then additional steps must be taken to provide the necessary confidence that the deficiency will be corrected such that the 52.103(g) finding can be made.

#### 0613-17 OTHER GUIDANCE

##### 17.01 Treatment of Third Party Reviews.

When reviewing Institute of Nuclear Power Operations (INPO) or other third party evaluations or accreditation reports in accordance with Executive Director of Operations Policy 220, include in

report Section 40A5 a brief statement that the review was completed. Do not include an accounting or listing of INPO conclusions or reference a final INPO rating; discuss the specifics of any significant differences between NRC and INPO perceptions with regional management. Further, INPO related conclusions, recommendations, or corrective actions are not referenced in NRC inspection reports. If an INPO or other third party issue is of such significance that it warrants tracking, it should be independently evaluated, inspected, documented, and then tracked as an NRC finding or URI.

INPO conclusions, recommendations, corrective actions, and construction or operating experience which are placed in the licensee's corrective action program, are considered appropriate for inspection. When documenting review of these issues, inspection reports should not reference INPO reports or documents, INPO designations, or specific sites affected by construction or operating experience. Referencing the licensee's corrective action program and providing a brief description (e.g., "Condition Report No. 235235 concerning industry information on pumps.") will generally suffice.

#### 17.02 Non-Routine Inspections.

Results from non-routine inspection activities not addressed in this IMC are documented in report Section 40A5. Results from supplemental inspections are documented in report Section 40A4. In some cases, factual observations may be documented. If it is necessary to document a minor issue or minor violation, follow the guidance in Section 0613-16, "Minor Issues and Minor Violations."

17.03 Deleted

#### 17.04 Treatment of Sensitive Unclassified Non-Safeguards Information (SUNSI) in Non-Security Related Reports.

SUNSI must not be made publicly available and must be segregated from other portions of the report which are to be made publicly available. This can typically be accomplished by creating and referencing a separate report enclosure which can be profiled in the Agencywide Documents Access and Management System (ADAMS) as "Non-Publicly Available." The documents containing SUNSI must be marked in accordance with Management Directive 12.6, "NRC Sensitive Unclassified Information Security Program." Security inspection reports must not be used to document inspection activities or findings that fall outside of the security cornerstone unless otherwise directed. The NRC policy for handling, marking, and protecting SUNSI is publicly available on the NRC internal Web site at <http://www.internal.nrc.gov/sunsi/pdf/SUNSI-Policy-Procedures.pdf>. Additional staff guidance for handling of SUNSI is published on the NRC internal WEB site at <http://www.internal.nrc.gov/sunsi/>.

17.05 Amending Inspection Reports. If it becomes necessary to correct an issued report for the record, revise the previously issued report and reissue it in its entirety under the same inspection report number. The revised report must receive a new and unique ADAMS accession number and must be added into an ADAMS package which contains the original report. The cover letter accompanying the reissued report must reference the inspection report it replaces with its associated ADAMS accession number, explain why the report is being reissued, briefly describe the changes, and indicate which section of the report was revised. The cover letter does not need to reiterate information previously communicated. Changes which affect the Construction Action Matrix or a Cross-Cutting Issue must be coordinated with

the VPO. After the report is revised, the responsible branch should update the CIPIMS database as appropriate and contact the VPO lead for IMC 2505 to initiate any required public web page updates. Note that a revised inspection report must not be used to document new inspection findings or inspection activities which occurred after the initial report was issued.

17.06 Plain Language. Use plain language in reports. For additional direction, refer to NUREG-1379, "NRC Editorial Style Guide," and the Agency's plain writing website (<http://www.nrc.gov/public-involve/open/plain-writing.html>).

17.07 Documenting Multiple Examples of a Finding. Multiple examples of the same performance deficiency that share the same cause and require the same corrective actions shall be documented as a single finding. Note that each example must be able to stand alone as a finding. Do not use the number of finding examples to aggregate the significance; base the significance off the most significant example.

Provide an accounting of the examples after stating the performance deficiency as described in Section 08.03a.1 of this IMC.

17.08 Closing ITAAC Findings. The requirements for closing an ITAAC finding/NCV are dependent, in part, on when the finding is identified and whether an ITAAC maintenance threshold is crossed.

- a. If a Green ITAAC finding/NCV is identified prior to the ITAAC being in the ITAAC maintenance period, or if a greater-than-green ITAAC finding/cited violation is identified at any time (whether in the ITAAC maintenance period or not):

Unlike other NCVs, the NRC will only close NCVs that are material to the acceptance criteria of an ITAAC after a review is conducted by the NRC to ensure adequate corrective actions have been developed and implemented such that the deficiency can no longer prevent the ITAAC from being closed. Similarly, the NRC will only close greater-than-green ITAAC findings/cited violations after the NRC staff has conducted a review to ensure adequate corrective actions have been developed and implemented such that the deficiency can no longer prevent the ITAAC from being closed.

- b. If the Green ITAAC finding/NCV is identified on an ITAAC in the ITAAC maintenance period and crosses an ITAAC maintenance threshold:

Unlike other NCVs, the NRC will only close NCVs that materially alter the basis for determining that either the inspections, tests, or analyses were performed as required, or that the acceptance criteria are met after a review is conducted by the NRC to ensure adequate corrective actions have been developed and implemented and that the initial ITAAC conclusion remains valid.

Inspectors may default to this position if it has not been established whether a threshold has been or will be crossed and it is desired to issue the inspection report. The ITAAC finding may be closed in a future report without inspection follow up if the final determination concludes an ITAAC maintenance threshold was not crossed.

An ITAAC post-closure notification (IPCN) containing sufficient information to demonstrate that, notwithstanding the information that prompted the notification, the

prescribed ITA have been performed, as required, and the prescribed AC continue to be met is required to be submitted.

- c. If a Green ITAAC finding/NCV is identified on an ITAAC in the ITAAC maintenance period, the ITAAC maintenance program is fully implemented and effective, and an ITAAC maintenance threshold is not crossed:

The licensee's established programs are adequate to address the ITAAC maintenance issue and maintain the validity of the ITAAC conclusion and associated determination basis; therefore, the ITAAC shall remain closed. The ITAAC finding/NCV shall be entered in the inspection report as opened/closed. The following statement shall be included in the inspection report writeup.

"The ITAAC conclusion and determination basis is maintained by the licensee's ITAAC maintenance program; therefore, this ITAAC remains closed."

## 0613-18 COMPILING AN INSPECTION REPORT

Include in each inspection report a cover letter, cover page, summary, report details, and attachments with supplemental information as described in this section. A table of contents or summary of construction status may be provided. A standard inspection report outline is shown in Exhibit 1, "Standard Reactor Construction Inspection Report Outline," of this IMC. The following additional direction applies:

Supplemental inspection results must also reflect the additional guidance provided in Appendix C, "Guidance for Supplemental Inspection Reports," of this IMC.

- Construction supplemental inspection results must also reflect the additional guidance provided in Appendix C, "Guidance for Supplemental Inspection Reports," of this IMC.
- IP 35007, "Quality Assurance Program Implementation during Construction and Pre-Construction Activities," results have varying thresholds for documentation and must reflect the guidance provided in Appendix D, "Guidance for Documenting Inspection Procedure 35007 Corrective Action Program Inspections," of this IMC.
- Escalated enforcement actions and cited violations must reflect the guidance found in the Enforcement Manual, Appendix B, "Standard Formats for Enforcement Packages."
- Issues which are subject to enforcement discretion must reflect the guidance found in the Enforcement Manual and IMC 2505.

### 18.01 Cover Letter.

Write a cover letter to communicate the overall inspection results and convey the inspection findings to the licensee. Inspection reports are sent from the applicable NRC official (e.g., branch chief, division director, or deputy regional administrator) to the designated licensee executive. Refer to Exhibit 2, "Construction Inspection Report Documentation Matrix," of this IMC for what should and should not be documented in the inspection report cover letter. Refer

to IMC 0611, "Power Reactor Inspection Reports," Exhibit 4, "Inspection Report Cover Letter Templates," and Management Directive 3.57, "Correspondence Management" for additional requirements. Guidance and cover letter formats for transmitting enforcement actions vary. Guidance and sample cover letters for enforcement-related correspondence are found in the Enforcement Manual, Appendix B, "Standard Formats for Enforcement Packages."

#### 18.02 Cover Page.

The report cover page gives a succinct summary of information about the inspection. It contains: the docket number(s), license number(s), report number, licensee name, facility name, facility location (city and state), dates of the inspection, names and titles of participating inspectors (and may include names of those inspectors who have achieved basic inspector certification but are not yet fully qualified), and name and title of the approving NRC manager. The inspection report number is to be identified in the following form as required by IMC 0306, "Information Technology Support for the Reactor Oversight Process":

Docket No./Year [sequential number of the report in that year]  
(e.g., 05200001/20XX0XX)

#### 18.03 Table of Contents.

A table of contents is optional. Develop a table of contents if a report is considered complicated or of significant length.

#### 18.04 Summary.

The summary should be an informative but concise overview of the significant inspection findings contained in the details of the report. It will also be used for entries into ADAMS and CIPIMS.

- a. The first paragraph of the summary section is used to describe the inspection report.

The paragraph must include the following, in order:

1. The inspection report number (See IMC 0306 for format);
2. The dates of the inspection;
3. The name of the site; and
4. The general inspection area or title of the inspection report (e.g., integrated report).

For non-routine inspections, the same format should be followed to identify the report number, unit names, and dates of inspection. These are followed by the title of the inspection and a list of findings.

- b. Summary Paragraph. The summary paragraph identifies who conducted the inspection (i.e., resident and/or specialist inspectors), the inspection period, and the number and types of findings and/or violations.

End the summary with a statement similar to: The significance of most findings is indicated by their color (i.e., greater than Green, or Green, White, Yellow, Red) which is determined using IMC 2519, "Construction Significance Determination Process."

Cross-cutting aspects are determined using IMC 0613, Appendix F, "Construction Cross-Cutting Areas and Aspects." All violations of NRC requirements are dispositioned in accordance with the NRC's Enforcement Policy and the temporary enforcement guidance outlined in enforcement guidance memorandum (EGM) 11-006. The NRC's program for overseeing the safe construction of commercial nuclear power reactors is described in IMC 2506, "Construction Reactor Oversight Process General Guidance and Basis Document."

- c. List of Findings and Violations. Write a two paragraph summary for each issue that is designated a finding, violation, or an apparent violation.

Do not document the following in the summary: licensee-identified NCVs, licensee-identified Green findings, minor violations, and unresolved items.

1. First Paragraph

- (a) Begin the summary for each finding or violation with the significance color and/or SL. Use TBD for those findings or violations where the final significance or SL has not yet been determined.
- (b) Describe the performance deficiency and identify the specific requirement that was violated including any enforcement action, as applicable. Identify if the finding or violation is self-revealed, NRC-identified, or licensee-identified.
- (c) For violations, briefly describe the immediate corrective actions completed to restore compliance and/or alleviate any immediate safety or security concerns, those corrective actions planned or under evaluation by the licensee, and a statement that the condition has been placed into the licensee's corrective action program, as applicable.

Second Paragraph

- (a) Briefly summarize the finding's significance from the analysis section. Briefly describe the reason why the identified More-than-Minor screening question was answered "yes," and state why the finding is not greater than Green (if applicable).
- (b) If a cross-cutting aspect was assigned to the finding, restate the cross-cutting aspect, why it was assigned, discussion of present licensee performance (as applicable), and the alphanumeric identifier. If the finding

does not have a cross-cutting aspect, include statement briefly describing the reason for not assigning a cross-cutting aspect.

- (c) Each summary must end with a reference to the section of the report in which the finding is discussed.
2. Group the finding summaries by cornerstones in the order specified in Exhibit 1 of this IMC. Findings or violations not associated with a cornerstone should be listed at the end under "Other Findings."
3. If licensee-identified violations are documented in Section 4OA7 of the report, include a statement similar to the following as the last paragraph of the summary:

"Violations of very low safety or security significance, or SL IV violations that were identified by the licensee, have been reviewed by the NRC. Corrective actions taken or planned by the licensee have been entered into the licensee's corrective action program. These violations and corrective action tracking numbers are listed in Section 4OA7 of this report."
4. If no findings or violations were identified for assessment, include a statement similar to "No findings were identified" after the summary paragraph.

#### 18.05 Construction Status.

If appropriate, write a Summary of Construction Status section. If used, briefly describe pertinent milestones, such as the completion of work associated with a specific ITAAC or the installation of major plant components. This summary is not needed for specialist inspections since plant construction status may not be relevant to these inspections.

#### 18.06 Report Details.

- a. Arrange the report details in accordance with the standard report outline shown in Exhibit 1 of this IMC. Each outline topic (inspectable area) does not have to be covered in each report. When an inspection is performed in a particular area, the resulting details (e.g., findings, violations, and URIs) are placed in the corresponding section of the report.

In cases where a standard format is not readily applied, the most important subject should be identified first, followed by a discussion of major topics identified in descending order of significance.

Exceptions to the standard format include:

- Supplemental Inspection (SI) reports;
- Augmented Inspection Team (AIT) reports;
- Special Inspection Team (SIT) reports, and;
- Other cases where the specifically directed focus of the inspection does not easily fit into the standardized report outline.

Findings, violations, and URIs are documented under the inspectable area in which the issue was discovered. Additionally Section 4OA3 of the inspection report should be used to document the following:

- A finding or TE violation which is unrelated to a specific inspectable area;
  - A violation without an associated performance deficiency which does not involve willfulness, actual safety consequences, or impeding the regulatory process, and;
  - A change to a previously assigned CCA discussed in a previously issued inspection report. The change and its basis should be incorporated into the quarterly integrated inspection report and the original CIPIMS entry should be revised to reflect the appropriate change.
- b. Format of Each Inspectable Area. Some inspection procedures may include additional requirements pertaining to documentation (e.g., IP 35007). Include an Inspection Scope and a Findings section in each inspectable area as described below:
1. Inspection Scope Section. The scope must:
    - (a) Identify the methods of inspection. Methods can include a walk-down, an in-office review, observation of test from the control room, discussion with specific personnel, or participation in an exercise.
    - (b) Identify what was inspected and samples completed. Include how many samples were completed.
    - (c) Identify the inspection objectives and the criteria that were used to determine whether the licensee was in compliance.
    - (d) Include inspection dates to clarify inspection scope context if it helps with understanding the scope. For example, inspection dates may be helpful when discussing event follow-up.

If a substantive portion of the inspection activity was conducted at a location other than the plant, (e.g., an in-office review), then identify where the inspection took place.
  2. Findings Section. Document findings and violations as appropriate in accordance with Section 0613-08, "Documenting Findings Using The Four-Part Format," 0613-09, "Documenting Traditional Enforcement Violations Using The Four-Part Format," 0613-10, "Documenting Traditional Enforcement Violations And Associated Findings Using A Combined Four-Part Format," or 0613-11, "Violations Warranting Enforcement Discretion." Document each URI in accordance with Section 0613-12, "Unresolved Items." Present the findings and violations within each report section in order of importance. If no findings or violations require documentation within an inspectable area (e.g., minor violations or performance deficiencies), then include a statement similar to "No findings were identified" in the findings section of the report.



Assign all findings (FINs), violations (VIOs), non-cited violations (NCVs), apparent violations (AV), licensee-identified noncited violations (LIVs) that are material to the acceptance criteria of an ITAAC, and unresolved items (URIs) a sequential tracking number in accordance with IMC 0306. A brief title for the issue will be listed after the assigned tracking number. This title will be entered into CIPIMS and should describe the performance deficiency that is the basis for the finding.

- c. Graphics/Visual aids. Use of graphics (drawings, diagrams, photographs, or photocopies) is permissible if their inclusion will simplify describing a complex condition that would otherwise require substantially more text.

Photographs of plant areas or equipment or photocopies of technical or vendor manual pages must be handled in accordance with IMC 0620, "Inspection Documents and Records." When including graphics, the following should be considered:

1. Format as a jpeg and adjust size (height, width, and resolution) so as not to significantly increase overall file size.
2. Locate on less than ½ page, or put in attachment.
3. Center on page and left/right indented from the text.
4. Include a unique identifier (Figure/Diagram/Photograph X) with a descriptive title (e.g., Breaker Trip Latch Alignment).

#### 18.07 Exit Meeting Summary

Write a brief summary for each exit meeting related to report inspections in Section 40A6. The summary must identify the most senior licensee manager who attended the meeting and must include the following information:

- a. Proprietary Information. Confirm with the licensee at the exit meeting that the NRC has (or has not) returned any proprietary materials used during the inspection (Refer to IMC 2515, Section 12.01 and IMC 0620 for further direction).

If proprietary information was not retained, use a statement similar to:

"The inspectors verified that no proprietary information was retained or documented in this report."

If proprietary material was retained, use a statement similar to:

"The inspectors confirmed that proprietary information was controlled to protect from public disclosure."

NOTE: When an inspection is likely to involve proprietary information (i.e., given the technical area or other considerations of inspection scope), handling of proprietary information should be discussed at the entrance meeting.

- b. Subsequent Contacts or Changes in NRC Position. If the NRC's position on an inspection finding changes after the exit meeting, conduct an additional exit meeting to discuss that change with the licensee. Document the additional exit meeting in the inspection report Section 4OA6.
- c. Licensee's Exit Meeting Response. Do not attempt to characterize or interpret any oral statements the licensee makes, at the exit meeting or at any other time during the inspection, as a commitment. If the licensee disagrees with an inspection finding, this position may be characterized by the licensee in its formal response to the inspection report.

#### 18.08 Report Attachments.

Include the attachments discussed below at the end of the inspection report when applicable to the inspection. The attachments may be combined into a single attachment entitled "Supplementary Information."

- a. Report Items For CIPIMS. Always include a list of items opened, closed, and discussed. For each listed item, include the item type, tracking number, and title (used in CIPIMS headers describing the item). Include open items that were discussed and not closed with a reference to the sections in the report or other reports in which the items are discussed. NCVs will normally be opened and closed in the initiating inspection report. However, any items related to an ITAAC finding (NCV, VIO, LIV, etc.) will remain open until the item is resolved and no longer impacts the ITAAC acceptance criteria except for Green ITAAC findings/NCVs on ITAAC in the ITAAC maintenance period that do not cross an ITAAC maintenance threshold. The resolution of the item shall be documented in the report that closes the item.
- b. Key Points of Contact. List, by name (first initial and last name) and title, those individuals who furnished relevant information or were key points of contact during the inspection (except in cases where there is a need to protect the identity of an individual). The list does not need to be exhaustive but should identify those individuals who provided information related to developing and understanding findings. Include the most senior licensee manager present at the exit meeting.
- c. Documents Reviewed. List critically reviewed documents in support of future inspection activities (e.g., inform future design bases assurance inspection sample selections) or that support NRC determinations (e.g., findings, significance). Documents recorded in the official agency record or report must have appropriate informational value to warrant preservation. A list of the documents and records reviewed during an inspection must be publicly available for publicly available inspection reports. The list need not include those reviewed documents and records already identified in the body of the report nor those which, upon review, were determined not to support the inspection scope and determinations.

Include sufficient detail about the listed documents to allow the NRC to retrieve the document from the licensee in the foreseeable future. A unique identifier, which may include the tracking number, title, revision and/or date, must be provided for each document referenced.

Note: Inspection reports should not reference INPO reports or documents. If it is absolutely necessary to document review of an INPO document (e.g., an evaluation referring to the INPO document was an inspection sample or justification for a finding) after considering Section 17.01 of this IMC, then state the reference number of the item reviewed and provide general words for the title (e.g., "November 2011 INPO Plant Assessment of Your Plant" dated January 17, 2012).

- d. List of Acronyms. Spell out acronyms when first used in inspection report text (e.g., Construction Reactor Oversight Process (cROP)). Optionally, include a list of acronyms in the inspection report or reference. When referencing, make the list of acronyms available to the public for publicly available inspection reports.

## 0613-19 ISSUING INSPECTION REPORTS

### 19.01 Report Timeliness

Most inspection reports, including special inspections, should be issued no later than 45 calendar days after inspection completion. Augmented Inspection Team (AIT) reports must be issued no later than 30 calendar days after inspection completion.

NOTE: Inspection completion is defined as the last day of the inspection quarter for integrated inspection reports (e.g., resident inspector quarterly report) and the day of the final exit meeting for all other inspection reports (e.g., team inspections). Integrated inspection reports may be issued more frequently than quarterly, if desired, to aid in the ITAAC closure process.

### 19.02 Release and Disclosure of Inspection Reports

- a. General Public Disclosure and Exemptions. Except for report enclosures containing exempt information (Refer to IMC 0620), all non-security cornerstone inspection reports will be routinely disclosed to the public.
- b. Security Cornerstone Inspection Reports. Security cornerstone inspection reports will not be made available to the public. However, security cornerstone inspection report cover letters will be made available to the public. Security-related inspection reports will be sent to the respective State Liaison Officers and State Homeland Security Advisors, when they have been appointed, authorized, communicated a desire to receive the report, and have the resources to control the safeguards information (SGI). These reports will be controlled and marked as SGI or Official Use Only – Security-Related Information (OUO – SRI) based on the level of information contained in them.

The cover letters will be marked for the highest level of controlled information contained in the inspection report: official use only (SUNSI) or SGI. The marking requirements for SGI are in Management Directive 12.6, "NRC Sensitive Unclassified Information Security Program," and the requirements for marking security-related official use only documents are on the Web at: <http://www.internal.nrc.gov/sunsi/>, "Sensitive Unclassified Non-Safeguards Information (SUNSI)."

- c. Release of Investigation-Related Information. When an inspector accompanies an investigator on an investigation, the inspector must not release either the investigation report or his or her individual input to the investigation report. This information is exempt from disclosure by 10 CFR 9.17, "Agency Records Exempt from Public Disclosure," and must not be circulated outside the NRC without specific approval of the Chairman (refer to OI Policy Statement 23).

END

## EXHIBITS

Exhibit 1: Standard Reactor Inspection Report Outline

Exhibit 2: Construction Inspection Report Documentation Matrix

## APPENDICES

Appendix A: Acronyms Used in Inspection Manual Chapter 0613

Appendix B: Issue Screening

Appendix C: Documentation Guidance for Supplemental Inspections

Appendix D: Documentation Guidance "Quality Assurance Program Implementation During Construction and Pre-Construction Activities," Inspection Procedure 35007

Appendix E: Examples of Minor Construction Issues

Appendix F: Construction Cross-Cutting Areas and Aspects

## ATTACHMENT

Revision History for IMC 0613

## EXHIBIT 1 - STANDARD REACTOR CONSTRUCTION INSPECTION REPORT OUTLINE

Cover Letter (IMC 0613 Section 18.01)  
 Notice of Violation (as applicable; IMC 0613 Section 18.01)  
 Cover Page (IMC 0613 Section 18.02)  
 Table of Contents (optional) (IMC 0613 Section 18.03)  
 Summary (IMC 0613 Section 18.04)  
 Summary of Construction Status (IMC 0613 Section 18.05)  
 Report Details: (IMC 0613 Section 18.06) – Outline provided below  
 Exit Meeting Summary (IMC 0613 Section 18.07) – Included in Section 40A6  
 Report Attachments (IMC 0613 Section 18.08)

The report details will be organized into 4 sections consisting of 3 strategic performance areas and one for other inspection results. Each section will contain sub-sections in which inspection results will be documented. Each inspection will be numbered sequentially starting from “01” (e.g., the first “ITAAC-Related Work Inspections” inspection documented in the report will be Section 1A01.)

### 1. CONSTRUCTION REACTOR SAFETY

Sub-section number	Title
C01, C02, etc	Pre-COL Inspections, title each subsection per the IP used.
A01, A02, etc	Unit #/ITAAC #/3 digit #/ Family #
P01, P02, etc	Program Inspections, title each subsection per the IP used.

### 2. SAFEGUARDS PROGRAMS

Subsection number	Title
P01, P02, etc	Program Inspections, title each subsection per the IP used.

### 3. OPERATIONAL READINESS

Subsection number	Title
T01, T02, etc	Pre-operational Testing Inspections - Unit #/ITAAC # (if applicable)/3 digit #/ Family #
P01, P02, etc	Program Inspections, title each subsection per the IP used.

### 4. OTHER ACTIVITIES (OA)

Subsection number	Title
OA1	Reserved
OA2	Reserved
OA3	Follow-up of Licensee Reports, URIs, NCVs, and VIOs
OA4	Supplemental Inspections
OA5	Other Activities (Note 1)
OA6	Meetings, Including Exit
OA7	Licensee-Identified Noncited Violations

NOTE 1: Section 4OA5 includes temporary instructions (TIs), reactive inspections, applicable results from vendor inspections, and the review of third party evaluations (e.g., Institute of Nuclear Power Operations (INPO)).

END

EXHIBIT 2 - CONSTRUCTION INSPECTION REPORT DOCUMENTATION MATRIX

	Mentioned in Cover Letter	Summary	Inspection Finding Detail	Entered into CIPIMs Database	Published on Public Web site <sup>1</sup>
Unresolved item	No	No	Yes	No	No
Minor performance deficiencies or observations	No	No	No <sup>2</sup>	No	No
Violations receiving enforcement discretion	Yes	No	Yes	Yes <sup>3</sup>	Depends <sup>4</sup>
Issues where additional inspection may be required (Backfit) and Construction Deficiency Reports (CDRs)	No	No	Yes, Listed in Section 40A5.	No	No
Licensee-identified violations (LIVs) and Severity Level IV licensee-identified violations	Referred by count only.	Refer to Section 40A7.	Yes, Listed in Section 40A7.	No, unless issue is an ITAAC finding	No
NRC-identified and self-revealed Green findings and Severity Level IV NCVs (FIN or NCVs)	Referred to by count only.	Yes	Yes	Yes	Yes
Findings with pending or preliminary significance or traditional enforcement apparent violations (FIN-TBD or AV)	Yes	Yes	Yes	Yes	Yes
Final White or Yellow or Red findings or Severity Level I/II/III violations (FIN or VIO)	Yes	Yes, as appropriate	Yes, as appropriate	Yes	Yes
Cited Violations (VIOs)	Yes	Yes	Yes	Yes	Yes

<sup>1</sup>See IMC 0306, "Information Technology Support for the Reactor Oversight Process," for guidance. Security-related information is included in the Plant Issues Matrix (PIM) but is not made publically available.

<sup>2</sup>Exceptions include closure of URIs, Licensee Event Reports (LERs), Temporary Instructions (TIs), and Inspection Procedures (IPs) which specifically authorize observations (e.g., IP 71152 Semi-Annual Trend Review Sample).

<sup>3</sup>Exceptions include, violations associated with Notices of Enforcement Discretion (NOEDs) or as specifically directed under an Enforcement Guidance Memorandum.

<sup>4</sup>The Office of Enforcement may track and publish on the public web site in accordance with their internal procedures.

END



## APPENDIX A - ACRONYMS USED IN IMC 0613

ADAMS	Agency-wide Documents Access and Management System
AIT	Augmented Inspection Team
ARB	Allegation Review Board
AV	Apparent Violation
CAM	Construction Action Matrix
CAP	Corrective Action Program
CAQ	Condition Adverse to Quality
CCA	Cross-Cutting Aspect
CDR	Construction Deficiency Report
CFR	Code of Federal Regulations
CIP	Construction Inspection Program
CIPIMS	Construction Inspection Program Information Management System
CSI	Construction Supplemental Inspection
COL	Combined License
cROP	Construction Reactor Oversight Process
cSCCI	Construction Substantive Cross-Cutting issue
EA	Enforcement Action
ECR	Engineering Change Request
EGM	Enforcement Guidance Memorandum
ESP	Early Site Permit
FIN	Finding
IMC	Inspection Manual Chapter
INPO	Institute of Nuclear Power Operations
IOC	Issue of Concern
IP	Inspection Procedure
ITAAC	Inspections, Tests, Analyses, and Acceptance Criteria
LER	Licensee Event Report
LIV	Licensee-Identified Violation
LWA	Limited Work Authorization
M&TE	Measuring and Test Equipment
NCV	Non-Cited Violation
NEI	Nuclear Energy Institute
NOV	Notice of Violation
NRC	Nuclear Regulatory Commission
NRR	Office of Nuclear Reactor Regulation
OE	Office of Enforcement
OI	Office of Investigations
PD	Performance Deficiency
PDF	Portable Document Format
PI&R	Problem Identification and Resolution
QA	Quality Assurance

ROP	Reactor Oversight Process
RPS	Reactor Program System
SCAQ	Significant Condition Adverse to Quality
SCWE	Safety Conscious Work Environment
SDP	Significance Determination Process
SERP	Significance and Enforcement Review Panel
SIT	Special Inspection Team
SSC	Structure, System or Component
SUNSI	Sensitive Unclassified Non-Safeguards Information
TBD	To Be Determined
TE	Traditional Enforcement
TI	Temporary Instruction
URI	Unresolved Item
VPO	Vogtle Project Office

END

IMC 0613 APPENDIX B - ISSUE SCREENING  
 Figure 1: Issue Screening

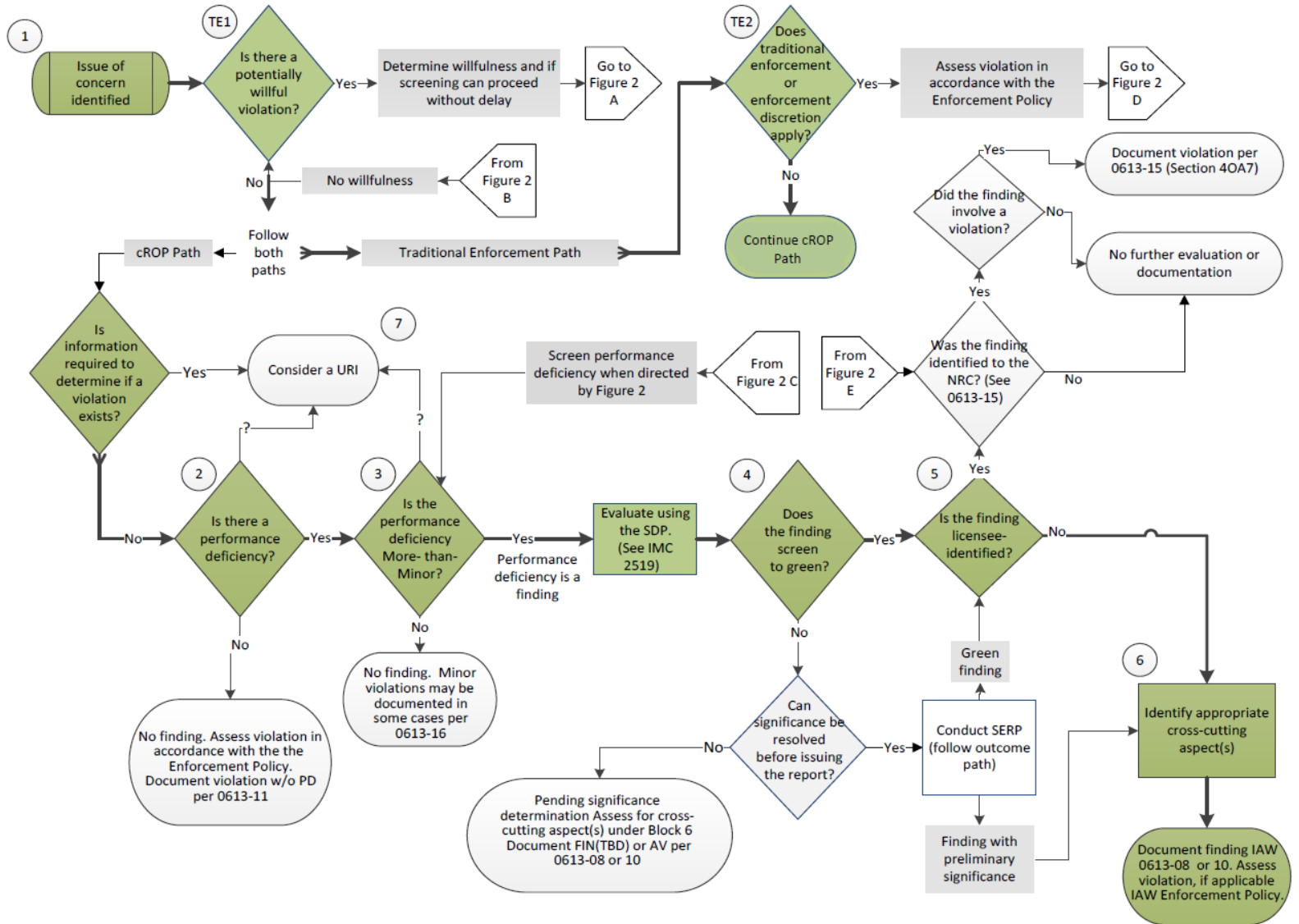
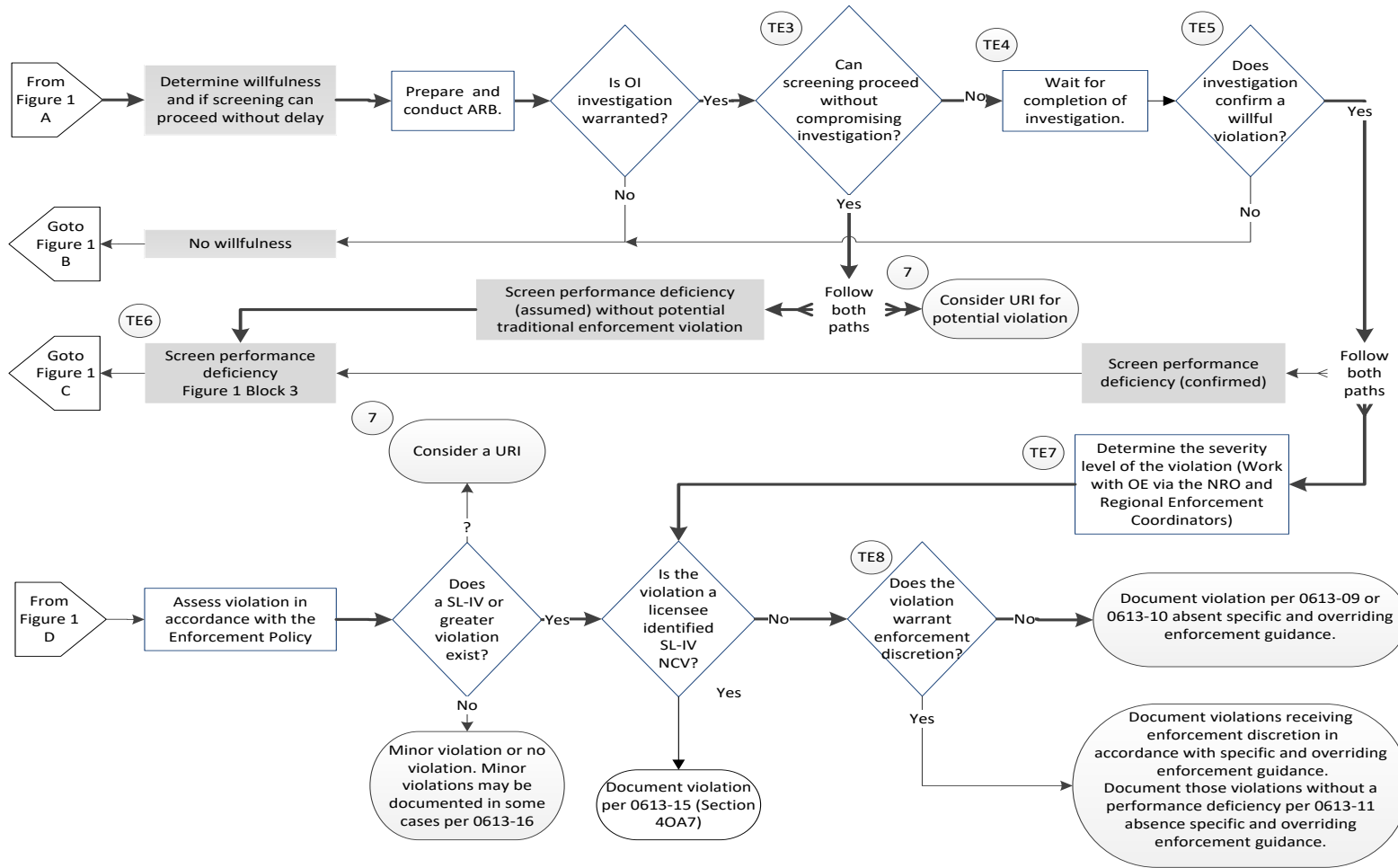


Figure 2 – Issue Screening (Traditional Enforcement)



## Additional Guidance to Clarify Figures

Inspectors will not use the cROP screening process to screen traditional enforcement violations, but will use that process to screen their underlying performance deficiencies if any exist. Inspectors will separate traditional enforcement violations from their underlying performance deficiencies and screen those traditional enforcement violations using the examples and guidance in the Enforcement Manual and Enforcement Policy.

When dispositioning performance deficiencies associated with traditional enforcement violations, inspectors will not consider the traditional enforcement aspect as part of the cROP performance deficiency.

### Figure 1, “Issue Screening”

#### **Block 1      Issue of concern identified**

An issue of concern is a well-defined observation or collection of observations that may have a bearing on safety or security which may warrant further inspection, screening, evaluation, or regulatory action.

For issues of concern with multiple examples, each example should be screened separately.

On rare occasions, an inspector may identify an issue of concern that is neither a regulatory requirement nor an accepted licensee standard which may warrant consideration under the backfit process due to its perceived impact on safety or security. Inspectors identifying such an issue of concern should raise the concern to management and refer to Management Directive 8.4, “Management of Facility-specific Backfitting and Information Collection.”

#### **Block TE1      Is the issue potentially willful?**

Although inspectors screen issues of concern for indications of potentially willful violations, the determination of willfulness is a legal decision that can only be made by the Office of the General Council (OGC) using facts developed during an investigation conducted by the Office of Investigations (OI), normally at the recommendation of the Allegation Review Board (ARB).

See the Enforcement Policy, Enforcement Manual, and Allegation Manual for additional insights involving willfulness. See 10 CFR 50.5 for regulations addressing deliberate misconduct.

#### **Block TE2      Does traditional enforcement or enforcement discretion apply?**

If any of the following questions can be answered ‘yes’, the inspector will compare the violation with examples in the Enforcement Policy to determine if the violation rises to SL-IV or above and thus constitutes a non-minor traditional enforcement violation.

1. Was there a violation that impacted the regulatory process? Examples:

- Failure to provide complete and accurate information
- Failure to receive prior NRC approval for changes in licensed activities
- Failure to notify the NRC of changes in licensed activities
- Failure to perform 10 CFR 52.98 analyses
- Reporting failure, etc.

2. Was there a violation that contributed to actual safety consequences (this should be rare in a construction environment)? Examples:

- Actual onsite or offsite releases of radiation exceeding regulatory limits
- Onsite or offsite radiation exposures exceeding regulatory limits
- Accidental criticalities
- Loss of control of radiological material exceeding regulatory limits for public dose
- Radiological emergencies

3. Is there a SL-IV or greater violation with no associated performance deficiency?

Circumstances may arise where enforcement discretion should be considered or exercised to either escalate or mitigate enforcement sanctions or otherwise refrain from taking enforcement action for a particular violation. The Enforcement Policy and Enforcement Manual describe situations where this may apply. Specific circumstances may include:

- Specific cases for which temporary Enforcement Guidance Memoranda prescribes enforcement discretion
- Non-minor violations absent a performance deficiency
- Violations identified during extended work shutdowns or work stoppages
- Violations involving old design issues
- Violations identified because of previous enforcement action
- Violations involving certain discrimination issues

Block 2	Is there a performance deficiency?
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The issue of concern is a performance deficiency if the answer to both of the following questions is “yes”:

- Was the issue of concern the result of the licensee’s failure to meet a requirement or standard? (A standard includes a self-imposed standard such as a voluntary initiative or a standard required by regulation)
  - Was the cause of the issue of concern reasonably within the licensee’s ability to foresee and correct and should the issue of concern have been prevented?
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When evaluating the licensee's failure to meet a requirement or standard, inspectors should consider the licensee's intent:

- By definition, the licensee intends to meet regulatory requirements, including license conditions.
- The inspector can generally conclude the licensee intends to meet standards established in current licensing basis documents.
- Failure to meet an industry standard constitutes a performance deficiency only if the licensee intended to meet that standard. Inspectors may reasonably conclude that standards implemented via licensee procedures or as NEI initiatives committed to by the industry are standards that the licensee intended to meet.
- The inspector should focus on whether the licensee met regulatory requirements in an acceptable manner rather than whether the licensee met the requirements in a manner specifically approved in a generic communication.

When evaluating the licensee's ability to foresee and correct the issue of concern, the inspectors should consider whether or not the issue involved work-in-progress. Issues involved with work-in-progress are not considered within the licensee's ability to foresee and correct. Consider the following:

- Determine if the construction activity had been released for use. This does not imply that "actual" work on a structure, system, and component (SSC) had to have been performed for an issue to be within the licensee's ability to foresee and correct. For example, if a design drawing had been released for use (i.e., the licensee had reviewed and approved the drawing), and it contained errors, the issue is not considered work-in-progress.
- Determine if the construction activity had been reviewed by at least one level of licensee quality assurance, quality control, or other designated/authorized personnel. This does not imply that the licensee must have "signed-off" the construction activity as complete. If the licensee had performed a quality control acceptance inspection, check, or review, which would reasonably be expected to identify and correct the issue, then the specific construction activity is normally not considered work-in-progress.

Notes:

- (1) The performance deficiency is the proximate cause of the degraded condition and is not the degraded condition. To determine this cause, inspectors need not complete a rigorous root-cause evaluation, but instead may complete an evaluation based on reasonable inspector assessment and judgment.
  - (2) Inspectors should not define a performance deficiency at a fundamental level, such as defining a performance deficiency as a management weakness or as a cross-cutting area.
  - (3) Enforcement Manual Section 2.13.8 discusses grouping closely related violations into an enforcement "problem". Considering this guidance, inspectors or SERP members
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may define or redefine a performance deficiency at the problem level and thereby create a relationship between one performance deficiency and many violations.

- (4) It is NRC policy to hold licensees, certificate holders, and applicants responsible for the acts of their employees, contractors, or vendors and their employees, and the NRC may cite the licensee, certificate holder, or applicant for violations committed by its employees, contractors, or vendors and their employees. Therefore, a performance deficiency committed by a contractor, vendor, and their employees while conducting work on behalf of the licensee can be assigned to the licensee.

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Block 3	Is the performance deficiency more than minor?
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cROP Minor Screen – cROP minor screening is conducted for all PDs and only for PDs. A PD that is more-than-minor is, by definition, a finding. Follow the guidance in IMC 0613, Appendix E to determine if a PD is more-than-minor.

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Block 4	Does the finding screen to Green?
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Inspectors will screen all findings to determine the type of finding (construction finding or ITAAC finding) and the finding's significance (color) using the guidance in IMC 2519. Any finding which cannot be determined to be Green will require a Significance and Enforcement Review Panel (SERP).

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Block 5	Is the finding licensee-identified?
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In determining whether a finding is licensee-identified, NRC-identified, or self-revealed, a measure of subjectivity is anticipated and accepted. To make these determinations, inspectors and regional staff should consider not only the definitions of these terms, but also past experience, related precedents, and the over-arching regulatory message that the determination could send.

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Block 6	Identify appropriate Cross-Cutting Aspect(s) and Enforcement
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To identify an appropriate cross-cutting aspect for a finding, the inspector will:

- Review applicable causal information related to the finding to identify the cause(s) of the performance deficiency. (To identify causes, inspectors need not perform independent causal evaluations beyond what would be appropriate for the complexity of the issue. For the most-complex issues, inspectors may need to complete informal apparent-cause evaluations.)
- Among those causes, identify the performance characteristic that is the either the primary cause of the performance deficiency or the most-significant contributor to it.



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- Select the cross-cutting aspect listed in IMC 0613 Appendix F that best reflects the performance characteristic that is the most significant contributor to the finding (i.e., determine which cross-cutting aspect provides the most meaningful insight into why the finding occurred.) A cross-cutting aspect is a finding characteristic which relates to the reason why the performance deficiency occurred. The cross-cutting aspect is not a finding.

Note that typically, the staff will assign no more than one cross-cutting aspect to a finding. On rare occasions, when the regional staff considers that a unique or complex inspection finding warrants more than one cross-cutting aspect, before associating more than one cross-cutting aspect to any finding, the regional office will contact the VPO Branch Chief for concurrence. This note also applies to a finding with multiple examples.

For all SL IV violations identified by the NRC at reactors under construction in accordance with 10 CFR Part 50 or 10 CFR Part 52, before the NRC determines that an adequate corrective action program has been implemented, the NRC normally issues a Notice of Violation. Until the determination that an adequate corrective action program has been implemented, NCVs may be issued for SL IV violations if the NRC has determined that the applicable criteria in Section 2.3.2.b of the Enforcement Policy are met. For reactor construction licensees, after the NRC determines that an adequate corrective action program has been implemented, the NRC will normally issue an NCV in lieu of an SL IV violation, whether that violation is identified by the licensee or the NRC.

## Block 7 | Consider a URI

Inspectors should open a unresolved item (URI) when an inspection must exit pending receipt of additional information required to determine one of the following:

- If there is a performance deficiency
- If the performance deficiency is More-than-Minor
- If the issue of concern constitutes a violation
- If the performance deficiency is material to the acceptance criteria of an ITAAC

Note: (1) Inspectors may not use a URI to obtain more information to determine the significance of a finding. If the issue can be no more than minor by worst case projection then a URI should not be used. (2) A URI need not be “created” until the inspection report is issued; therefore, the inspectors can exit with a proposed URI, but this could change to either a finding or no finding if the licensee provides the needed information prior to the issuance of the inspection report. If the outcome differs from the characterization at the exit meeting, the inspectors should ensure that the licensee is informed of the final outcome prior to issuance of the inspection report.

Figure 2, “Issue Screening (Traditional Enforcement)”

**Block TE3 | Can cROP screening proceed without compromising investigation?**

Each issue of concern warranting a willfulness investigation triggers a process to determine whether disposition of the underlying cROP performance deficiency may proceed without compromising the OI investigation.

Generally, to preclude the possibility of compromising an ongoing willfulness investigation, inspectors should suspend cROP disposition activities that require licensee interaction until the investigation is complete. However, because SDP insights developed during issue dispositioning are integral to dispositioning most traditional-enforcement violations, inspectors should disposition cROP performance deficiencies in a timely manner. So, to balance these competing considerations, whenever cROP disposition activities could possibly compromise an ongoing investigation, the Directors (or their designees) of the OI Field Office, VPO, the associated Regional Division of Construction Projects or Inspection, and OE should reach a consensus decision on whether cROP dispositioning should be suspended or may proceed during the investigation. The parties involved in this decision should ensure that their specific concerns are considered in order to achieve the two desired agency outcomes – a valid and defensible cROP finding and a valid and defensible violation within the enforcement program.

If the decision is to suspend cROP dispositioning, then as soon as the investigation is sufficiently complete or whenever new information arises that might otherwise warrant reevaluating that decision, the parties involved in the decision should revisit the decision, and change it if change is warranted.

**Block TE4 | Wait for completion of investigation**

This block requires enhanced coordination to preclude the possibility of compromising an ongoing investigation by proceeding, prematurely, with cROP disposition activities while simultaneously assuring that cROP disposition activities are not delayed longer than necessary.

**Block TE5 | Does investigation confirm a willful violation?**

In accordance with the Enforcement Policy and Enforcement Manual, OI, upon concluding its investigation will issue a conclusion about willfulness based on the facts collected/developed during investigation. Using the facts/conclusion above, OGC will make a final determination about willfulness.

**Block TE6 | Screen performance deficiency (Figure 1 Block 3)**

The absence of a finding may influence but does not preclude the potential to confirm a willful violation, though it may influence the determination of its severity level and/or civil penalty. Similarly, the presence of a finding does not preclude the potential to confirm no willful violation. However, if a willful violation is determined to exist, it may influence the determination of its severity level and/or civil penalty.

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Block TE7	Confirmed willful violation
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To disposition violations involving confirmed willfulness, inspectors shall coordinate with the Office of Enforcement through the Regional Enforcement Coordinator. Additional guidance is contained in the Enforcement Policy and Enforcement Manual.

A violation may be considered more significant than the underlying noncompliance if it involves willfulness. When determining the severity level of a willful violation, the NRC, in addition to considering the willful aspects, considers the (1) actual safety consequences, (2) potential safety consequences, and (3) potential for impacting the NRC's ability to perform its regulatory function. A notice of violation is normally required for a willful violation. However, a non-cited violation may still be appropriate. Refer to the Enforcement Policy for additional guidance.

The approval of the Director, Office of Enforcement, with consultation with the Deputy Executive Director as warranted, is required for dispositioning willful violations as non-cited violations.

Block TE8	Does the violation warrant enforcement discretion?
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For violations involving enforcement discretion, inspectors shall coordinate their actions with the NRR and Regional Enforcement Coordinators. Additional guidance is contained in the Enforcement Policy and Enforcement Manual.

Some enforcement discretion decisions are made on a case-by-case basis in consultation with the Office of Enforcement, while others may be instituted under a temporary Enforcement Guidance Memorandum.

Block 7	Consider a URI
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See Block 7 for Figure 1

CORNERSTONE OBJECTIVES AND ATTRIBUTES TABLES

Cornerstone CONSTRUCTION REACTOR SAFETY – Design/Engineering	
Objective	To ensure that licensees’ programs and processes are adequately developed and implemented for design and engineering controls.
Attributes	Areas to Measure
Process Control	ITAAC; Civil/Structural; Mechanical; Electrical; Welding; Maintenance and Storage Of <b>Structures, Systems, and Components (SSCs)</b> ; Applicable Criteria From Appendix B; Reports Required By Regulations
Material Control	
Procedure Quality	

Cornerstone CONSTRUCTION REACTOR SAFETY – Procurement/Fabrication	
Objective	To ensure that licensees’ programs and processes are adequately developed and implemented for procurement and fabrication activities.
Attributes	Areas to Measure
Process Control	<b>Inspection, Test, Analysis, and Acceptance Criteria (ITAAC)</b> ; Commercial Grade Dedication; Receipt Inspection; Licensee’s Evaluation Of Suppliers; Applicable Criteria From Appendix B; Maintenance and Storage Of SSCs; and Reports Required By Regulations
Material Control	
Procedure Quality	

Cornerstone CONSTRUCTION REACTOR SAFETY - Construction / Installation	
Objective	To ensure that licensee’s programs and processes are adequately developed and implemented to ensure the construction and installation of facilities and structures, systems, and components are in accordance with the design.
Attributes	Areas to Measure
Process Control	ITAAC; Civil/Structural; Mechanical; Electrical; Welding; Maintenance and Storage Of SSCs; Applicable Criteria From Appendix B; Reports Required By Regulations
Material Control	
Procedure Quality	

<b>Cornerstone</b>		<b>CONSTRUCTION REACTOR SAFETY – Inspection/Testing</b>
Objective	To ensure that licensees' programs and processes are adequately developed and implemented to inspect and test programs, facilities, and structures, systems, and components.	
Attributes	Areas to Measure	
Process Control	ITAAC; ITAAC Closure; ITAAC Maintenance; Non-ITAAC Testing; Preoperational Testing; Applicable Criteria From Appendix B	
Material Control		
Procedure Quality		

<b>Cornerstone</b>		<b>OPERATIONAL READINESS – Operational Programs</b>
Objective	To ensure that licensees' adequately develop and implement the operational programs required by a license condition or regulation.	
Attributes	Areas to Measure	
Program Effectiveness	Emergency Preparedness; Radiation Protection; Process And Effluent Monitoring; Fire Protection; Preservice Inspection; Preservice Testing; Inservice Inspection; Inservice Testing; Environmental Qualification; Reactor Vessel Material Surveillance; Containment Leak Rate Testing; Maintenance Rule; Motor-Operated Valves; Quality Assurance (Operations); Operational Readiness.	
Training and Qualification	Reactor Operator Training; Reactor Operator Requalification; Non-Licensed Plant Staff Training.	

Cornerstone		SAFEGUARDS PROGRAMS – Security Programs For Construction Inspection and Operations	
Objective	To provide assurance that (1) construction activities are not adversely impacted due to fitness-for-duty issues; and (2) the licensee’s security programs use a defense-in-depth approach and can protect against the design basis threat of radiological sabotage from internal and external threats.		
Attributes	Areas to Measure		
Access Authorization	Operational Program: Personnel Screening; Behavior Observations; Fitness for Duty Construction Program: Fitness for Duty		
Access Control	Operational Program: Search; Identification		
Physical Protection	Operational Program: Protected Areas and Vital Areas (Barriers, Alarms, Assessment)		
Contingency Response	Operational Program: Protective Strategy Evaluation, Target Set Review		
Material Control & Accounting	Operational Program: Records, Reports; Procedures; Inventories		
Cyber Security	Operational Program: Protection of Systems & Networks; Cyber Security Program; Plan & Procedures		
Protection of Safeguards Information	Operational and Construction Programs: Access to <b>Safeguards Information</b> ; Designation and Storage; Processing, Reproducing and Transmitting; Removal and Destruction		

END

## APPENDIX C - GUIDANCE FOR SUPPLEMENTAL INSPECTION REPORTS

One of the objectives of Inspection Procedure (IP) 90001/90002 is to provide an assessment of the licensee's analysis and corrective actions associated with the issue(s) that prompted the supplemental inspection. The guidance contained in Inspection Manual Chapter (IMC) 0613 applies equally to the baseline and supplemental portions of the reactor construction inspection program; however, given the nature of supplemental inspections, the type of documentation for supplemental inspections will be different than for baseline inspections. A supplemental inspection report will document the Nuclear Regulatory Commission's independent assessment of each inspection requirement and pertinent qualitative observations of the licensee's efforts to identify and address the root cause of the issue prompting the supplemental inspection. A separate inspection report will usually be generated for each supplemental inspection. All violations and findings must conform to the format guidance provided in IMC 0613. The independent review of the extent of condition and extent of cause called for in IP 90002 should be documented in addition to the other inspection requirements contained in IP 90002. Specific documentation requirements and report format for inspections conducted in accordance with IP 90003 will be provided by the team leader.

Listed below are some general principles that apply to documenting the results of the supplemental inspections performed in accordance with IP 90001/90002. These principles supplement the guidance contained elsewhere in IMC 0613.

1. The cover letter of the supplemental inspection report should conform to the guidance given for baseline inspection reports, but it should also contain a brief description of the inspection staff's overall conclusion regarding the effectiveness of the licensee's evaluation and corrective actions associated with the issue(s) that prompted the inspection. Refer to IMC 0611 Exhibit 4, "Cover Letter Templates" for additional guidance on cover letters.
2. A summary of issues for the supplemental inspection report should contain the inspection staff's overall assessment of the issue(s). The summary will include any specific findings associated with the licensee's evaluation and findings that emerged during the inspection.
3. The supplemental inspection report should contain a description of the inspection scope. This section should describe the purpose and objectives of the inspection and the issue(s) that prompted the inspection. This summary can be taken from a previous inspection report for an inspection-related issue. This section can also include a description of the licensee's preparation efforts for the inspection.
4. The supplemental inspection report should contain an assessment for each of the areas listed below, as applicable. For each area, state the inspection requirements prescribed in section 9000X-02, "Inspection Requirements," of IP 90001/90002. Provide a synopsis of the licensee's assessment related to the inspection requirement, the inspection staff's assessment of the licensee's evaluation, and any additional actions taken by the inspector to assess the validity of the licensee's evaluation.

- a. Problem Identification
  - b. Root Cause, Extent-of-Condition, and Extent-of-Cause Evaluation
  - c. Corrective Actions
  - d. Independent Assessment of Extent-of-Condition and Extent-of-Cause (only for IP 90002 inspection reports)
  - e. Safety Culture Consideration (only for IP 90002 inspection reports)
5. For all supplemental inspections conducted in accordance with IP 90001/90002, an assessment of the licensee's evaluation and corrective actions associated with the issue(s) should be documented. Negative conclusions regarding aspects of the licensee's evaluation and corrective actions should be supported by examples of performance deficiencies (i.e., observations or findings). Other conclusions should be supported by a brief statement describing their bases.
  6. The supplemental inspection report should contain an exit meeting summary, a list of persons contacted, licensee documents reviewed during the inspection, and acronyms used in the inspection report.
  7. The recommended signature authority for supplemental inspection reports is as follows:
    - a. For an inspection performed in accordance with IP 90001/90002 that resulted in no findings, green findings, or severity level IV violations, the responsible branch chief will sign out the report.
    - b. For an inspection performed in accordance with IP 90001/90002 that resulted in greater than green findings or greater than severity level IV violations, the responsible division director will sign out the report.
    - c. For an inspection performed in accordance with IP 90003, the deputy regional administrator for construction will sign out the report.
  8. Inspectors should record supplemental inspection results in CIPIMS.

END



## APPENDIX D - GUIDANCE FOR DOCUMENTING INSPECTION PROCEDURE 35007 CORRECTIVE ACTION PROGRAM INSPECTIONS

One of the objectives of Inspection Procedure 35007 is to provide an assessment of the effectiveness of the licensee's corrective action programs (CAP). Consequently, the type of documentation for this inspection should be different than for other baseline inspections and may include more qualitative observations. Listed below are some general principles that apply to documenting the results of IP 35007. These principles supplement the guidance contained elsewhere in Inspection Manual Chapter (IMC) 0613.

1. The cover letter for routine CAP inspection reports should conform to the guidance given for other baseline inspections, but it should also contain a brief description of the team's overall conclusion regarding the effectiveness of the licensee's CAP. Refer to IMC 0611 Exhibit 4, "Inspection Report Cover Letter Templates" for additional guidance on cover letters.
2. The summary of issues for this report should contain the team's overall assessment of the licensee's CAP, on the basis of both the annual team inspection and routine baseline inspections. This overall assessment should also be placed in the Construction Inspection Program Information Management System (CIPIMS) as an observation.
3. The inspection report should contain an assessment for each of the inspection requirements as follows.
  - a. Assessment of the Corrective Action Program Effectiveness

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to verify that:

- The licensee is identifying problems at the proper threshold and entering them into the corrective action system;
- The licensee is adequately prioritizing and evaluating issues, include pertinent reference numbers (for example, NCR #s, violations #s, etc.); and
- Corrective actions are effective at preventing recurrence and timely.

Include samples taken from the previous 12 months of routine baseline inspection reports. Also include assessments and audits of the corrective action program that were completed within the previous 12 months.

Assessment - Effectiveness of Problem Identification. Document a general conclusion regarding the licensee's effectiveness in problem identification. Include the bases for the general conclusion. Discuss issues and relevant observations regarding problem identification, and properly disposition any related findings.

Assessment - Effectiveness of Prioritization and Evaluation of Issues. Document a general conclusion regarding the licensee's effectiveness in problem evaluation, and include the bases for that conclusion. Discuss issues relative to:

- The effectiveness of the licensee's process for prioritizing issues
- Technical adequacy and depth of evaluations (including root cause analysis where appropriate)
- Adequate consideration of reportability requirements

Assessment - Effectiveness of Corrective Actions. Document a general conclusion regarding the licensee's ability to develop and implement effective corrective actions. Discuss issues and relevant observations regarding corrective actions, including, for significant conditions adverse to quality, issues associated with the effectiveness of corrective actions to prevent recurrence. In addition, the assessment of licensee trending is addressed under this header (see IP 35007, A16.04.01, a.12).

b. Assessment Use of Construction Experience

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to verify that the licensee appropriately used construction experience information.

Assessment - Document a general conclusion regarding the licensee's use of construction experience information. Include the bases for the general conclusion.

c. Assessment of the Self-Assessments and Audits

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to verify that the licensee conducted self- and independent assessments of their activities and practices, as appropriate to assess performance and identify areas for improvement.

Assessment - Document a general conclusion regarding the licensee's self-assessments and audits. Include in the conclusion if issues identified by those self-assessments were addressed. Incorporate into the discussion the bases for the general conclusion.

d. Assessment of Safety Conscious Work Environment

Inspection Scope - Identify the documents that were reviewed and, if applicable, the other activities that were completed to assess whether issues exist that may represent challenges to the free flow of information, and to determine whether underlying factors exist that would produce a reluctance to raise nuclear safety concerns.

Assessment - Document a general conclusion regarding the existence of issues that may represent challenges to the free flow of information, and of underlying factors that could produce a reluctance to raise nuclear safety concerns. Include the bases for the general conclusion.

4. Negative conclusions regarding aspects of the CAP should be supported by examples of violations. Other conclusions should be supported by a brief statement of the basis for the conclusion, including the scope of material reviewed.

END

## APPENDIX E - EXAMPLES OF MINOR CONSTRUCTION ISSUES

The purpose of this appendix is to provide guidance to the Nuclear Regulatory Commission (NRC) staff regarding the threshold for minor and more-than-minor performance deficiencies. The information contained in this section provides clarification and examples that may help the inspector determine if a performance deficiency is more than minor.

Minor performance deficiencies and violations are below the significance of that associated with green SDP findings and are not the subject of formal enforcement action or documentation. Failures to implement requirements that have insignificant safety or regulatory impact or findings that have no more than minimal risk should normally be categorized as minor.

NRC Enforcement Manual, Section 2.10, "Minor Violations," states that issues that represent isolated (i.e., "isolated" in that based on a reasonable effort, the staff determines that the issue is not recurring nor is it indicative of a programmatic issue such as inadequate supervision, resources, etc.) failures to implement a requirement and have insignificant safety or regulatory impact should normally be categorized as minor violations.

If possible, the inspector should determine if the issue represented an isolated failure to implement a requirement that had an insignificant safety or regulatory impact. For an issue to be considered isolated, it should not be indicative of a programmatic deficiency. If the inspector did not sample enough to make this determination, the issue should not be considered isolated. The determination that an issue is isolated should imply that the licensee had established adequate measures to control the construction activity. Recurring issues that are NOT indicative of a programmatic deficiency, and have an insignificant safety or regulatory impact, should be considered minor.

Performance deficiencies that demonstrate an ITAAC closure notification (ICN) is not valid either because the licensee failed to meet the acceptance criteria or the performance of the inspections, tests, and analyses upon which the AC is based is not valid, is more than minor and shall be documented as an ITAAC finding. The performance deficiency is more than minor because the ICN contained materially incomplete or inaccurate information. The licensee must submit a new ICN of record after the ITAAC requirements are met. Note: this scenario is different from situations where the ITAAC requirements were met at the time the ICN was submitted but subsequent testing or analyses demonstrates the ITAAC acceptance criteria no longer continue to be met. This later scenario is covered under ITAAC maintenance and requires the licensee to submit an IPCN.

If the answer to any of the following questions is "yes," then the performance deficiency is More-than-Minor and is a finding. If the answer to all of the following questions is "no," then the performance deficiency is minor and is not a finding. Inspectors should consider using the "Construction Issue Examples" at the end of this appendix to inform the screening questions listed below. Inspectors should ensure that at least one of the questions below is answered "yes," when determining that a performance deficiency is More-than-Minor, and not rely solely on the "Construction Issue Examples" "Not Minor if" statements.

1. Does the performance deficiency represent a substantive non-conservative error in a specification, computer program, design report, drawing, calculation, or other design document that defines the technical requirements for a structure, system, or component (SSC)?
2. Does the performance deficiency represent a substantive failure to establish or implement an adequate program, process, procedure, or quality oversight function?
3. Does the performance deficiency represent an adverse condition that rendered the quality of an SSC, unacceptable or indeterminate, and requires substantive corrective action?
4. Does the performance deficiency represent an irretrievable loss or inadequate documentation of a quality assurance record; or a record-keeping issue that could preclude the licensee from demonstrating the adequacy of quality or from properly evaluating safety-significant activities?
5. Is the performance deficiency associated with one of the cornerstone attributes listed at the end of Appendix B of this Manual Chapter and did the performance deficiency adversely affect the associated cornerstone objective?
6. Is the performance deficiency material to the acceptance criteria of an ITAAC (i.e., an ITAAC finding)? If so, is either a or b also answered "yes"?
  - a) Does the performance deficiency prevent the licensee from meeting an ITAAC Design Commitment or approved Technical Specification?
  - b) Does the performance deficiency invalidate the performance of the Inspection, Test, or Analysis described in the ITAAC?

When asking the above questions, inspectors should consider the following guidance. Issues that could render the quality of an SSC or activity unacceptable would generally be considered more than minor. If the issue could render the quality of a SSC or activity indeterminate, the inspector should consider (within reason) whether the issue will require the licensee to perform substantive efforts to determine the suitability of the SSC. Inspectors should consider substantive efforts as "involving matters of major or practical importance." Examples of substantive efforts may include, but are not limited to, a detailed engineering analysis, re-design, significant repair, or other significant corrective actions to establish the suitability of an item or activity. An issue that could adversely affect a SSC's ability to perform its intended safety function, or could impair the accomplishment of another SSC's safety function, should generally be considered more-than-minor. Also, issues that represent a reduction in safety margin compared to the latest safety analysis approved by the NRC should also be considered more-than-minor.

["Could" does NOT imply that the issue would absolutely adversely affect the SSC. It implies a probability that the ability of the SSC to perform its intended safety function may be adversely affected if the proper conditions existed.]

The non-existence of a detailed engineering justification does not necessarily imply that the issue is minor, in that the inspector should consider that the lack of a more detailed evaluation may indicate that the licensee failed to adequately consider the scope of the issue or fully

understand the technical and quality requirements. In some cases, re-design may appear to be a simple corrective action, and minor on the surface; however, the staff should verify that all interactions and interfaces have been considered and that sufficient design margin is available.

Depending on the particular circumstances, issues related to the “Failure to establish an adequate process, program, procedure, or quality oversight function that could render the quality of the construction activity unacceptable or indeterminate,” should be considered more-than-minor. These issues are more significant, in that the licensee will depend on these processes, programs, procedures, and quality oversight functions to establish the basis that the SSC is constructed in accordance with the approved design (i.e., the SSC will perform its intended safety function).

While licensees must correct minor performance deficiencies, minor performance deficiencies do not normally warrant documentation in inspection reports or inspection records and do not warrant formal enforcement actions. If a licensee does not disposition a minor performance deficiency in accordance with its CAP, then the inspectors should screen this as a new construction issue.

### CONSTRUCTION ISSUE EXAMPLES

All examples in this appendix assume (unless otherwise stated) that the construction activity had been released for use. This does not imply that “actual” work on an SSC had to have been performed for an issue to be more-than-minor. For example, if a design drawing had been released for use (i.e., the licensee had reviewed and approved the drawing), and it contained significant errors, the issue may be more-than-minor even if no SSCs had been constructed with the incorrect drawing.

All examples in this appendix assume that the licensee had an opportunity to identify and correct the performance deficiency (i.e., the construction activity had been reviewed by at least one level of licensee quality assurance, quality control, or other designated / authorized personnel.)

This does not imply that the licensee must have “signed-off” the construction activity as complete. If the licensee had performed a quality control acceptance inspection, check, or review, which would reasonably be expected to identify and correct the issue, then the specific construction activity may not be a “work-in-progress.” As used in the examples, the terms “licensee” and “applicant” are interchangeable.

As used in the examples, the term “Inspector” relates to the NRC inspector (unless otherwise stated.)

In all examples, it is assumed that the licensee documents and corrects the performance deficiency, even if the issue is determined to be minor. If the licensee fails to correct a minor issue, that would be screened as a different issue.

The referenced quality assurance (QA) criterion may be the 10 CFR Part 50, Appendix B criterion, the corresponding ASME NQA-1, or other equivalent, QA criteria which were approved by the NRC staff as part of the license.

The minor violation examples described in this appendix are meant to represent examples of construction issues that should normally be considered minor significance. While the examples provide a “not minor if” statement, this does not mean that all issues similar to “not minor if” statement should automatically be classified as “more than minor.” The overall purpose of these questions is to help inspector know what kinds of things should be minor. Issues that don’t immediately screen as minor with these examples need to be further evaluated. Inspectors should consult with the responsible branch chief if the minor/more-than-minor significance cannot readily be determined.

The following table provides a reference to the different types of performance deficiencies covered by the examples.

TABLE 1: <u>ISSUES RELATED TO SPECIFIC QA CRITERIA</u>			
Category	10 CFR Part 50, Appendix B Criteria		Example
Management Controls	1	Organization	None
	2	QA Program	None
	18	Audits	8
Design Control	3	Design Control	1; 2; 3; 9; 13; 24
Procurement	4	Procurement Document Control	24; 26
	7	Control of Purchased Material, Equipment and Services	8
Work Controlling Documents and Records	5	Instructions, Procedures and Drawings	2; 3; 4; 6; 7; 13; 14; 15; 16; 21, 28
	6	Document Control	14; 15
	17	QA Records	4; 10; 20; 21
Materials and Equipment	8	Identification and Control of Materials, Parts, and Components	17
	12	Control of Measuring and Test Equipment	10
	13	Handling, Storage and Shipping	16; 18
	14	Inspection, Test and Operating Status	None
Special Processes, Inspection, and Test Control	9	Control of Special Processes	6
	10	Inspection	5; 11; 12; 21, 27

	11	Test Control	28
Nonconformance and Corrective Action	15	Nonconforming Materials, Parts or Components	19
	16	Corrective Action	22

### EXAMPLE 1

PD: The inspectors identified that the as-built SSC did not meet the applicable design or construction specification.

Minor because: The as-built SSC was acceptable without the support of a detailed engineering justification, or amendment to the licensing basis document (i.e., the issue was insignificant), or

The as-built SSC did not conform to the specification but was made acceptable with minor re-work (e.g., minor adjustment or minor grinding) or completion of originally prescribed processing or

The as-built SSC was more conservative than the as-designed.

Not minor if: The use of the alternate design required a substantive justification by the licensee to ensure that the as-built structure did not adversely affect the SSC's ability to perform its intended safety function or

The use of the alternate design resulted in the licensee having to meet other technical requirements, which were not part of the original design. For example, the use of the as-built structure would require additional inspections, tests, re-work, maintenance, etc., to ensure that the SSC would perform its intended safety function, or

The as-built SSC required substantial rework, repair, or additional examination.

### EXAMPLE 2

PD: The inspectors identified that the licensee's design specification does not conform to the design basis (i.e., the licensee failed to adequately translate the approved design to appropriate drawings, instruction, procedures, etc.).

Minor because: The design error resulted in a more conservative analysis than what was required by the governing technical requirements, or

The design error was insignificant, in that the ability of the as-designed SSC to perform its intended safety function was not challenged.

Not minor if: The design error resulted in a less conservative analysis that could have adversely affected the SSC's ability to perform its intended safety function.



### EXAMPLE 3

PD: The inspectors identified that a drawing (design output document) failed to adequately translate the design basis requirements for a safety significant SSC. The SSC had not been constructed, but the drawing had been released for use.

Minor because: The design error was insignificant, in that SSC could perform its intended safety function.

Not minor if: The design error could have adversely affected the SSC's ability to perform its intended safety function.

### EXAMPLE 4

PD: The inspectors identified that the licensee failed to maintain quality-related records in accordance with QA program requirements.

Minor because: No records were irretrievably lost.

Not minor if: Actual records were lost or damaged to an extent that precluded the licensee from demonstrating the adequacy or quality of a safety significant SSC.

### EXAMPLE 5

PD: The inspectors identified that a licensee's quality control (QC) inspector was not qualified in accordance with the QA program requirements.

Minor because: The QC inspector's unqualified status was a result of an administrative issue, or

The QC inspector had not performed any inspection in the area of qualification in question, or

When re-inspected by a qualified inspector, the item was acceptable.

Not minor if: The re-inspection resulted in the identification of nonconforming condition or the item was no longer available for inspection.

### EXAMPLE 6

- PD: The inspectors identified that the licensee was welding with a parameter (e.g., electrode size) outside that allowed by the welding procedure specification (WPS).
- Minor because: The parameter in question was not an essential variable as defined by the code.
- Not minor if: The parameter in question was an essential variable, and the weld 1) had to be removed or 2) the WPS had to be re-qualified.

### EXAMPLE 7

- PD: The inspectors identified that a licensee's procedure was not adequate.
- Minor because: The issue was insignificant, in that the procedure was inadequate from an administrative or other minor deficiency that did not leave any quality process or construction activity indeterminate or unacceptable.
- Not minor if: The procedure was required to be qualified by performance demonstration or technical evaluation, or
- The procedure didn't adequately implement technical or quality requirements leaving a quality process or construction activity unacceptable or indeterminate.

### EXAMPLE 8

- PD: The inspectors identified that the licensee failed to conduct a required periodic surveillance of their supplier.
- Minor because: The licensee had established adequate measures to control purchased items and services, and the licensee had completed an initial audit of the supplier.
- Not minor if: The licensee received and accepted nonconforming material and the surveillance could have identified the deficiency in the vendor's program, or
- The initial audit was not performed.

### EXAMPLE 9

- PD: A design change was made to a SSC, but the change was not controlled by measures commensurate with those applied to the original design.
- Minor because: The design change did not contain a technical error(s) that rendered the quality of the SSC unacceptable or indeterminate, and was isolated.
- Not minor if: The design change contained a substantive non-conservative error.

#### EXAMPLE 10

- PD: Inspectors identified that the calibration records for measuring and test equipment (M&TE) being used were out of date or in error.
- Minor because: When tested, the M&TE was found to be within calibration limits, or  
No items were adversely affected by mismeasurement using the M&TE (i.e., all items on which the M&TE was used were subsequently checked or measured and determined to be satisfactory).
- Not minor if: The material that the M&TE was used for could not be re-inspected or was unsatisfactory upon re-measurement with correctly calibrated M&TE, or  
The M&TE traceability to materials/tests performed prior to error discovery was not maintained, therefore it could not be determined on which items the M&TE was used.

#### EXAMPLE 11

- PD: For a completed quality inspection, the inspectors identified that the licensee failed to verify that the acceptance limit was met.
- Minor because: The acceptance limit was more conservative than the governing regulatory requirement, which was met, or  
The consequences of the failure were insignificant.
- Not minor if: Failing to meet the acceptance limit could have rendered the SSC unacceptable or indeterminate and required corrective action to bring the item into conformance or substantive engineering evaluation.

#### EXAMPLE 12

- PD: During visual examination of a weld, the inspectors identified that the licensee's QC inspector failed to verify that he had the minimum required light intensity.
- Minor because: Although the QC inspector did not measure the light intensity, the ambient lighting was more than the minimum, and a visual indication could have been seen by the inspector.
- Not minor if: Using appropriate lighting, it was found that the weld was unacceptable, or  
The welds were not accessible for re-inspection.

### EXAMPLE 13

- PD: Inspectors identified that the licensee failed to post an Engineering Change Request (ECR) to the affected drawing(s).
- Minor because: The licensee did not perform any construction work to the affected drawing, or  
The licensee continued construction work to the affected drawing, but the change did not directly affect the work performed.
- Not minor if: Work was completed without implementing the design change which rendered the SSC unacceptable or indeterminate, and required corrective action or substantive engineering evaluation to bring the item into conformance.

### EXAMPLE 14

- PD: NRC inspectors identified that a licensee procedure had undergone major revision and contained reference to another site procedure which had been cancelled prior to the date of the revision.
- Minor because: The issue was insignificant, in that the cancelled procedure was not required to provide information that was material to the successful completion of the specific work activity (i.e., the issue was administrative), or  
The procedure was not used to perform work, and therefore had no impact on SSCs.
- Not minor if: The issue was significant, in that the revised procedure relied on a cancelled procedure to provide information that was important to the successful completion of a work activity that affected an SSC (e.g., acceptance criteria for an inspection, guidance for technical evaluation of data, qualification criteria, etc.).

### EXAMPLE 15

- PD: During inspection of construction activities, the NRC inspectors found a superseded copy of the installation work procedure beside some tools staged at the job site.
- Minor because: Work activities had not been conducted with the outdated procedure, or  
Work activities had been completed with the outdated procedure, but the difference between the outdated procedure and current revision did not render the quality of the construction activity unacceptable or indeterminate.

Not minor if: The outdated procedure was used and the differences were significant in that they rendered an SSC unacceptable or indeterminate, and required substantive corrective actions.

#### EXAMPLE 16

PD: Licensee procedures require that all safety-related structural steel be stored off the ground to prevent corrosion. The inspectors identified structural steel that was lying directly on the ground.

Minor because: The steel had not been damaged and there was no active corrosion that would require a detailed engineering evaluation, re-design or repair to establish the adequacy of the structural steel to perform its intended safety function.

Not minor if: The structural steel was damaged such that a detailed engineering evaluation, re-design, or repair was necessary to establish the adequacy of the structural steel to perform its intended safety function.

#### EXAMPLE 17

PD: The inspectors identified that items were missing tags which were required by a licensee QA procedure.

Minor because: The tags were an administrative control, in that the items did not rely on the tags to maintain material traceability or nonconforming segregation as required by a regulatory requirement.

Not minor if: Items were installed without identification tags/markings and traceability and/or segregation requirements could not be established or verified.

#### EXAMPLE 18

PD: Inspectors identified that the environmental storage conditions of SSCs did not meet the licensee's QA program requirements.

Minor because: Actual storage conditions had an insignificant impact on the SSC.

Not minor if: Inadequate environmental storage conditions adversely affected stored items requiring significant correction actions such as a detailed engineering analysis, re-design, reject, or repair to establish the adequacy of the SSCs.

#### EXAMPLE 19

PD: The inspectors identified that the licensee failed to initiate a nonconformance report for a licensee-identified deficiency discovered during an inspection of an item.

Minor because: The licensee maintained another process for documentation (identification) of the nonconformance and the deficiency was corrected with the

completion of originally prescribed processing or was acceptable “as-is” without a detailed engineering justification.

Not minor if: The licensee failed to document and evaluate the nonconformance and the nonconformance could impact a critical characteristic associated with the functionality of the item.

#### EXAMPLE 20

PD: The inspectors identified a technical error on an inspection record for a code required examination.

Minor because: The technical error was insignificant (i.e., the error did not result in an unsatisfactory item passing an inspection).

Not minor if: The error was significant and an item had been incorrectly accepted.

#### EXAMPLE 21

PD: The inspectors identified that the licensee had bypassed a QC hold point or QC inspection in a procedure.

Minor because: The QC inspection can be performed out of sequence, or  
The missed inspection attribute can be verified by other means without substantive corrective action, or  
The missed QC hold point or inspection is not required to meet a code requirement, an ITAAC, or other licensing basis requirement.

Not minor if: The QC inspection cannot be performed out of sequence without affecting quality, or  
The QC inspection attribute cannot be verified at a later point in the construction process.

#### EXAMPLE 22

PD: The inspectors identified that the licensee did not complete a procedural step as written in the corrective action program procedure.

Minor because: The step was not required by Appendix B Criterion XVI (or other regulation), ITAAC, applicable code requirements, or the licensee’s QA program basis commitment (e.g., NQA-1).

Not minor if: The step was required by Appendix B Criterion XVI (or other regulation), ITAAC, applicable code requirements, or the licensee’s QA program basis commitment (e.g., NQA-1).

### EXAMPLE 23

- PD: The inspectors identified anomalies in the Software Requirement Specification which were inconsistent with system requirements.
- Minor because: The anomaly(s) as implemented would have no impact on the design and performance of the safety system as described in licensing documents, or  
The anomaly(s) in the specification was more conservative than the system requirements.
- Not minor if: The anomaly(s) could negatively affect the design and performance of the safety system as described in licensing documents.

### EXAMPLE 24

- PD: The inspectors identified that procurement documents did not adequately specify material, design, testing, or code requirements for a SSC.
- Minor because: The omission of the requirement would not impact the function of the SSC.
- Not Minor if: The omitted requirement could have rendered the SSC unacceptable or indeterminate, and required substantive corrective action.

### EXAMPLE 25

- PD: The inspectors identified that the licensee failed to perform a Part 21 or 50.55(e) evaluation of a deviation or failure to comply.
- Minor because: Failure to conduct an evaluation is isolated and doesn't involve a failure to report as required.
- Not minor if: Failure to conduct an evaluation is not isolated (multiple failures to conduct Part 21 or 50.55(e) evaluations), or  
The licensee failed to provide a report, including an interim report, for a reportable event, or  
The failure involves the lack of staff training in multiple groups regarding Part 21 or 50.55(e) requirements to conduct an evaluation of a deviation or a failure to comply, or  
The licensee provided a report for a reportable event that contained incomplete or incorrect information that was material to the deviation or failure to comply.

#### EXAMPLE 26

- PD: The inspectors identified that the licensee failed to reference 10 CFR Part 21 or 50.55(e) requirements in a procurement contract.
- Minor because: Work had not been performed under the contract.
- Not minor if: Work had been performed under the contract without implementing the requirements of 10 CFR Part 21 or 50.55(e).

#### EXAMPLE 27

- PD: The inspectors identified that the licensee failed to meet a Code requirement specified in the acceptance criteria of an ITAAC.
- Minor because: The Code requirement was administrative in nature, was not associated with irretrievable loss or inadequate documentation of a quality assurance record, and the quality of the SSC was not found to be unacceptable or indeterminant, or
- The as-built SSC was acceptable and returned to compliance with the Code without the support of a detailed engineering justification, or amendment to the licensing basis document, or
- The as-built SSC did not conform to the Code requirement, but was made acceptable with minor re-work (e.g., minor adjustment or minor grinding) or completion of originally prescribed processing, or
- The as-built SSC was more conservative than the as-designed.
- Not minor if: The Code requirement was programmatic in nature, or
- Compliance with the Code could only be demonstrated through a substantive justification by the licensee or through the use of other technical requirements, which were not part of the original design. For example, the use of the as-built SSC would require additional inspections, tests, re-work, maintenance, etc., to ensure that the SSC would perform its intended safety function, or
- The as-built SSC required substantial additional examination or rework/repair.

#### EXAMPLE 28

- PD: Equipment used during testing was found to not meet procedure requirements (e.g., the units of measurement for the equipment used were different than required).



Minor because: Subsequent testing with the correct equipment shows that the original test results were more conservative or did not substantially alter the test results.

Not minor if: Subsequent testing with the correct equipment results in a nonconservative substantial change in the test results (e.g., a test that passed previously now fails to meet the acceptance criteria), or

The use of incorrect test equipment resulted in substantial damage to an SSC.

END

## APPENDIX F - CONSTRUCTION CROSS-CUTTING AREAS AND ASPECTS

As part of the construction reactor oversight process (cROP), performance is monitored in three broad strategic performance areas: construction reactor safety; safeguards programs; and operational readiness. Within the strategic performance areas are the six cROP cornerstones of safety: design/engineering; procurement/fabrication; construction/installation; inspection/testing; operational programs; and security programs for construction inspection and operations.

In addition to the six cornerstones of safety, three areas of licensee performance are considered as "cross-cutting" and potentially impacting more than one cornerstone. These cross-cutting areas are named Human Performance (H), Problem Identification and Resolution (P), and Safety Conscious Work Environment (S). Within each cross-cutting area are aspects of performance related to that cross-cutting area. Cross-cutting areas and aspects are listed below. When an inspector determines that a cross-cutting aspect applies to a finding, the alpha-numeric identifier associated with the selected cross-cutting aspect listed below shall be included in the inspection report (e.g., Human Performance, Resources would be identified as H.1.)

NUREG - 2165, "Safety Culture Common Language," describes the essential traits of a healthy nuclear safety culture. NUREG - 2165 is based on the common language that was agreed to during a January 2013 public workshop and was documented in the enclosure to the meeting summary (ADAMS Accession No. ML13031A343). The cross-cutting aspects listed below are defined consistent with the attributes in the common language document.

The NRC assigns cross-cutting aspects to inspection findings in accordance with this IMC. Inspectors are required to evaluate each finding to determine if the principal cause of the finding can be associated with one of the cross-cutting aspects. When the principal cause of a finding is similar to a cross-cutting aspect, that cross-cutting aspect should be assigned to the finding. In deciding which aspect is most appropriate to assign to a finding, inspectors may refer to the attribute examples provided in NUREG 2165 and/or the meeting summary. Inspectors are not expected to document a cross-cutting aspect for each and every inspection finding. Most, but not all, findings should be assigned a cross-cutting aspect.

The NRC reviews cross-cutting aspects for cross-cutting themes and potential substantive cross-cutting issues in accordance with IMC 2505, "Periodic Assessment of Construction Inspection Program Results," to provide licensees the opportunity to address performance issues before they result in more significant safety concerns. Although the presence of CCAs or the assignment of a cross-cutting issue may be indicative of a potentially degraded safety culture, the NRC draws conclusions about safety culture based on the results of licensee and NRC safety culture assessments conducted by qualified staff, not based on the presence of CCAs or cross-cutting issues.

The "Supplemental Cross-Cutting Aspects" listed below are not applied to inspection findings under the construction baseline inspection program. However, these aspects are indicators of a healthy safety culture and should be considered for safety culture assessments performed or

reviewed during supplemental inspections. While they are important characteristics of safety culture, some attributes from NUREG 2165 are not included as cross-cutting aspects and are considered to be outside the scope of the construction inspection program.

Exhibit 1 provides a cross-reference from the common language attributes to new cross-cutting aspects. Exhibit 2 provides a cross-reference from the original cross-cutting aspects to the new cross-cutting aspects resulting from the common language initiative. The common language attributes are subsets of the following traits of a healthy nuclear safety culture:

- Leadership Safety Values and Actions (LA)
- Problem Identification and Resolution (PI)
- Personal Accountability (PA)
- Work Processes (WP)
- Continuous Learning (CL)
- Environment for Raising Concerns (RC)
- Effective Safety Communication (CO)
- Respectful Work Environment (WE)\*
- Questioning Attitude (QA)
- Decision Making (DM)

\* The Respectful Work Environment (WE) trait is not being used for cROP applications.

The common language attributes' abbreviation is listed at the end of the cross-cutting aspect description below.

Cross-Cutting Areas and Aspects:

Human Performance (H)

H.1	Resources: Leaders ensure that personnel, equipment, procedures, and other resources are available and adequate to support nuclear safety (LA.1).
H.2	Field Presence: Leaders are commonly seen in the work areas of the plant observing, coaching, and reinforcing standards and expectations. Deviations from standards and expectations are corrected promptly. Senior managers ensure supervisory and management oversight of work activities, including contractors and supplemental personnel (LA.2).

H.3	Change Management: Leaders use a systematic process for evaluating and implementing change so that nuclear safety remains the overriding priority (LA.5).
H.4	Teamwork: Individuals and work groups communicate and coordinate their activities within and across organizational boundaries to ensure nuclear safety is maintained (PA.3).
H.5	Work Management: The organization implements a process of planning, controlling, and executing work activities such that nuclear safety is the overriding priority. The work process includes the identification and management of risk commensurate to the work and the need for coordination with different groups or job activities (WP.1). *
H.6	Design Margins: The organization maintains equipment within design margins. Margins are carefully guarded and changed only through a systematic and rigorous process. Special attention is placed on maintaining ITAAC, especially those associated with fission product barriers, defense-in-depth, and safety-related equipment (WP.2).
H.7	Documentation: The organization creates and maintains complete, accurate and, up-to-date documentation (WP.3).
H.8	Procedure Adherence: Individuals follow processes, procedures, and work instructions (WP.4).
H.9	Training: The organization provides training and ensures knowledge transfer to maintain a knowledgeable, technically competent workforce and instill nuclear safety values (CL.4).
H.10	Bases for Decisions: Leaders ensure that the bases for organizational decisions are communicated in a timely manner (CO.2).
H.11	Challenge the Unknown: Individuals stop when faced with uncertain conditions. Risks are evaluated and managed before proceeding (QA.2).
H.12	Avoid Complacency: Individuals recognize and plan for the possibility of mistakes, latent issues, and inherent risk, even while expecting successful outcomes. Individuals implement appropriate error reduction tools (QA.4). **
H.13	Consistent Process: Individuals use a consistent, systematic approach to make decisions. Risk insights are incorporated as appropriate (DM.1).
H.14	Conservative Bias: Individuals use decision making-practices that emphasize prudent choices over those that are simply allowable. A proposed action is determined to be safe in order to proceed, rather than unsafe in order to stop (DM.2).

\* Adds language from WP.1 example 1 to clarify that this aspect fully retains what was previously included in A.3(a) and A.3(b).

\*\* Incorporates language from QA.4 example 5 to clarify that H.12 is the appropriate designation for issues involving a failure to use human error reduction techniques that were previously included under A.4(b).

### Problem Identification and Resolution (P)

P.1	Identification: The organization implements a corrective action program with a low threshold for identifying issues. Individuals identify issues completely, accurately, and in a timely manner in accordance with the program (PI.1).
P.2	Evaluation: The organization thoroughly evaluates issues to ensure that resolutions address causes and extent of conditions commensurate with their safety significance (PI.2).
P.3	Resolution: The organization takes effective corrective actions to address issues in a timely manner commensurate with their safety significance (PI.3).
P.4	Trending: The organization periodically analyzes information from the corrective action program and other assessments in the aggregate to identify programmatic and common cause issues (PI.4).
P.5	Operating and Construction Experience: The organization systematically and effectively collects, evaluates, and implements relevant internal and external operating and construction experience in a timely manner (CL.1).
P.6	Self-Assessment: The organization routinely conducts self-critical and objective assessments of its programs and practices (CL.2).

### Safety Conscious Work Environment (S)

S.1	SCWE Policy: The organization effectively implements a policy that supports individuals' rights and responsibilities to raise safety concerns, and does not tolerate harassment, intimidation, retaliation, or discrimination for doing so (RC.1).
S.2	Alternate Process for Raising Concerns: The organization effectively implements a process for raising and resolving concerns that is independent of line management influence. Safety issues may be raised in confidence and are resolved in a timely and effective manner (RC.2).
S.3	Free Flow of Information: Individuals communicate openly and candidly, both up, down, and across the organization and with oversight, audit, and regulatory organizations (CO.3).

### Supplemental Cross-Cutting Aspects (X)

The supplemental cross-cutting aspects are to be considered only when performing or reviewing safety culture assessments during the conduct of the supplemental inspections.

X.1	Incentives, Sanctions, and Rewards: Leaders ensure incentives, sanctions, and rewards are aligned with nuclear safety policies and reinforce behaviors and outcomes that reflect safety as the overriding priority (LA.3).
X.2	Strategic Commitment to Safety: Leaders ensure plant priorities are aligned to reflect nuclear safety as the overriding priority (LA.4).
X.3	Roles, Responsibilities, and Authorities: Leaders clearly define roles, responsibilities, and authorities to ensure nuclear safety (LA.6).
X.4	Constant Examination: Leaders ensure that nuclear safety is constantly scrutinized through a variety of monitoring techniques, including assessments of nuclear safety culture (LA.7).
X.5	Leader Behaviors: Leaders exhibit behaviors that set the standard for safety (LA.8).
X.6	Standards: Individuals understand the importance of adherence to nuclear standards. All levels of the organization exercise accountability for shortfalls in meeting standards (PA.1).
X.7	Job Ownership: Individuals understand and demonstrate personal responsibility for the behaviors and work practices that support nuclear safety (PA.2).
X.8	Benchmarking: The organization learns from other organizations to continuously improve knowledge, skills, and safety performance (CL.3).
X.9	Work Process Communications: Individuals incorporate safety communications in work activities (CO.1).
X.10	Expectations: Leaders frequently communicate and reinforce the expectation that nuclear safety is the organization's overriding priority (CO.4).
X.11	Challenge Assumptions: Individuals challenge assumptions and offer opposing views when they think something is not correct (QA.3).
X.12	Accountability for Decisions: Single-point accountability is maintained for nuclear safety decisions (DM.3).

Attachment 1 – Cross-Reference from Common Language Attributes to New Cross-Cutting Aspects

Common Language Attribute*	New Cross-Cutting Aspect
LA.1	H.1
LA.2	H.2
LA.3	X.1
LA.4	X.2
LA.5	H.3
LA.6	X.3
LA.7	X.4
LA.8	X.5
PI.1	P.1
PI.2	P.2
PI.3	P.3
PI.4	P.4
PA.1	X.6
PA.2	X.7
PA.3	H.4
WP.1	H.5
WP.2	H.6
WP.3	H.7
WP.4	H.8
CL.1	P.5
CL.2	P.6
CL.3	X.8
CL.4	H.9
RC.1	S.1
RC.2	S.2
CO.1	X.9
CO.2	H.10
CO.3	S.3
CO.4	X.10
QA.2	H.11
QA.3	X.11
QA.4	H.12
DM.1	H.13
DM.2	H.14
DM.3	X.12

\* Attributes WE.1, WE.2, WE.3, WE.4, and QA.1 are not being used for cROP applications

Attachment 2 – Cross Reference from Original Cross-Cutting Aspects to New Cross-Cutting Aspects

Old Aspect	New Aspect
A.1(a)	H.3 or H.13*
A.1(b)	H.14
A.1(c)	H.10
A.2(a)	H.1 or H.9*
A.2(b)	H.7
A.2.(c)	H.1
A.3(a)	H.5
A.3(b)	H.4 or H.5*
A.4(a)	H.11 or H.12*
A.4(b)	H.8
A.4(c)	H.2
A.5(a)	P.1
A.5(b)	P.4
A.5(c)	P.2
A.5(d)	P.3
A.5(e)	S.2
A.6(a)	P.5
A.6(b)	P.5
A.7(a)	P.6
A.7(b)	P.6
A.7(c)	P.3
A.8(a)	X.1
A.8(b)	X.10
A.8(c)	X.6
B.1(a)	S.1 or S.3*
B.1(b)	S.2
B.2(a)	S.1
B.2(b)	S.1
B.2(c)	S.1

\* If reassigning an old cross-cutting aspect that has two potential new cross-cutting aspect designations, chose the new cross-cutting aspect that most accurately represents the principal cause of the finding.

END



Attachment 3: Revision History for IMC 0613

Commitment Tracking Number	Accession Number Issue Date Change Notice	Description of Change	Description of Training Required and Completion Date	Comment Resolution and Closed Feedback Form Accession Number (Pre-Decisional, Non-Public Information)
N/A	ML112991558 12/21/2011 CN 11-042	Issued to support cROP Pilot	N/A	
N/A	ML12292A062 12/19/12 CN 12-029	Complete rewrite of IMC 0613 and to incorporate feedback received through IMC/IP change process	N/A	ML12292A064
N/A	ML13150A150 07/15/13 CN 13-015	Complete rewrite of IMC 0613 to support full implementation of cROP enforcement and assessment programs	N/A	ML13168A539
N/A	ML14218A728 09/23/14 CN 14-021	Complete rewrite of Appendix F to incorporate new cross-cutting aspects as part of the common safety culture language initiative. Also changed wording in the body of the IMC to be consistent with the new Appendix F, and corrected typographical errors.	N/A	

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N/A	ML16251A142 02/09/17 CN 17-003	<ul style="list-style-type: none"> <li>• Added direction on how to document multiple examples of the same finding.</li> <li>• Added a requirement to document when the violation occurred and how long it existed for Section 40A7 NCVs.</li> <li>• Aligned finding summary and 4 part write-up requirements to eliminate inconsistencies.</li> <li>• Specified existing requirement to document performance deficiency screening when documenting a TE violation without a finding.</li> <li>• Removed replicative cover letter directions already included in IMC 0612 Exhibit 4.</li> <li>• Enhanced direction for amending inspection reports.</li> <li>• Added direction for retaining proprietary information.</li> <li>• Added direction not to communicate regulatory determinations or actions that have not been established in accordance with applicable processes.</li> <li>• Removed requirement to list more than six documents reviewed in a sample in the report attachment.</li> <li>• Updated Minor/More-than-minor screening guidance</li> </ul>	None	ML16251A143
N/A	ML18242A269 10/01/18 CN 18-033	<ul style="list-style-type: none"> <li>• Eliminated the position “Deputy RA for Construction”</li> <li>• Provided more detail for identifying and documenting an ITAAC finding</li> <li>• Provided allowance for closing ITAAC findings prior to an inspection report being issued.</li> </ul>	None	N/A

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N/A	ML20100K066 05/01/20 CN 20-023	Revised to enhances inspection process efficiency, eliminate disparities in handling ITAAC maintenance issues, delete instructions regarding compliance backfit items and provide clarity for performance deficiencies (PDs) that are associated with ITAAC. If PDs are of low safety significance, even PDs associated with ITAAC may be screened as "minor." Also reflects organizational changes in NRR and NRO reunification.		ML20100K420
	ML20300A314 11/04/20 CN 20-057	Revised to make IMC 0613 consistent with the Vogtle Readiness Group memorandum dated August 14, 2020 and to make minor editorial changes, including revising Section 18.4 to clarify Inspection Report names to be consistent with IMC 0611, Power Reactor Inspection Reports.		n/a