B113

Northeast Nuclear Energy

Adverse Condition Report Transmittal Sheet

Form RP 4-5 Rev. 0 Page 1 of 1

ACR# 710

Approved: [illegible] SORC: 95-07 Effective: 2-21-95

Summary ACR Information

1. ACR Title: SFP CRANE OPERATOR WENT TO WRONG LOCATION STOPPED BY CHECKER

2. Unit(s) affected by this ACR: ☐ MP1 ☐ MP2 ☒ MP3 ☐ MP Site ☐ Other:

3. Coding Factors:

Keywords:		Category codes:	
SFP	PERSER	OPT	
P		ESY	
REFUEL			

4. ACR Significance Level: ☐ A ☐ B ☒ C ☐ D ~~☐ N/A - Closed following initial review.~~

5. Causal Factor Codes:

Failure Mode Code(s)	Failure Cause Code(s)	Human Performance / Programmatic Cause Code(s)
☐ N/A	☐ N/A	☐ N/A - Explain:

~~Causal Factor Codes are: ☐ Apparent - ACR closed following initial review ☐ Based on the results of an investigation ☐ Not available - Investigation in progress~~

Distribution List

☐ *Pre-Investigation Transmittal* ☐ *Post-Closure Transmittal*

Name	Organization	Location	Code (see below)	A/R Number
Irene Hudson (ACR Initiator)	U3 TS Eng	475-4	D	N/A
D. McDaniel	U3 TS Eng	475-4	A	95025380
J. Beaupre	U3 TS Eng	475-4	D	—

From T. Faust (Events Analysis Coordinator) Extension 4486 FAX _____ Date 4/27/95

Comments:

Distribution Action Codes:

A. Assigned Lead Investigator - Refer to ACTION REQUEST and Lead Investigator Assignment Sheet (Form RP 4-6)
B. Other Action Assignment - Refer to ACTION REQUEST
C. Information Only - No action required. Full ACR document package.
D. Information Only - No action required. Transmittal Sheet only.

NDSP GA 4-19-2000

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Adverse Condition Report
Lead Investigator Assignment Sheet

ACR# 710

Form RP 4-6 Rev. 0 Page 1 of 1

Approved: [illegible] SORC: 95-07 Effective: 2-21-95

As Lead Investigator, you are required to complete your determination of causal factors and development of the corrective action plan, and have the required reviews completed in accordance with the following requirements. If you have questions about the assignment, contact the assigned Events Analysis Coordinator.

A. Required causal factors determination process:

- ☐ Root Cause Determination in accordance with NGP 3.15. Document results and reviews on Form RP 4-7. Provide all information required by Form RP 4-7.
- ☐ Apparent causal factors determination. As appropriate, use NGP 3.15 as a reference. Document results and reviews on Form RP 4-7.
- ☐ IDENTIFY CORRECTIVE ACTIONS THIS ADVERSE CONDITION. NO CAUSAL FACTOR DETERMINATION REQUIRED. DOCUMENT ON FORM RP4-7 PAGES 3 AND 4.

B. Required operating experience reviews:

- ☒ PIRs/ACRs - Review the PIRs or ACRs identified below for similar or related events.

  1022, 3-91-065, 3-94-079

  Continuation Sheet ☐
- ☐ LERs- Review the LERs identified below for similar or related events.

  Continuation Sheet ☐
- ☐ PMMS Maintenance History - Search the PMMS database for the affected systems, structures and components (SSCs) and related SSCs. The search should go back five years.
- ☐ NPRDS - Contact a Maintenance or I&C NPRDS coordinator and request a NPRDS search for similar or related components.
- ☐ INPO Information - Review the INPO and industry operating experience information listed below:

  Continuation Sheet ☐
- ☐ Consider the following potentially related issues or implications, or other considerations during the investigation:

  Continuation Sheet ☐

C. Required evaluations to support investigation. As lead investigator, you are required to initiate or coordinate (such as in the case of operability and reportability determinations) these evaluations.

- ☐ Operability Evaluation - Lead individual: _____
- ☐ Reportability Determination - Lead individual: _____
- ☐ PSSH (NGP 2.01) ☐ HPES Evaluation ☐ JCO (NGP 2.29) ☐ Other: _____ ☒ None

D. Is an LER or other written report to the NRC required or potentially required?

☒ No ☐ Yes - Type of report: ☐ LER ☐ Other: _____ Required submission date: _____

Lead individual for report preparation: _____

E. The following individuals / groups must review the causal factors and corrective action plan:

1. Management up to and including the following:

   ☐ Manager/Department Head: _____ ☒ Director: Unit 3 ☐ Sr. VP - Millstone
2. Other individuals or groups:

   ☐ _____ ☐ _____ ☐ _____ ☒ None
3. Oversight review groups:

   ☐ PORC: ☐ MP1 ☐ MP2 ☐ MP3 ☐ _____ ☐ _____ ☒ None

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Adverse Condition Report

Causal Factors and Corrective Action Plan

From Form RP 4-7 Rev. 0

ACR # 710

Enter ACR# 710

Approved: D.B. Miller Jr. SORC 95-07 Effective: 2-21-95

Answer the following questions to the best of your ability. The expectation is to clearly establish the causal factors and establish effective corrective actions to prevent recurrence. The level of detail provided must be commensurate with the severity and significance of the event or adverse condition. If you have questions, refer to instructions on the reverse side; refer to RP 4; or contact the assigned Events Analysis Coordinator.

1. What were the performance deficiencies associated with the event or adverse condition? (What is the problem?)

The spent fuel bridge operator began lowering a fuel assembly into an incorrect rack location.

2. What were the causal factors? (How did it happen and why? What allowed the causal factors to go undetected or uncorrected until the event occurred or the adverse condition was discovered?)

While moving a fuel assembly to a spent fuel rack location, an operator, the SNM executor, stopped to see if wires from the fuel inspection equipment were in the way. Rather than continue to the proper location, he began lowering the fuel assembly at the present location.

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Casual Factors and Corrective Action Plan

From Form RP 4-7 Rev. 0

3. What protective barriers prevented the event or adverse condition from having more severe consequences? (What kept things from being worse?)

A second individual, the SNM checker, noticed that the fuel assembly was being lowered into the wrong rack location. The checker performed his duties as specified in EN 31001, "Supplemental SNM Inventory and Control."

4. What are the generic implications of this event or adverse condition? (What other areas, such as programs, systems or equipment, could be effected?)

None

5. What similar Millstone and industry events were found during the investigation? List by number (PIR/ACR, LER, etc.) or by plant and date (industry events).

PIR 3-91-065, "Improperly Loaded Fuel Assembly", PIR 3-94-079, "Fuel Misplacement."

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Casual Factors and Corrective Action Plan

From Form RP 4-7 Rev. 0

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6. Corrective Action Plan. Detail those actions that have been taken, are on-going or will be taken (near-term and long-term) to correct the causal factors and those actions (near-term and long-term) that will be taken to verify the continued effectiveness of the corrective actions.

Identify those actions that are complete. Provide estimated completion date for actions that are on-going. Identify due dates that are events-driven, such as refueling outage milestones or mode dependent.

Action Description	Implementation Responsibility	Due Date A/R # (By EAD)
Remove the fuel assembly from the incorrect location and store in its proper location.	Reactor Engineering	4/26/95 completed

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Casual Factors and Corrective Action Plan

From Form RP 4-7 Rev. 0

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7. How will the corrective actions (immediate, completed, on-going or planned) effectively prevent or reduce the possibility of the same or a similar event or adverse condition from happening again?

Placing the fuel assembly in the proper location is the only corrective action that is required. This type of event is expected to occur infrequently during fuel movement, which is why a SNM checker is assigned to verify the proper rack location. The facts that fuel movement was stopped, proper management was notified, and an ACR was generated prove that the proper procedural controls are already in place to minimize the frequency of this type of event.

8. Causal factors and corrective actions prepared by:

Name/Department: [illegible] Date: 7/25/95

9. Acceptance of corrective action responsibilities and planned completion dates:

Name/Department: Date:

Name/Department: NA Date:

Name/Department: Date:

10. Review of causal factors, corrective actions and planned completion dates:

A. Management review (refer to Form RP 4-6 Block E.1):

Name/Title: [illegible] of DCC Date: 7/25/95

Name/ Title: Date:

Name/ Title: Date:

B. Other required individuals (refer to Form RP 4-6 Block E.2):

Name/ Title: NA Date:

Name/ Title: Date:

C. Assigned Events Analysis Coordinator (refer to Form RP 4-5):

Name: Michael D Campbell Date: 11-3-95

D. Oversight Review Groups (refer to Form RP 4-6 Block E.3):

PORC—Unit / Meeting Number: Date:

PORC—Unit / Meeting Number: NA Date:

Other- Meeting Number: Date:

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Adverse Condition Report Initiation Form

ACR № 00710

Form RP 4-1 Rev. 0 Page 1 of 1

Approved: [illegible] SORC: 95-07 Effective: 2-21-95

Provide the following information to the best of your ability. Provide enough information so the issue can be understood by others who will review it. Refer to instructions on the back of this form.

CAUTION

If you feel the adverse condition could have an immediate effect on plant safety, the ability of plant equipment to operate properly, or someone could be injured if the issue is not addressed immediately, NOTIFY your Supervisor or the Shift Supervisor in the Control Room immediately.

Adverse Condition Information

Initiator completes Blocks 1 - 10. Print all information.

1. Describe the adverse condition: (The back of this form lists the type of information you should include)

While placing a F/A in the SFP the Crane operator went to the wrong Location. He was suppose to go to SFPool location N-6 and went to location N-7 He started lowering fuel assembly the checker caught that he was in the wrong location

Continuation Sheet (See Instructions) ☐

2. Personnel Questionnaires attached? ☒ No ☒ Yes - How Many? Others being prepared? ☐ No ☐ Yes - How Many?

3. What initial actions were taken as a result of the adverse condition?

Stopped all work. Notified the SS. Explained what had happen. Was given permission to continue from the SS and Duty Officer.

Continuation Sheet ☐

4. What do you know or suspect was the cause of the adverse condition?

Continuation Sheet ☐

5. What do you recommend as corrective action(s)?

Put everything in a safe condition. Brief individual. Ensure the checker verify the location before lowering

Continuation Sheet ☐

6. Initiated by: Irene R. Hudson Unit / Department: MP3 Rx Eng Tech Support Extension: 5400

7. Date: 4-26-95 Time: 1800 8. Unit(s) affected by ACR: ☐ MP1 ☐ MP2 ☒ MP3 ☐ MP Site ☐ Other:

9. What structures, systems and components are affected?

Fuel Handling Equipt

FHS

10. Is material being held? ☒ No ☐ Yes - What and Where:

ACR Review

Ensure all pertinent information is provided and initial actions are sufficient.

11. Supervisor Review *with* Initiator:

A. Is immediate ACR closure recommended? (No further investigation or corrective action required) ☐ Yes ☒ No

B. System Engineer notified? (Optional but recommended) ☐ No ☒ Yes - Name: Dave McDonald

C. Should the ACR be reviewed by a Shift Supervisor?

☒ Yes - Immediately take or provide to the affected Shift Supervisor(s) ☐ No - Forward to the Events Analysis Department (Millstone Building 475 5th floor / FAX 5522)

Name of Supervisor: [illegible] for Comments: Outage Coordinator

12. Initial Shift Supervisor Review (If ACR went to SS):

Does ACR have an actual or potential adverse affect on safety, operability or plant operation? ☒ Yes - Process using Form RP 4-3 ☐ No - Retain ACR in Control Room

Name of Shift Supervisor: R. WALKER

Distribution: White - Investigator Yellow - Shift Supervisor Pink - Originator

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Adverse Condition Report
Shift Supervisor Review

Form RP 4-3 Rev. 0 Page 1 of 1

ACR# 710

Approved: [illegible] SORC: 95-07 Effective: 2-21-95

Provide the following information to the best of your ability. Refer to instructions on the back of this form. If during your review you consider additional information is required, request the initiator or other individual to provide it, or provide it yourself. *Ensure all required prompt or immediate reporting requirements are satisfied prior to completing this form.*

1. Plant Conditions: Mode: 6 Rx Power: Ø % RCS Temp.: 100 °F RCS Pressure: ATMS PSIA

2. Are initial corrective actions sufficient? [X] Yes [ ] No - Describe any additional actions taken or required:

Continuation Sheet [ ] (See instructions)

3. Are any of the affected structures, systems or components (SSCs) safety-related, or covered by Technical Specifications (TS) or the Technical Requirements Manual (TRM)? [X] Yes [ ] No - *Go to Section 4*

List affected SSCs and applicable TS / TRM Section(s):

Fuel

Continuation Sheet [ ]

Are these structures, systems or components OPERABLE? [X] Yes [ ] No [ ] Uncertain

Which ones are not OPERABLE and why:

Continuation Sheet [ ]

Describe actions being taken to resolve uncertainty:

Lead individual responsible to resolve: _____ Ext. _____ Continuation Sheet [ ]

4. Is the ACR REPORTABLE? [ ] Yes [X] No [ ] Uncertain

Report Category: [ ] A (prompt/immediate) - attach a copy of Nuclear Incident Report Form [ ] B (30-day LER) [ ] C (Public Interest) [ ] FFD (Public Interest) [ ] Other: _____

Why is the ACR REPORTABLE:

Continuation Sheet [ ]

Describe actions being taken to resolve uncertainty:

Lead individual responsible to resolve: _____ Ext. _____ Continuation Sheet [ ]

5. Is an Immediate Investigation or a Post-Trip / Transient Review (PTTR) required?

[X] No [ ] Yes - Name of Investigation Team Leader: _____ Ext. _____

6. Personnel Contacted:

Duty Officer (all ACRs) B. Pinkowitz Date/Time: APR 26 1995 1900

Other (specify) _____ Date/Time: _____

Other (specify) _____ Date/Time: _____

7. SS Signature: [illegible] Date/Time: APR 26 1995 1900

Comments:

Continuation Sheet [ ]

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Adverse Condition Report Management Review

Form RP 4-4 Rev. 0 Page 1 of 1

ACR# 710

Approved: [signature] SORC: 95-07 Effective: 2-21-95

Refer to instructions on the back of this form. If during your review you consider additional information is required, request the initiator to provide it, provide it yourself or request assistance from other individuals.

1. Was the ACR processed through the Shift Supervisor(SS) using a Form RP 4-3? ☒ Yes ☐ No

The Duty Officer completes the following

A. Is the Operability Determination complete? ☐ N/A ☒ Yes ☐ No - Identify actions underway to resolve:

Continuation Sheet ☐

B. Is the Reportability Determination complete? ☐ N/A ☒ Yes ☐ No - Identify actions underway to resolve:

Continuation Sheet ☐

The Events Analysis Coordinator completes the following:

A. Should this ACR be reviewed by the SS? ☐ No ☐ Yes - Take or provide ACR to the appropriate SS(s)

B. Are initial corrective actions sufficient? ☐ Yes ☐ No - Describe any additional actions taken or required:

Continuation Sheet ☐

C. Should the ACR be reviewed at a unit morning meeting? ☐ No ☐ Yes - Process this form at the morning meeting.

2. Will the ACR be closed following initial review? ☐ Yes - Provide basis for closure, then go to Block 6. ☒ No

Basis For Closure
- ☐ Belongs in another problem reporting system: _____
- ☐ Low significance, cause is understood, corrective action complete, and no generic implications.
- ☐ Other reason (explain): _____

What is the ACR Significance level? ☐ A ☐ B ☒ C ☐ D

3. What additional evaluations are required during the investigation?
☐ PSSH (NGP 2.01) ☐ HPES Evaluation ☐ JCO (NGP 2.29) ☐ Other: _____ ☒ None

4. What additional reviews of the investigation results and corrective action plan are required?
☐ PORC: ☐ MP1 ☐ MP2 ☐ MP3 ☐ Other: _____ ☒ None

5. Assignments

A. Lead Investigator: 3Rx ENG (D. McGavel) CCC 835 R

Comments: POSSIBLE BOUND OF ERROR ON REPEAT OPERATIONS

B. Other Assignment: _____

Comments:

Other assignments see Continuation Sheet ☐

6. Completed by: [signature] Date/Time: 4/26 [illegible]

Comments:

Continuation Sheet ☐

7. Revised by: _____ Date/Time: _____

Comments:

Continuation Sheet ☐

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Adverse Condition Report Personnel Questionnaire

ACR# 710

Form RP 4-2 Rev. 0 Page 1 of 1

Approved: [illegible] SORC: 95-07 Effective: 2-21-95

Each individual involved in an event where a plant transient occurred; personnel were or could have been injured; or equipment was or could have been damaged should complete this form. Provide the following information to the best of your ability. Each questionnaire should be completed as soon as possible after the event so that facts are still fresh in your mind. Be candid and objective in your responses.

As a minimum, your response should address the following topics. Reference each in your response by item number.

1. Describe the event that occurred.
2. Based on what you now know, reconstruct the activities that were taking place leading up to the event.
3. What do you think was the overall cause of the event.
4. What could be done or changed to prevent this event from happening again.
5. Any additional information you consider important.

1. DURING THE TRANSIT MODE TO PIT LOCATION N-6, I WAS WARNED TO WATCH THE CABLES ON THE LT. STAND AS I PASSED IT. DURING THIS TIME I STOPPED AT LOCATION N-7. I VERIFIED MY BRIDGE LOCATION GTT DISTRICTED AND PROCEED ABOUT 6" FROM FULL UP, INTO LOCATION N-7.

2. SEE #1.

3. OPERATOR ERROR. DOT REVARIFING POSITION BEFORE PROCEEDING.

4. USING 2ND SPOTTER DURING DOLOND HELP TO PREVENT ANY FURTHER INSERTION INTO N-7. (O.TAR PREVAILED.)

5) POSSIBLE ENLARGE NUMBERS ON RAIL (TOO SMALL)

Continuation Sheet ☐

Completed By:

Name: [illegible] WESTINGHOUSE Ext. 5778 Date/Time: 4-26-95 1918

```
#IMV017                    RECORDS - NOTES                    11/02/95 09:31

Facility : MP_      Doc Type : NEA_      Sub-Type : ACR
Doc No.: 00710_____________________      Sheet    : _____     Unit    : 03___
Security        Safety Class : ___
Title      SFP CRANE OPERATOR WENT TO WRONG LOCATION STOPPED.
=================================================================================
* Notes and Comments                                          Pr  Date      By
_ While transferring fuel in the Spent Fuel Pool, the_____   L 04/27/95 MP829AA_
_ crane operator inadvertently brought an assembly to_____   L 04/27/95 MP829AA_
_ location N-6, vice location N-7 as required.  The_______   L 04/27/95 MP829AA_
_ operator was stopped by the checker while he was________   L 04/27/95 MP829AA_
_ lowering the assembly.  Unit 3 Rx Eng.(D. McDaniel) to__   L 04/27/95 MP829AA_
_ investigate._____________________________________________   L 04/27/95 MP829AA_
_ PLACING THE FUEL ASSEMBLY IN THE CORRECT LOCATION IS THE   L 11/02/95 MP829AJ_
_ ONLY CORRECTIVE ACTION REQUIRED. THE FACT THAT FUEL_____   L 11/02/95 MP829AJ_
_ MOVEMENT WAS STOPED, PROPER MANAGEMENT WAS NOTIFYED,____   L 11/02/95 MP829AJ_
_ AND AN NCR WAS GENERATED PROVES THAT THE PROPER_________   L 11/02/95 MP829AJ_
_ PROCEDURAL CONTROLS ARE ALREADY IN PLACE TO MINIMIZE____   L 11/02/95 MP829AJ_
                                                                     More:   +

F1=Help  F3=Exit  F4=Prompt  F7=Bkwd  F8=Fwd  F9=More Detail  F12=Cancel

Print current panel
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TIMV017 RECORDS - NOTES 11/02/95 09:31

Facility : MP Doc Type : NEA Sub-Type : ACR
Doc No.: 00710 Sheet : Unit : 03
Security : Safety Class :
Title : SFP CRANE OPERATOR WENT TO WRONG LOCATION STOPPED

* Notes and Comments	Pr	Date	By
THE FREQUENCY OF THIS TYPE OF EVENT.	L	11/02/95	HPB29AJ

More:

F1=Help F3=Exit F4=Prompt F7=Bkwd F8=Fwd F9=More Detail F12=Cancel

Print current panel