

Dominion Nuclear Connecticut, Inc.
Millstone Power Station
Rope Ferry Road
Waterford, CT 06385



MAR 14 2002

Docket No. 50-423
B18593

RE: 10 CFR 50.73(a)(2)(i)(B)

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555

Millstone Nuclear Power Station, Unit No. 3
Licensee Event Report 2002-001-00
Control Room Emergency Ventilation System Surveillance Failure

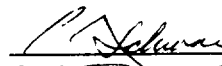
This letter forwards Licensee Event Report (LER) 2002-001-00, documenting an event that was discovered at Millstone Nuclear Power Station, Unit No. 3, on January 25, 2002. This LER is being submitted to document a condition determined to be reportable in accordance with 10 CFR 50.73(a)(2)(i)(B).

There are no regulatory commitments contained within this letter.

Should you have any questions regarding this submittal, please contact Mr. David W. Dodson at (860) 447-1791, extension 2346.

Very truly yours,

DOMINION NUCLEAR CONNECTICUT, INC.



C. J. Schwarz, Director
Nuclear Station Operations and Maintenance

Attachment (1): LER 2002-001-00

cc: H. J. Miller, Region I Administrator
V. Nerses, NRC Senior Project Manager, Millstone Unit No. 3
NRC Senior Resident Inspector, Millstone Unit No. 3

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Attachment 1

Millstone Nuclear Power Station, Unit No. 3

LER 2002-001-00

Estimated burden per response to comply with this mandatory information collection request: 50 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202 (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

LICENSEE EVENT REPORT (LER)

(See reverse for required number of digits/characters for each block)

FACILITY NAME (1)

Millstone Nuclear Power Station - Unit 3

DOCKET NUMBER (2)

05000423

PAGE (3)

1 OF 3

TITLE (4)

Control Room Emergency Ventilation System Surveillance Failure

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)	
MO	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REV NO.	MO	DAY	YEAR	FACILITY NAME	DOCKET NUMBER
01	25	2002	2002 - 001 - 00			03	14	2002	FACILITY NAME	DOCKET NUMBER
										05000
										05000
OPERATING MODE (9)		1	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply) (11)							
			20.2201(b)			20.2203(a)(3)(ii)			50.73(a)(2)(ii)(B)	50.73(a)(2)(ix)(A)
POWER LEVEL (10)		100	20.2201(d)			20.2203(a)(4)			50.73(a)(2)(iii)	50.73(a)(2)(x)
			20.2203(a)(1)			50.36(c)(1)(i)(A)			50.73(a)(2)(iv)(A)	73.71(a)(4)
			20.2203(a)(2)(i)			50.36(c)(1)(ii)(A)			50.73(a)(2)(v)(A)	73.71(a)(5)
			20.2203(a)(2)(ii)			50.36(c)(2)			50.73(a)(2)(v)(B)	OTHER
			20.2203(a)(2)(iii)			50.46(a)(3)(ii)			50.73(a)(2)(v)(C)	Specify in Abstract below or in NRC Form 366A
			20.2203(a)(2)(iv)			50.73(a)(2)(i)(A)			50.73(a)(2)(v)(D)	
			20.2203(a)(2)(v)		x	50.73(a)(2)(i)(B)			50.73(a)(2)(vii)	
			20.2203(a)(2)(vi)			50.73(a)(2)(i)(C)			50.73(a)(2)(viii)(A)	
			20.2203(a)(3)(i)			50.73(a)(2)(ii)(A)			50.73(a)(2)(viii)(B)	

LICENSEE CONTACT FOR THIS LER (12)**NAME**

David W. Dodson, Supervisor - Compliance

TELEPHONE NUMBER (Include Area Code)

860-447-1791

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX
									N

SUPPLEMENTAL REPORT EXPECTED (14)☐ YES (If yes, complete EXPECTED SUBMISSION DATE).☒ NO**EXPECTED SUBMISSION DATE (15)**

MONTH DAY YEAR

ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)(16)

On January 25, 2002, with reactor power at 100 percent, it was identified that the ventilation system flow measurements obtained to satisfy the monthly Technical Specification surveillance requirement for the Control Room Emergency Ventilation System (CREVS) had been corrected twice for the density effects of local pressure. The current surveillance data for both trains, adjusted to remove the extra pressure correction, was verified to be within the required range. However, a review of historical surveillance data identified several cases where the recorded Train A surveillance data, adjusted to remove the extra pressure correction, resulted in recorded system flows outside the required range. As a result, Train A of the CREVS was left in an inoperable, but available condition after completion of the historical surveillance tests. The time Train A was in this condition exceeded the 7 day allowed outage time. This issue is reportable in accordance with 10 CFR 50.73(a)(2)(i)(B), Operation or Condition Prohibited by Technical Specifications.

During the time period that Train A of the CREVS was inoperable, no work was done that would have affected system flow rate. Train A was only inoperable due to the ventilation flow calculation error. Train A would have been capable of performing its accident mitigation function, as demonstrated by subsequent monthly testing which produced acceptable flow rates. This event did not result in the loss of any safety function, and is of low safety significance.

The procedure used to perform the surveillance tests was not correctly revised in 1992 when new test equipment was purchased. The cause of this condition is attributed to weak interdisciplinary review requirements for procedure changes during that time period. Procedure changes have been completed to remove the pressure correction factor when this test instrument is used.

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1)	DOCKET (2)	LER NUMBER (6)			PAGE (3)
Millstone Nuclear Power Station - Unit 3	05000423	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	2 OF 3
		2002	-- 001	-- 00	

NARRATIVE (If more space is required, use additional copies of NRC Form 366A) (17)

I. Event Description

On January 25, 2002, with reactor power at 100 percent, it was identified that the ventilation system flow measurements obtained to satisfy the monthly Technical Specification surveillance requirement for the Control Room Emergency Ventilation System (CREVS) [VI] had been corrected twice for the density effects of local pressure. The current surveillance data for both trains, adjusted to remove the extra pressure correction, was verified to be within the required range. However, a review of historical surveillance data identified several cases where the recorded Train A surveillance data, adjusted to remove the extra pressure correction, resulted in recorded system flows outside the required range. As a result, Train A of the CREVS was left in an inoperable, but available condition after the completion of the historical surveillance tests. The time Train A was in this condition exceeded the 7 day allowed outage time.

The CREVS consists of two redundant trains both of which are required to be operable in all Modes by Technical Specification 3.7.7, Control Room Emergency Ventilation System. Restoration of an inoperable ventilation train when the plant is operating in Modes 1 through 4 is required within 7 days, or a plant shutdown to Mode 3 is required within the next 6 hours, and Mode 5 the following 30 hours.

Since the Train A CREVS was inoperable due to historical surveillance data outside the acceptance criteria for time periods approximately equal to the monthly surveillance interval, which is greater than the allowed outage time (7 days) plus shut down time to Mode 3 (6 hours), this condition is reportable in accordance with 10 CFR 50.73(a)(2)(i)(B), Operation or Condition Prohibited by Technical Specifications.

The same procedural error existed on Train B CREVS. Any historical surveillance data outside the acceptance criteria for Train B would have resulted in an inoperable, but available ventilation train.

II. Cause of Event

The procedure used to perform the surveillance tests was not correctly revised in 1992 when new test equipment was purchased. The cause of this condition is attributed to weak interdisciplinary review requirements for procedure changes during that time period. The current procedure change process contains rigorous interdisciplinary review requirements, and it has been evaluated to ensure it contains the necessary controls to properly account for test equipment changes.

III. Analysis of Event

The CREVS will mitigate the consequences of an accident by protecting the control room operators approximately one hour after the event. Protection for the control room operators immediately following an event is provided by the Control Room Envelope Pressurization System. Mitigating the consequences of an accident is one of the four safety functions of structures and systems listed by 10 CFR 50.72(b)(3)(v) and 10 CFR 50.73(a)(2)(v), Event or Condition That Could Have Prevented Fulfillment of a Safety Function. During the time period that Train A of the CREVS was inoperable, no work was done that would have affected system flow rate. Train A was only inoperable due to the ventilation flow calculation error, Train A would have been capable of performing its accident mitigation function, as demonstrated by subsequent monthly testing which produced acceptable flow rates. This event did not result in the loss of any safety function, and is of low safety significance.

IV. Corrective Action

Procedure changes have been completed to remove the pressure correction factor when this test instrument is used. Other surveillance procedures were reviewed for proper usage of test equipment and no additional issues were identified.

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1)	DOCKET (2)	LER NUMBER (6)			PAGE (3)
Millstone Nuclear Power Station - Unit 3	05000423	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	3 OF 3
		2002	-- 001 --	00	

NARRATIVE (If more space is required, use additional copies of NRC Form 366A) (17)

V. Previous Occurrences

No previous similar events/conditions were identified.

Energy Industry Identification System (EIIIS) codes are identified in the text as [XX].