

TENNESSEE VALLEY AUTHORITY

CHATTANOOGA, TENNESSEE 37401

400 Chestnut Street Tower II

May 12, 1982

Director of Nuclear Reactor Regulation  
Attention: Ms. E. Adensam, Chief  
Licensing Branch No. 4  
Division of Licensing  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555

Dear Ms. Adensam:

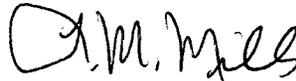
In the Matter of the Application of ) Docket Nos. 50-390  
Tennessee Valley Authority ) 50-391

During a February 16, 1982 meeting concerning the Watts Bar Nuclear Plant Fire Protection Program, the NRC reviewer requested information concerning the transformer failure at Sequoyah Nuclear Plant. Enclosed is TVA's Report of Accidental Property Damage which includes the requested information.

If you have any questions concerning this matter, please get in touch with D. P. Ormsby at FTS 858-2682.

Very truly yours,

TENNESSEE VALLEY AUTHORITY



L. M. Mills, Manager  
Nuclear Licensing

Sworn to and subscribed before me  
this 12th day of May 1982

Bryant M. Lowrey  
Notary Public

My Commission Expires 4/8/86

Enclosure

cc: U.S. Nuclear Regulatory Commission  
Region II  
Attn: Mr. James P. O'Reilly, Regional Administrator  
101 Marietta Street, Suite 3100  
Atlanta, Georgia 30303

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PROVIDE THE FOLLOWING INFORMATION ON FIRES AND FIRE-RELATED INCIDENTS WHICH CAUSED OR HAD THE POTENTIAL TO CAUSE LOSSES OF \$100 OR MORE.

19. Source of Ignition: <u>electrical fault</u>		20. Material Initially Ignited: <u>Paper spaces in transformers</u>	
21. How was fire detected? <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Not Applicable		22. How was fire reported? <input type="checkbox"/> In Person <input checked="" type="checkbox"/> Automatic <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> NA <input type="checkbox"/> Pull Box	
23. Estimated time from ignition to detection?  (seconds) _____ min.		24. Type and quantity of fire suppression equipment used (portable, mobile, and fixed). 1. <u>One 20 lb. dry chemical extinguisher</u> 2. <u>One inside hose station</u> 3. <u>Transformer water spray system</u> 4. <u>H<sub>2</sub> seal oil unit water spray system</u>	
25. How was fixed fire suppression system activated? <input type="checkbox"/> Intentionally } By <input type="checkbox"/> Inadvertently } following <input type="checkbox"/> Not Applicable } method		26. Estimated time from detection until suppression was started?  _____ min. (seconds)	
27. Effectiveness of Fixed fire Suppression System? <input type="checkbox"/> Controlled Fire <input type="checkbox"/> Extinguished Fire (protected exposures)		28. Did smoke spread beyond room of origin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Did fire spread beyond room of origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
29. Was fire reported to any agency outside TVA? If yes, to whom? _____		30. How many persons participated in suppression? TVA <u>2</u> Public <u>0</u> TVA Contractor <u>0</u> Non-TVA Fire Dept. <u>0</u>	
31. Name and address of Non-TVA Fire Department rendering aid:  N/A		32. Was it necessary to evacuate occupants from the fire area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
33. State why fire detection or suppression equipment failed to operate properly:  N/A			
34. Describe nature and estimated value of consequential losses (generation, construction delay) caused by fire: (if known)  See attached narrative reports.			
35. TVA Fire Investigator <u>Edward A. Crayge</u> Signature <u>Safety Super</u> Title <u>2-9-82</u> Date			

INSTRUCTIONS FOR COMPLETING FORM TVA 18002

(Refer to TVA Hazard Control Manual, Part V, Section 9.0, Appendix III for more detailed instructions)

Remove copy No. 6 and use as a worksheet.

1. This form is to be completed and distributed by the TVA organization having jurisdiction or its delegated representative within 6 workdays following a reportable fire, fire-related incident, or property damage accident. Exception: Fires and accidents involving Transportation Services Branch vehicles or TVA employee's personal vehicles while being used on official TVA business are to be reported on form TVA 255, Report of Vehicle Accident, Theft or Fire. This form may also be used to report fires possibly caused by arson.
2. Item 8--Loss consists of the following: (1) Repair cost of all damaged items that are repaired; (2) replacement cost of items that are replaced; (3) net book cost, less net salvage, if items are damaged beyond repair and are not replaced; and (4) compensation paid for damage to the property of others. Loss does not include medical or compensation costs related to resulting injuries. Make the best estimate possible without delaying the report. Have actual loss compiled as stipulated in Accounting Memorandum 166.

DEFINITIONS

1. Reportable Property Damage Accident--for purposes of this report it means an unexpected occurrence that results in \$100 or greater damage to property that is (1) owned, rented, leased, etc., by TVA, or operated for TVA; and/or (2) owned by others and is accidentally damaged by an occurrence involving a TVA activity.
2. Reportable Fire--for purposes of this report it means any accidental fire which causes or has the potential to cause \$100 or more of damage, or which activates an automatic fire detection or suppression system. The damage may be from fire, smoke, and/or suppression activities.
3. Reportable Fire-Related Incident--for purposes of this report it means an explosion which accidentally damages property resulting in a loss of \$100 or more; or the inadvertent operation of a fixed fire suppression system regardless of whether property is damaged.

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1. Date and Hour of Accident <u>Year</u> <u>Month</u> <u>Day</u> <u>Hour</u> 1982 01 19 7:41 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. (Noon)		2. Division, Branch, Section (Project, Plant, Area) Division of Nuclear Power Sequoyah Nuclear Plant		3. Type of Occurrence <input type="checkbox"/> Property Damage <input type="checkbox"/> Fire (Accidental) <input type="checkbox"/> Fire (Arson) <input checked="" type="checkbox"/> Explosion <input type="checkbox"/> Inadvertent Operation of Fixed Fire Suppression System																												
4. Location of Accident (2d floor, column.2f, water treatment building, Knoxville). Turbine building elevation 706, Unit 1 side at neutral grounding transformer area and in 500kV switchyard near B-phase power transformer				5. Were TVA employees exposed to potential injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
6. Equipment/Property Involved and Nature of Damage (specify manufacturer, type, model, TVA property No., etc., on item damaged or that causing damage; and general statement of type of damage incurred, i.e. bent beam, broken cable, etc.) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Item</th> <th style="width:45%;">Description</th> <th style="width:40%;">Nature of Damage</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Unit 1 B-phase buss and housing</td> <td>explosion and arc damage</td> </tr> <tr> <td>B</td> <td>Unit 1 neutral grounding transformer</td> <td>overpressurization and gross failure</td> </tr> </tbody> </table>						Item	Description	Nature of Damage	A	Unit 1 B-phase buss and housing	explosion and arc damage	B	Unit 1 neutral grounding transformer	overpressurization and gross failure																		
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7. What item caused greatest damage? (fire, truck crane, bulldozer, etc.) See attached narrative reports			8. Estimated Accident Loss TVA \$ <u>250k</u> Non-TVA \$ <u>-0-</u> Total* \$ <u>250k</u> <small>*Losses of over \$499 must be reported as stipulated in Accounting Memo 166.</small> Estimated value of exposed property \$ <u>5MM plus</u>																													
9. Who was involved other than TVA? <input type="checkbox"/> TVA Contractor <input type="checkbox"/> Public <input checked="" type="checkbox"/> No One		10. What weather condition contributed to the accident? <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog/Haze <input type="checkbox"/> Rain <input type="checkbox"/> Lightning <input type="checkbox"/> Snow/Sleet/Ice <input type="checkbox"/> Wind <input type="checkbox"/> Glare <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Other																														
11. Was anyone injured in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, identify: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name</th> <th style="width:30%;">Social Security No.</th> <th style="width:40%;">How Involved</th> </tr> </thead> <tbody> <tr> <td>(Last, first, middle)</td> <td></td> <td>(Foreman, Bystander, etc.)</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>			Name	Social Security No.	How Involved	(Last, first, middle)		(Foreman, Bystander, etc.)	N/A	N/A	N/A	12. Other than the injured, who has knowledge of contributing factors: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:40%;">Activity</th> </tr> </thead> <tbody> <tr> <td>(Last, first, middle)</td> <td>(Flagging, Supervising, etc.)</td> </tr> <tr> <td>Gibbs, E.</td> <td>Recovery coordinator</td> </tr> </tbody> </table>			Name	Activity	(Last, first, middle)	(Flagging, Supervising, etc.)	Gibbs, E.	Recovery coordinator												
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13. What Human Factors Caused Accident? e.g., inadequate training or job planning; failed to follow instructions; etc. See attached narrative reports.																																
14. What Mechanical/Environmental Factors Caused Accident? e.g., consider equipment, tools, chemicals, walking/working surfaces, safety devices, etc. See attached narrative reports.																																
15. Based upon your investigation, describe what happened and why. For fires, include significant events related to the origin, cause, discovery, reporting, and extinguishment of the fire. (Use supplemental sheets if necessary, be specific and objective.) See attached narrative reports.																																
16. Indicate corrective action taken or proposed (specify which) to prevent a similar accident. See attached narrative reports.				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">RECEIVED</th> </tr> <tr> <td colspan="3" style="text-align: center;">IS &amp; FPE GROUP</td> </tr> <tr> <td colspan="3" style="text-align: center;">DIV. OF NUC. POWER</td> </tr> <tr> <td colspan="3" style="text-align: center;">APR 22 82</td> </tr> <tr> <td style="width:33%;">RAW</td> <td style="width:33%;">RIS</td> <td style="width:33%;">FESD</td> </tr> <tr> <td>RET</td> <td></td> <td></td> </tr> <tr> <td>LCE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		RECEIVED			IS & FPE GROUP			DIV. OF NUC. POWER			APR 22 82			RAW	RIS	FESD	RET			LCE								
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17. What will be done with damaged TVA property? (and partially) <input checked="" type="checkbox"/> Repaired <input checked="" type="checkbox"/> Abandoned <input type="checkbox"/> Salvaged <input type="checkbox"/> Undetermined			18. TVA Official in charge of activity/property. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Signature</td> <td style="width:33%; border-bottom: 1px solid black;">Title</td> <td style="width:33%; border-bottom: 1px solid black;">Date</td> </tr> </table>			Signature	Title	Date																								
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Hazard Control Use Only																																
COPY 1 - Hazard Control Branch, Chattanooga 2 - Originating Plant/Project/Area/etc. 3 - Public Safety Service (fires only)																																
4 - Division Accounting Office (only accidents resulting in losses of over \$499) 5 - Division Safety Engineer/Coordinator 6 - Worksheet																																