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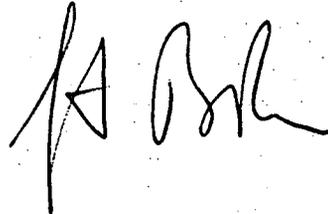
June 8, 1992

Re: Indian Point Unit No. 2
Docket No. 50-247
LER 92-11-00

Document Control Desk
US Nuclear Regulatory Commission
Mail Station P1-137
Washington, DC 20555

The attached Licensee Event Report LER 92-11-00 is hereby
submitted in accordance with the requirements of 10 CFR 50.73.

Very truly yours,



Attachment

cc: Mr. Thomas T. Martin
Regional Administrator - Region I
US Nuclear Regulatory Commission
475 Allendale Road
King of Prussia, PA 19406

Mr. Francis J. Williams, Jr., Project Manager
Project Directorate I-1
Division of Reactor Projects I/II
US Nuclear Regulatory Commission
Mail Stop 14B-2
Washington, DC 20555

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US Nuclear Regulatory Commission
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Buchanan, NY 10511

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LICENSEE EVENT REPORT (LER)

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 60.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS AND REPORTS MANAGEMENT BRANCH (P-830), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

FACILITY NAME (1) Indian Point Unit No. 2 DOCKET NUMBER (2) 050002471 OF 03 PAGE (3)

TITLE (4) High Resistance found in Safety Injection Actuation Circuit

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)	
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAMES	DOCKET NUMBER(S)
05	07	92	92	011	00	06	08	92		05000

OPERATING MODE (9) N THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)

20.402(b)	20.405(c)	50.73(a)(2)(iv)	73.71(b)
20.406(a)(1)(i)	50.73(a)(1)	50.73(a)(2)(v)	73.71(c)
20.406(a)(1)(ii)	50.73(a)(2)	50.73(a)(2)(vii)	OTHER (Specify in Abstract below and in Text, NRC Form 366A)
20.406(a)(1)(iii)	50.73(a)(2)(i)	50.73(a)(2)(viii)(A)	
20.406(a)(1)(iv)	50.73(a)(2)(ii)	50.73(a)(2)(viii)(B)	
20.406(a)(1)(v)	50.73(a)(2)(iii)	50.73(a)(2)(ix)	

LICENSEE CONTACT FOR THIS LER (12)

NAME James Maylath, Senior Engineer TELEPHONE NUMBER 914 526-5356

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

CAUSE	SYSTEM	COMPONENT	MANUFAC-TURER	REPORTABLE TO NPRDS	CAUSE	SYSTEM	COMPONENT	MANUFAC-TURER	REPORTABLE TO NPRDS
X	B IQ R L Y	W 1 2 0		Y					

SUPPLEMENTAL REPORT EXPECTED (14)

YES (If yes, complete EXPECTED SUBMISSION DATE) X NO

EXPECTED SUBMISSION DATE (15)

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

On May 7, 1992, during the monthly Safety Injection System Logic Test with the reactor at 100% power, a high resistance was found on the contacts of the safety injection reset relay which are in series with the safety injection actuation relay for Train A. Since this condition prevented verification of the circuit, potentially preventing a Train A safety injection actuation, the plant was declared to be in Technical Specification 3.0.1. A spare contact of the reset relay which tested satisfactorily was connected into the actuation circuit, and the plant exited Technical Specification 3.0.1 in less than one hour.

**LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION**

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 60.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS AND REPORTS MANAGEMENT BRANCH (P-830), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
Indian Point Unit No. 2	0 5 0 0 0 2 4 7 9 2	0 1 1	0 1 0	0 2	OF	0 3	

TEXT (If more space is required, use additional NRC Form 368A's) (17)

PLANT AND SYSTEM IDENTIFICATION:

Westinghouse 4-Loop Pressurized Water Reactor

IDENTIFICATION OF OCCURRENCE:

High Resistance found in Safety Injection Actuation Circuit

EVENT DATE:

May 7, 1992

REPORT DUE DATE:

June 8, 1992

REFERENCES:

Significant Occurrence Report (SOR) 92-231

PAST SIMILAR OCCURRENCE:

LER 87-009

DESCRIPTION OF OCCURRENCE:

On May 7, 1992 at 1600 hours, with the unit operating at 100% power, continuity checks conducted during the monthly Safety Injection System Logic Test indicated an open circuit between the safety injection logic matrices and the actuating relay on Train A. Train B tested satisfactorily. Upon investigation a high resistance was found across the contacts of the safety injection reset relay which is in series with the coil of the safety injection actuating relay.

The unit entered Technical Specification (Tech Spec) 3.0.1 because the as found condition potentially prevented safety injection actuation for Train A. A spare contact on the reset relay, which was tested and found to be acceptable, was connected into the actuating relay circuit, and the unit exited Tech Spec 3.0.1 in less than one hour.

**LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION**

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS AND REPORTS MANAGEMENT BRANCH (P-530), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555 AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

FACILITY NAME (1) Indian Point Unit No. 2	DOCKET NUMBER (2) 01500024792	LER NUMBER (6)			PAGE (3)	
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER		
		01	11	00	03	OF 03

TEXT (If more space is required, use additional NRC Form 366A) (17)

ANALYSIS OF OCCURRENCE:

Tech Spec 3.0.1 applies when plant conditions exceed the conditions permitted by the Tech Specs. Tech Spec 4.5 requires continuity checks for verification that the circuits between the safety injection logic matrices and the actuating relays are complete. This verification could not be made for Train A due to a high resistance in the reset relay contact. Therefore, an entry into Tech Spec 3.0.1 occurred and is reportable under 10 CFR 50.73(a)(2)(i)(B).

The continuity verification was satisfactorily completed after a spare contact from the safety injection reset relay was connected in place of the contact found to have a high resistance.

CAUSE OF OCCURRENCE:

A high resistance across the contact of the safety injection reset relay was found during the investigation following the failure to verify continuity between the safety injection logic matrices and actuating relay on Train A. A spare contact of the reset relay was connected in place of the contact found to have a high resistance, and the reset relay remained in service.

CORRECTIVE ACTION:

The immediate corrective action was to connect the spare contact of the Train A safety injection reset relay in place of the in service contact to provide the required continuity from the safety injection logic matrices to the actuating relay and exit Technical Specification 3.0.1.

Upon the next plant outage of sufficient duration, the Train A safety injection reset relay will be replaced. Further investigation of the reset relay to determine the cause of the high resistance across the contact will be done upon removal.