

ACTION REQUEST 00310319

Type : NCR Orig Date: 12/10/08 03:39 Discovery Date:
Subject : UNABLE TO OBTAIN ADEQUATE ISOLATION FOR THE 2C COND XFR PUMP

Description

DURING THE HANGING OF CO 180863 OPERATIONS WAS UNABLE TO OBTAIN ADEQUATE ISOLATION FOR THE 2C CONDENSATE TRANSFER PUMP. SEVERAL HOURS LATER NOTED THAT WATER WAS BEING INADVERTENTLY DRAINED TO THE FLOOR IN THE U2 CST TRANSFER PUMP ENCLOSURE. APPROX 3 - 4 INCHES OF WATER WAS NOTED ON THE FLOOR IN THE U2 CST TRANSFER PUMP ENCLOSURE AND A SMALL TRICKLE COMING OUT FROM UNDER THE DOOR. HP SMEAR'S AND SURVEY OF THE AREA WERE "CLEAN". DIRECTED THE OUTSIDE AO TO CLOSE 2-CO-V136 (THE 2C CONDENSATE TRANSFER PUMP DRAIN VALVE) TO STOP THE WATER LEAKAGE BEING DRAINED THRU APPROX 3/8 DIAMETER TUBING. IT APPEARS THE ISOLATION VALVES FOR THE 2C TRANSFER PUMP ARE LEAKING BY. EARLIER ON DAYSHIFT MECHANICAL MAINTENANCE ASSISTANCE WAS USED IN ATTEMPT TO GET A GOOD ISOLATION BOUNDARY. MECHANICAL MAINTENANCE IS CURRENTLY OBTAINING A PUMP TO PUMP THE REMAINING WATER ON THE FLOOR TO A TOTE. CHEMISTRY IS ALSO ANALYZING A SAMPLE.

Priority : 2 Report To : Status: COMPLETE 01/26/09
Due Date : 12/10/09 Event Date :
Originator : WILLIJ03 Originator Group:
Facility : BNP Department : BK3 Organization:
Owed To : Owed To Group : OPSUEVAL
Owed To Fac: BNP Department : Discipline :

AR Status History

Updated Date	Updated By	AR Status	AR Due Date
12/10/08	WILLIJ03	INPROG	
12/10/08	WILLIJ03	H/APPR	
12/12/08	VANLEW		12/10/09
12/12/08	VANLEW	PRE-APRV	
12/12/08	VANLEW	APPROVED	
01/26/09	VANLEW	COMPLETE	

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Request Attribute	Value	Reqd	Date
1A POT'L OPER/REPORT	N	Y	12/10/08
Name :	JOHN WILLIAMSON		

Request Attribute	Value	Reqd	Date
1B EQUIPMENT RELATED	Y	Y	12/10/08
Name :	JOHN WILLIAMSON		

Request Attribute	Value	Reqd	Date
2 SUPERVISOR REVIEW		N	
Name :			

Request Attribute	Value	Reqd	Date
2A CR VALID?	Y	Y	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
2B FURTHER INVN REQD	Y	Y	12/10/08
Name :	JAMES BURKE JR.		

Include the following information for Priority 2:

- " Adverse Condition Statement
- " Completed Corrective Actions or Additional Corrective Action(s) to address the Adverse Condition
(Include responsible person for the corrective action, the due date or the complete date)
- " Inappropriate Act statement (include work group involved, if known) or Equipment Malfunction
- " Apparent Cause of the Inappropriate Act or Equipment Malfunction
(Include Cause Code from CAP-NGGC-0206)
- " Completed Corrective Actions or Additional Corrective Actions to address the Cause
(Include responsible person for the corrective action, the due date or the complete date)
- " Additional Corrective Actions if needed - including recommended assignee and recommended due date

Include the following information for Priority 3:

- " Adverse Condition Statement
- " Completed Corrective Actions - CORL, or Additional CORLs to address the Adverse Condition
(Include responsible person for the corrective action, the due date or the complete date)
- " Additional Corrective Actions if needed - including recommended assignee and recommended due date

Request Attribute	Value	Reqd	Date
2C RECOMMENDED OWNER	MNT	N	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
2D OPER/REPORT ISSUE	N	Y	12/10/08
Name :	JAMES BURKE JR.		

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Request Attribute	Value	Reqd	Date
2D1EQUIPMENT RELATED	Y	Y	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
2E MAINT RULE APPLIC	N	N	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
2F SYSTEM	3070	Y	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
3 OPERATIONS REVIEW		N	
Name :			

Request Attribute	Value	Reqd	Date
3A IMMED REPT ISSUE	N	N	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
3B OCR	N	N	12/10/08
Name :	JAMES BURKE JR.		

If an OCR is needed, enter the following information:

1. Basis for reasonable expectation of operability -
2. Person responsible for completing the OCR -
3. Date and time the OCR is due, as determined by the Manager of Operations -
4. Basis for the timeframe allowed -

Request Attribute	Value	Reqd	Date
3B1 OPER ISSUE	N	N	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
3B2 REPORT ISSUE	N	N	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
3B3 REW	N	N	12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
3B4 DEG/NCON	N		12/10/08
Name :	JAMES BURKE JR.		

Request Attribute	Value	Reqd	Date
3C TRACKING NUMBER	N/A	N	12/10/08
Name :	JAMES BURKE JR.		

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Request Attribute	Value	Reqd	Date
4 REG AFF REVIEW		N	
Name :			
Request Attribute	Value	Reqd	Date
4A OPER/REPORT ISSUE	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4A1 OPER ISSUE	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4A2 REPORT ISSUE	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4A3 REW	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4A4 DEG/NCON	N		12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4B FOLLOWUP ASG REQD	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4C T. SPEC VIOLATION	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4D ADD'L REPORT REQD	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
4E PNSC/CSERB REQD	N	Y	12/10/08
Name : WILLIAM	MURRAY		
Request Attribute	Value	Reqd	Date
5 CLASSIFN/ASSIGNMNT		N	
Name :			
Request Attribute	Value	Reqd	Date
5A CR VALID?	Y	Y	12/12/08
Name : LEWIS	VAN KLEECK		

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Request Attribute	Value	Reqd	Date
5B FURTHER INVN REQD	Y	Y	12/12/08
Name :	LEWIS VAN KLEECK		

Request Attribute	Value	Reqd	Date
6 MISCELLANEOUS		N	
Name :			

Request Attribute	Value	Reqd	Date
6A COMMENTS	Y	N	12/10/08
Name :	NANCY HOLLEY		

ENSURE THIS NCR IS TRANSMITTED FOR VAULTING AS A DECOMMISSIONING RECORD
PER JERRY JOHNSON, ERC MGR.

Request Attribute	Value	Reqd	Date
6B COMMENTS		N	
Name :			

Request Attribute	Value	Reqd	Date
6C COMMENTS		N	
Name :			

Request Attribute	Value	Reqd	Date
6D COMMENTS		N	
Name :			

Request Attribute	Value	Reqd	Date
6E COMMENTS		N	
Name :			

Request Attribute	Value	Reqd	Date
6F LAST COM ITM DUE			
Name :			

Request Attribute	Value	Reqd	Date
6G EQUIP PRI ISSUE		N	
Name :			

Request Attribute	Value	Reqd	Date
6H RESP MGR		N	
Name :			

Request Attribute	Value	Reqd	Date
6I EQUIP PRI STATUS		N	
Name :			

ACTION REQUEST APPROVAL REVIEW

ACTION REQUEST 00310319

Route List: 001				Route List Initiator: WILLIJ03			
PASSPORT	Fac	Alert Group/Type	Last Name	Send Date	Send Time	Action Taken	Action Date/Time
BURKEJ	BNP	OPSSUPV	A BURKE JR.	12/10/08	03:39	APPROVED	12/10/08 03:44
BURKEJ	BNP	CONTROOM	A BURKE JR.	12/10/08	03:44	APPROVED	12/10/08 03:44
MURRAW	BNP	REGREV	A MURRAY	12/10/08	03:44	APPROVED	12/10/08 07:37
VANLEW	BNP	UNITEVAL	A VAN KLEECK	12/10/08	07:37	APPROVED	12/12/08 14:28

TREND-CAUSE

Facility: BNP Trend 1: ACAUSE Trend 2: I Trend 3: I4C Date: 01/05/08
Process: N/A Org: OPS Rank: S Assign:
Description: SELF CHECKING NOT APPLIED TO ENSURE EXPECTED RESPO
INAPPROPRIATE ACT: THE INVOLVED INDIVIDUAL FAILED TO PROPERLY
REVIEW THEIR ACTIONS DURING THE CLEARANCE PROCESS.
APPARENT CAUSE: THE INDIVIDUAL BECAME DISTRACTED AND FAILED
TO PROPERLY SELF-CHECK THE ACTION, ONCE THE ACTION WAS
PERFORMED.
CAUSE CODE: I4C

Facility: BNP Trend 1: EVENT Trend 2: EC Trend 3: EC69 Date: 12/12/08
Process: OP3 Org: OPSB Rank: Assign:
Description: SPILL

Keywords

Keyword	Keyword Description
DECOMMIS	DECOMMISSION
HUM PERF	HUMAN PERFORMANCE RELATED

AR REFERENCE DOCUMENTS

DOC	SUB	DOCUMENT	REV	MIN	TITLE
					OR
BNP AR		00310319	000		UNABLE TO OBTAIN ADEQUATE ISO

ACTION REQUEST 00310319

ASSIGNMENT NUMBER 02 SUB

Type : INVN Due Date : 01/07/09
Status : COMPLETE Reschedule : Pri Resp Group: OPSBSUPT
Assigned To : T HACKLER Sec Resp Group:
Subject : INVESTIGATE SPILL AT 2C CST PUMP.
Aff Facility: BNP Unit : System :
UCR : Schedule Ref :
Organization: Department : U24 Discipline :
Est Manhrs : Est Comp Date :

Assignment Status History

Updated Date	Updated By	Assgn Status	Assgn Due Date
12/10/08	WILLIJ03	INPROG	
12/12/08	VANLEW		01/07/09
12/12/08	VANLEW	NTFY/PRI	
12/20/08	HACKLT	ACC/PRI	
12/20/08	HACKLT	NTFY/ASG	
12/20/08	HACKLT	ACC/ASG	
12/20/08	HACKLT	AWAIT/C	
01/05/09	VANLEW	COMPLETE	

Assignment Attribute Value	Reqd Date
BENEFIT REALIZED	N
Name :	

Assignment Attribute Value	Reqd Date
EXTERNAL OE RECOMM N	Y 12/20/08
Name : THOMAS HACKLER	

Assignment Attribute Value	Reqd Date
INTERNAL OE RECOMM N	Y 12/20/08
Name : THOMAS HACKLER	

Assignment Attribute Value	Reqd Date
1 EVALUATOR/ASSIGNEE	N
Name :	

Assignment Attribute Value	Reqd Date
1A COMMITTED	N
Name :	

Assignment Attribute Value	Reqd Date
1B CHANGE BASIS	N
Name :	

9.13.4.1 Document the requested change, and the justification for change,

ATTACHMENT 3
Sheet 1 of 2
ADVERSE CONDITION INVESTIGATION FORM
Form CAP-NGGC-0200-3-18

Action Request Number: 310319

Investigator: Tom Hackler

1. Adverse Condition Description

- Using information provided in the NCR, identify the problem to be investigated.
- Describe the observed condition. What was found or occurred.
- If no adverse condition exists, recommend downgrading to priority 5 NCR.

On December 10, 2008, the 2C Condensate Transfer pump drain valves, 2-CO-V136 and 2-CO-V221, were inadvertently left unattended in the open position during attempts to obtain a proper boundary for clearance 180863. Due to the building not having either a collection sump or sump pump, this water collected on the floor and eventually overflowed the capacity of the U2 CST transfer pump enclosure. A small amount of water (approximately 1 to 2 gallons) overflowed the building into the storm drain system. The left open drain valve was discovered open by the following shift and promptly closed.

2. Investigation Summary

NOTE: The below elements are not required but should be considered, as applicable, to assist in developing a quality investigation. Include sufficient detail to support conclusions.

- **What Should Be:** the requirement, standard, norm, or expectation
- **What Is:** the existing, as-found condition
- **How it happened:** the inappropriate act or equipment failure. What did individual(s) do that was inappropriate or what was the failure mechanism of the equipment failure.
- **Why it happened:** apparent cause and contributing cause(s) if applicable. Describe why this happened.

Management expectations are for employees to consistently use Human Performance tools to prevent errors. Clearances that require draining are either continuously monitored or monitored on a frequent basis. The Auxiliary Operator involved with hanging clearance 180863 became distracted during the clearance sequence and left drain valves, 2-CO-V136 and 2-CO-V221, in an undesired position resulting in a drain path into the U2 CST transfer pump enclosure. The isolation valves for 2C Condensate Transfer pump were leaking by. Maintenance was contacted for assistance in applying additional force to ensure the pump suction and discharge valves were closed. Following this evolution, the individual Auxiliary Operator left the area with the mindset that the drain valves had been closed, when in fact the valves had been left open. This was a failure to use the R (Review) in STAR. A Human Performance Review Board (HURB) was conducted with the involved individual (and individual's Supervisor) who left the drain valve open.

3. Corrective Action Plan

- The table below aligns the cause for each Inappropriate Act/Equipment Failure and ensures that each Cause is linked to and addressed with a Corrective Action. Insert additional rows as needed.
- Clearly describe each causal factor as to how it applies to the investigated event / condition. Designate each causal factor as "Apparent", "Common" or "Contributing"
- The "Code" column is used to identify the Cause Code (CAP-NGGC-0206 Attachment 2)
- The "ORG" column is used to identify the organization responsible for the Inappropriate Act.
- Designate the type of corrective action (such as CORR or ENHN).
- For completed or interim actions, provide appropriate completion documentation or ensure that the investigation results contain adequate detail to ensure traceability, for example; Work Order "ABC" was completed and finished on mm/dd/yy, Engineering Change Request "XYZ" was completed in the field on mm/dd/yy, or Material Evaluation was completed and approved on mm/dd/yy.

ATTACHMENT 3
 Sheet 2 of 2
ADVERSE CONDITION INVESTIGATION FORM
 Form CAP-NGGC-0200-3-18

Corrective Action Plan

	DESCRIPTION	CAUSE	CODE	ORG	CORRECTIVE ACTION	ASSIGNMENT TYPE*	ASSIGNEE/ CONCURRENCE	DUE OR COMPLETION DATE**
ADVERSE CONDITION	The 2C Condensate Transfer pump drain valve, 2-CO-V136, was left out of position resulting in a spill.	N/A	N/A	N/A	Upon discovery, drain valve 2-CO-V136 was closed, limiting the amount of the spill.	CORR	Outside AO	COMPLETE 12/10/08
I/A or EQ Malfunction	The involved individual failed to properly Review their actions during the clearance process.	The individual became distracted and failed to properly self-check the action, once the action was performed.	I4c. (Self checking not applied to ensure expected response)	OPS	HU Review Board was conducted. Action was taken with the involved employee (personnel file).	CORR CORR	Vankleek Hackler (Supervisor)	COMPLETE 12/10/08 COMPLETE 12/15/08
OTHER	N/A	N/A	N/A	N/A	Develop a Site-wide Human Performance News Flash and submit to BNP Supervisors and Managers for review with reports.	ENHN	Vankleek	COMPLETE 12/15/08

*Designate which assignments are Long Term Corrective Action (non-outage related LTCA requires approval by DSO – Manager PE&RAS for corporate).

**Provide justification for corrective actions with initial due date that exceeds 120 days.