

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER
INCIDENT REPORT

TO: J.G. KEPPLER

FROM: IOWA ELEC. LIGHT & PWR CO.
CEDAR RAPIDS, IOWA
G.G. HUNT

DATE OF DOCUMENT
11-10-76

DATE RECEIVED
12-7-76

LETTER
 ORIGINAL
 COPY

NOTORIZED
 UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED
1

DESCRIPTION

LTR. TRANS THE FOLLOWING.....

ENCLOSURE

LICENSEE EVENT REPORT # 76-72, ON 10-29-76
CONCERNING INOPERABLE MSIV-LCS MOV 8401A...

(1 SIGNED CY. RECEIVED)
(2 PAGES)

**ACKNOWLEDGED
DO NOT REMOVE**

PLANT NAME: DUANE ARNOLD

NOTE: IF PERSONNEL EXPOSURE IS INVOLVED
SEND DIRECTLY TO KREGER/J. COLLINS

FOR ACTION/INFORMATION

SAB 12-9-76

| | |
|--|---------|
| <input checked="" type="checkbox"/> BRANCH CHIEF: | LEAR |
| <input checked="" type="checkbox"/> W/3 CYS FOR ACTION | |
| <input checked="" type="checkbox"/> LIC. ASST.: | PARRISH |
| <input checked="" type="checkbox"/> W/ CYS | |
| <input checked="" type="checkbox"/> ACRS 16 CYS HOLDING/SENT TO LA | |

**CATEGORY-B DOCUMENT
F/INFO ACRS**

INTERNAL DISTRIBUTION

| | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> REG FILE | | | | |
| <input checked="" type="checkbox"/> NRC PDR | | | | |
| <input checked="" type="checkbox"/> I & E (2) | | | | |
| <input checked="" type="checkbox"/> MIPC | | | | |
| <input checked="" type="checkbox"/> SCHROEDER/IPPOLITO | | | | |
| <input checked="" type="checkbox"/> HOUSTON | | | | |
| <input checked="" type="checkbox"/> NOVAK/CHECK | | | | |
| <input checked="" type="checkbox"/> GRIMES | | | | |
| <input checked="" type="checkbox"/> CASE | | | | |
| <input checked="" type="checkbox"/> BUTLER | | | | |
| <input checked="" type="checkbox"/> HANAUER | | | | |
| <input checked="" type="checkbox"/> TEDESCO/MACCARY | | | | |
| <input checked="" type="checkbox"/> EISENHUT | | | | |
| <input checked="" type="checkbox"/> BAER | | | | |
| <input checked="" type="checkbox"/> SHAO | | | | |
| <input checked="" type="checkbox"/> VOLLMER/BUNCH | | | | |
| <input checked="" type="checkbox"/> KREGER/J. COLLINS | | | | |

EXTERNAL DISTRIBUTION

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> LPDR: CEDAR RAPIDS, IOWA | | | |
| <input checked="" type="checkbox"/> TTC: | | | |
| <input checked="" type="checkbox"/> NSIC: | | | |

CONTROL NUMBER

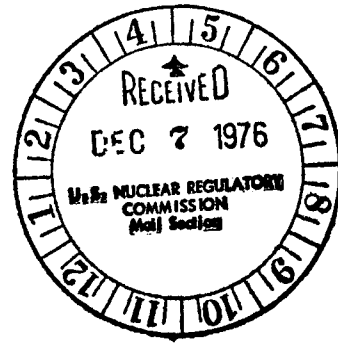
12389

R alo

50-331

IOWA ELECTRIC LIGHT AND POWER COMPANY

DUANE ARNOLD ENERGY CENTER
P. O. Box 351
Cedar Rapids, Iowa 52406
November 10, 1976
DAEC-76-359



Mr. James G. Keppler, Director
Office of Inspection and Enforcement
U. S. Nuclear Regulatory Commission - Region III
799 Roosevelt Road
Glen Ellyn, Illinois 60137

Subject: Licensee Event Report No. 76-72
(30 day)

File: A-118a

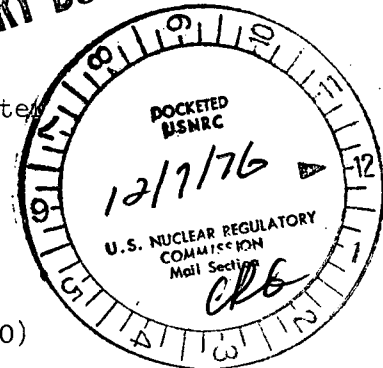
Dear Mr. Keppler:

In accordance with Appendix A to Operating License DPR-49, Technical Specifications and Bases for Duane Arnold Energy Center and Regulatory Guide 10.1, please find attached a copy of the subject Licensee Event Report. (Total of 3 copies transmitted)

Very truly yours,

G. G. Hunt
G. G. Hunt
Chief Engineer
Duane Arnold Energy Center

REGULATORY DOCKET FILE COPY



Docket 50-331
attachment
DLW/GGH/mg

cc: Director, Office of Inspection and Enforcement (30)
U. S. Nuclear Regulatory Commission
Washington, D.C. 20555

Director, Management Information and Program Control (3)
U. S. Nuclear Regulatory Commission
Washington, D.C. 20555

12389

NOV 15 1976

LICENSEE EVENT REPORT

CONTROL BLOCK:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME:

| | | | | | | |
|----|---|---|---|---|---|---|
| 01 | I | A | D | A | C | 1 |
|----|---|---|---|---|---|---|

 LICENSE NUMBER:

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|

 LICENSE TYPE:

| | | | | |
|---|---|---|---|---|
| 4 | 1 | 1 | 1 | 1 |
|---|---|---|---|---|

 EVENT TYPE:

| | |
|---|---|
| 0 | 3 |
|---|---|

CONT:

| |
|----|
| 01 |
|----|

 CATEGORY:

| | |
|--|--|
| | |
|--|--|

 REPORT TYPE:

| |
|---|
| L |
|---|

 REPORT SOURCE:

| |
|---|
| L |
|---|

 DOCKET NUMBER:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 | 5 | 0 | - | 0 | 3 | 3 | 1 |
|---|---|---|---|---|---|---|---|

 EVENT DATE:

| | | | | | |
|---|---|---|---|---|---|
| 1 | 0 | 2 | 9 | 7 | 6 |
|---|---|---|---|---|---|

 REPORT DATE:

| | | | | | |
|---|---|---|---|---|---|
| 1 | 1 | 1 | 0 | 7 | 6 |
|---|---|---|---|---|---|

EVENT DESCRIPTION

02 | During testing MSIV-LCS MOV 8401A failed to open. A nonconformance revi
7 8 9 | 80
03 | ew has been initiated to determine the adequacy of this system. An upda
7 8 9 | 80
04 | te shall be issued. (RO 76-72)
7 8 9 | 80
05 |
7 8 9 | 80
06 |
7 8 9 | 80

SYSTEM CODE:

| | |
|---|---|
| C | D |
|---|---|

 CAUSE CODE:

| |
|---|
| E |
|---|

 COMPONENT CODE:

| | | | | | |
|---|---|---|---|---|---|
| V | A | L | V | O | P |
|---|---|---|---|---|---|

 PRIME COMPONENT SUPPLIER:

| |
|---|
| N |
|---|

 COMPONENT MANUFACTURER:

| | | | |
|---|---|---|---|
| L | 2 | 0 | 0 |
|---|---|---|---|

 VIOLATION:

| |
|---|
| Y |
|---|

CAUSE DESCRIPTION

08 | Limit switch contact pressure was insufficient for good electrical conn
7 8 9 | 80
09 | ection. Contact fingers adjusted to provide proper pressure. This probl
7 8 9 | 80
10 | em occurred on other switches during initial plant startup testing and
7 8 9 | 80

FACILITY STATUS:

| |
|---|
| E |
|---|

 % POWER:

| | | |
|---|---|---|
| 0 | 4 | 9 |
|---|---|---|

 OTHER STATUS:

| |
|----|
| NA |
|----|

 METHOD OF DISCOVERY:

| |
|---|
| B |
|---|

 DISCOVERY DESCRIPTION:

| |
|----------------------|
| Surveillance testing |
|----------------------|

FORM OF ACTIVITY RELEASED:

| |
|---|
| Z |
|---|

 CONTENT OF RELEASE:

| |
|---|
| Z |
|---|

 AMOUNT OF ACTIVITY:

| |
|----|
| NA |
|----|

 LOCATION OF RELEASE:

| |
|----|
| NA |
|----|

PERSONNEL EXPOSURES

13 | NUMBER:

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

 TYPE:

| |
|---|
| Z |
|---|

 DESCRIPTION:

| |
|----|
| NA |
|----|

PERSONNEL INJURIES

14 | NUMBER:

| | | |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

 DESCRIPTION:

| |
|----|
| NA |
|----|

OFFSITE CONSEQUENCES

15 | NA

LOSS OR DAMAGE TO FACILITY

16 | TYPE:

| |
|---|
| Z |
|---|

 DESCRIPTION:

| |
|----|
| NA |
|----|

PUBLICITY

17 | NA

ADDITIONAL FACTORS

18 | Cause Desc. Cont. - this corrective action resolved the problem.

19 |

NAME: M. Schwartz PHONE: 319-851-5611