

50-331

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER

INCIDENT REPORT

TO:
Mr. J. G. Keppler

FROM:
Iowa Elec. Light & Power Company
Cedar Rapids, Iowa
Ellery L. Hammond

DATE OF DOCUMENT
11/30/77

DATE RECEIVED
12/09/77

LETTER
 ORIGINAL
 COPY

NOTORIZED
 UNCLASSIFIED

PROP: INPUT FORM

NUMBER OF COPIES RECEIVED

1 SIGNED

DESCRIPTION

ENCLOSURE

Licensee Event Report (RO 50-331/77-86) on 10/31/77 concerning reactor water cleanup system high temperature TIS 2722 being found with its setpoint at greater than required setpoint.....

PLANT NAME: Duane Arnold (1-P)
RJL 12/9/77

(1-P)

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

1 ENCL.

FOR ACTION/INFORMATION

| | | | |
|------------------------------|------|--|--|
| BRANCH CHIEF: (4) | LEAR | | |
| W/ CVS FOR ACTION | | | |
| LEG ASST.: | | | |
| | | | |
| | | | |

INTERNAL DISTRIBUTION

| | | | |
|--------------------|--|--|--|
| REG FILE | | | |
| NRC PDR | | | |
| TSE (2) | | | |
| MTRC | | | |
| SCHROEDER/IPPOLITO | | | |
| HOUSTON | | | |
| NOVAK/CHECK | | | |
| CRIMES | | | |
| KNIGHT | | | |
| BUTLER | | | |
| HANAUER | | | |
| TEDESCO | | | |
| EISENHUT | | | |
| BAER | | | |
| SHAO | | | |
| VOLLMER/BUNCH | | | |
| KREGER/ J. COLLINS | | | |
| ROSA | | | |
| L. CROCKER | | | |

EXTERNAL DISTRIBUTION

CONTROL NUMBER

| | | | |
|---------------------------------------|--|--|--|
| LEDR: CDR CEDAR RAPIDS TA. | | | |
| TIC: | | | |
| NSIC: | | | |
| ACRS (16) SENT AS CAT. B | | | |
| | | | |

AO 4

773430029

60

IOWA ELECTRIC LIGHT AND POWER COMPANY

DUANE ARNOLD ENERGY CENTER
P. O. Box 351
Cedar Rapids, Iowa 52406

November 30, 1977
DAEC-77-591



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. 77-86
(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,

Ellery L. Hammond

Ellery L. Hammond
Chief Engineer
Duane Arnold Energy Center

Docket 50-331

attachment

ELH/JVS/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

DEC 2 1977

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LICENSEE EVENT REPORT

CONTROL BLOCK: _____ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----|----|----|----|----|-----------------|---|---|---|---|---|---|---|---|---|----|----|---------------|---|---|---|---|---|----|----|----|----|--|
| 0 | 1 | I | A | D | A | C | 1 | 0 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | |
| 7 | 8 | 9 | 14 | 15 | 15 | 25 | 26 | LICENSEE NUMBER | | | | | | | | | | 25 | 26 | LICENSEE TYPE | | | | | | 30 | 57 | 58 | 58 | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------|---|---|---|---------------|---|---|---|---|---|------------|---|---|---|---|---|-------------|---|---|---|---|--|
| 0 | 1 | L | 0 | 5 | 0 | 0 | 0 | 3 | 3 | 1 | 1 | 0 | 3 | 1 | 7 | 7 | 1 | 1 | 3 | 0 | 7 | 7 | |
| 7 | 8 | REPORT SOURCE | | | | DOCKET NUMBER | | | | | | EVENT DATE | | | | | | REPORT DATE | | | | | |

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During surveillance testing reactor water cleanup system high temperatu
 0 3 | re TIS 2722 was found with its setpoint at greater than 150 degrees F.
 0 4 | The required setpoint is <=/= 140 degrees F as specified in T.S. Table
 0 5 | 3.2-A. The instrument was recalibrated, tested and returned to service.
 0 6 | No significant occurrences resulted from this event. Since TIS 2722 has
 0 7 | no safety related function a change will be submitted to delete it from
 0 8 | T.S.

| | | | | | | | | | | | | | |
|---|---|-------------|---|------------|---------------|----------------|---|---|---|---|---------------|---------------|---|
| 0 | 9 | C | G | A | X | I | N | S | T | R | U | S | Z |
| 7 | 8 | SYSTEM CODE | | CAUSE CODE | CAUSE SUBCODE | COMPONENT CODE | | | | | COMP. SUBCODE | VALVE SUBCODE | |

| | | | | | | | | | |
|----|---|----------------------|---|-----------------------|---|-----------------|---|-------------|--------------|
| 17 | 7 | 7 | 0 | 8 | 6 | 0 | 3 | L | 0 |
| 7 | 8 | LER/RO REPORT NUMBER | | SEQUENTIAL REPORT NO. | | OCCURRENCE CODE | | REPORT TYPE | REVISION NO. |

| | | | | | | | | | | | | | |
|----|----|----|----|-------|---|---|----------------------|------------------|----------------------|------------------------|---|---|---|
| E | H | Z | Z | 0 | 0 | 0 | N | N | Z | X | 9 | 9 | 9 |
| 33 | 34 | 35 | 36 | HOURS | | | ATTACHMENT SUBMITTED | NPRD-4 FORM SUB. | PRIME COMP. SUPPLIER | COMPONENT MANUFACTURER | | | |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The setpoint knob apparently was inadvertently changed or bumped by plan
 1 1 | t personnel. Appropriate plant personnel will be advised of necessity for
 1 2 | obtaining proper authorization prior to performing activities which could
 1 3 | effect Tech Spec limits and to use extreme caution when working in the
 1 4 | vicinity of plant safety instrumentation.

| | | | | | | | | |
|---|---|-----------------|---------|---|---|--------------|---------------------|-----------------------|
| 1 | 5 | E | 0 | 9 | 9 | NA | B | Surveillance Test |
| 7 | 8 | FACILITY STATUS | % POWER | | | OTHER STATUS | METHOD OF DISCOVERY | DISCOVERY DESCRIPTION |

| | | | | | |
|---|---|---------------------------|--------------------|----|---------------------|
| 1 | 6 | Z | Z | NA | NA |
| 7 | 8 | ACTIVITY CONTENT RELEASED | AMOUNT OF ACTIVITY | | LOCATION OF RELEASE |

| | | | | | | |
|---|---|---------------------|---|-------------|---|----|
| 1 | 7 | 0 | 0 | 0 | Z | NA |
| 7 | 8 | PERSONNEL EXPOSURES | | DESCRIPTION | | |

| | | | | | | |
|---|---|--------------------|---|-------------|----|--|
| 1 | 8 | 0 | 0 | 0 | NA | |
| 7 | 8 | PERSONNEL INJURIES | | DESCRIPTION | | |

| | | | |
|---|---|-------------------------------|-------------|
| 1 | 9 | Z | NA |
| 7 | 8 | LOSS OF OR DAMAGE TO FACILITY | DESCRIPTION |

| | | | |
|---|---|--------------------|----|
| 2 | 0 | N | NA |
| 7 | 8 | ISSUED DESCRIPTION | |

NAME OF PREPARER J. Van Sickle PHONE: 319-851-5611

RECEIVED DOCUMENT
CNS UNIT

911 DEC 8 PM 12 11