REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR: 7902130183 DOC.DATE: 79/02/09 NOTARIZED: NO FACIL: 50-263 Monticello Nuclear Generating Plant, Northern States AUTH. NAME

DOCKET # 05000263

EARSON.S.L.

AUTHOR AFFILIATION

RECIP.NAME

Northern States Power Co. RECIPIENT AFFILIATION

Region 3. Chicago, Office of the Director

SUBJECT: LER 79-002/03L-0 on 790118:during normal operation, weekly APRM functional scram test was not completed within time allowed, due to personnel error.

DISTRIBUTION CODE: A002S COPIES RECEIVED: LTR 3 ENCL 3 SIZE: /+/ TITLE: INCIDENT REPORTS

NOTES:

ACTION:	RECIPIENT ID CODE/NAME 05 BC ORB#3	COPIE LTTR 4		RECIPIENT ID CODE/NAME	CO.P I LTTR		
INTERNAL:	O1 REG FILE O9 1&E 14 TA/EDO. 16 EEB 18 PLANT SYS BR 20 AD PLANT SYS 22 REAC SAFT BR 24 KREGER 26 AD/SITE ANAL 28 ACDENT ANLYS	1 2 1 1 1 1 1	1 2 1 1 1 1 1	O2 NRC PDR 11 MPA 15 NOVAK/KNIEL 17 AD FOR ENGR 19 I&C SYS BR 21 AD SYS/PROJ 23 ENGR BR 25 PWR SYS BR 27 OPERA LIC BR E JORDAN/IE	1 3 1 1 1 1 1	1 3 1 1 1 1 1	
EXTERNAL:	03 LPDR 29 ACRS	1 16	1 16	04 NSIC	1	1	



MINNEAPOLIS, MINNESOTA 55401

February 9, 1979

Mr J G Keppler Office of Inspection & Enforcement U S Nuclear Regulatory Commission 799 Roosevelt Road Glen Ellyn, IL 60137

Dear Mr Keppler:

MONTICELLO NUCLEAR GENERATING PLANT License No. DPR-22 Docket No. 50-263

Failure to Perform Surveillance Test on Schedule

The Licensee Event Report for this occurrence is reproduced on the back of this letter. Enclosed are three copies.

This event is reported in compliance with Technical Specification 6.7.B.2.c since the weekly APRM functional scram test was not completed within the time period allowed for weekly tests.

Yours very truly,

LO Mayer, PE

Manager of Nuclear Support Services

LOM/JAG/deh

cc: Director, IE, USNRC (30) Director, MIPC, USNRC (3)

MPCA

Attn: J W Ferman

REGULATORY DOCKET FILE COPY.

-over-

#002 | 5 3 | 3

1	CONTROL BLOCK:
0 1	M N N P 1 (2) 0 0 - 0 0 0 0 - 0 0 3 4 1 1 1 1 1 4 5 CAT 68 5
CON'T 0 1 7 8	SOURCE L 6 0 5 0 0 0 2 6 3 / 0 1 1 8 7 9 8 0 2 0 9 7 9 9 9
0 2	DURING NORMAL OPERATION, THE WEEKLY APRM FUNCTIONAL SCRAM TEST WAS NOT COMPLETED
0 3	WITHIN THE TIME PERIOD ALLOWED FOR WEEKLY TESTS. TECHNICAL SPECIFICATION 4.1.A
0 4	REQUIRES THIS TEST TO BE CONDUCTED WEEKLY. NOT A REPETITIVE OCCURRENCE. SUBSEQUENT
0 5	TESTS COMPLETED SATISFACTORILY. NO EFFECT ON PUBLIC HEALTH OR SAFETY.
0 6	
0 7	
08	SYSTEM CAUSE CAUSE COMP. VALVE
0 9	SYSTEM CAUSE CAUSE SUBCODE SUB
	17) REPORT NUMBER 21 22 23 24 26 27 28 29 30 31 32
	ACTION FUTURE SHUTDOWN METHOD HOURS 22 ATTACHMENT FORM SUB. PRIME COMP. COMPONENT MANUFACTURER LH 18 \boxed{Z} 19 \boxed{Z} 20 \boxed{Z} 21 \boxed{D} 0 0 0 0 \boxed{D} N 23 \boxed{N} 24 \boxed{Z} 25 \boxed{Z} 9 9 9 26
T o	CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (2) APRM FUNCTIONAL SCRAM TEST NOT COMPLETED WITHIN ALLOWABLE TIME PERIOD DUE TO
لبت	MISUNDERSTANDING CONCERNING TEST COMPLETION BY SUPT., OPERATIONS. INVOLVED PERSON
	REMINDED OF TECH. SPEC. REQUIREMENT AND IMPORTANCE OF COMPLETING TEST WITHIN ALLOWABLE
1 2	TIME PERIOD.
113	
7 8	9 FACILITY STATUS % POWER OTHER STATUS (30) METHOD OF DISCOVERY DESCRIPTION (32)
1 5	E 28 1 0 0 29 NA A SUPT., OPR. REVIEW OF COMPLETED TESTS
	CONTENT CLEASED OF HELEASE AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36) NA PERSONNEL EXPOSURES LOCATION OF RELEASE (36) NA 44 45
1 7	NUMBER TYPE DESCRIPTION (39) O O O 37 Z 38 NA PERSONNEL INJURIES
1 8	NUMBER DESCRIPTION (41) 0 0 0 0 NA 9 11 12 80
1 9	LOSS OF OR DAMAGE TO FACILITY (43) TYPE DESCRIPTION Z (47) NA
7 8	PURLICITY POSTURED DESCRIPTION (45) IN (44) NA POSTURED DESCRIPTION (45) IN (44) NA
8	9 10 68 69 80 5 612/295-5151 8