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TALEN ENERGY

JAN 2 9 2016

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555-0001

10 CFR 50.73

SUSQUEHANNA STEAM ELECTRIC STATION
LICENSEE EVENT REPORT 50-387/2015-011-00
UNIT 1 LICENSE NO. NPF-14
PLA-7432

Docket No. 50-387
50-388

Attached is Licensee Event Report (LER) 50-387/2015-011-00. The LER reports an event involving Secondary Containment being declared inoperable due to an airlock door that was not properly latched. This event was determined to be reportable in accordance with 10 CFR 50.73(a)(2)(v)(C) as a condition that could have prevented fulfilment of a safety function.

There were no actual consequences to the health and safety of the public as a result of this event.

This letter contains no new regulatory commitments.

J. A. Franke

Attachment: LER 50-387/2015-011-00

Copy: NRC Region I
Mr. J. E. Greives, NRC Sr. Resident Inspector
Ms. T. E. Hood, NRC Project Manager
Mr. M. Shields, PA DEP/BRP

NRC FORM 366 (11-2015) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0104 EXPIRES: 10/31/2018

LICENSEE EVENT REPORT (LER)

(See Page 2 for required number of digits/characters for each block)

1. FACILITY NAME	2. DOCKET NUMBER	3. PAGE
Susquehanna Steam Electric Station Unit 1	05000387	1 of 3

4. TITLE
Secondary Containment Declared Inoperable Due to an Airlock Door that Had Not Been Properly Latched

5. EVENT DATE			6. LER NUMBER			7. REPORT DATE			8. OTHER FACILITIES INVOLVED	
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REV NO.	MONTH	DAY	YEAR	FACILITY NAME: Susquehanna Steam Electric Station Unit 2	DOCKET NUMBER: 05000388
12	01	2015	2015	- 011	- 00	01	29	2016	FACILITY NAME	DOCKET NUMBER: 05000

9. OPERATING MODE: 1

10. POWER LEVEL: 100

11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply)

☐ 20.2201(b)	☐ 20.2203(a)(3)(i)	☐ 50.73(a)(2)(ii)(A)	☐ 50.73(a)(2)(viii)(A)
☐ 20.2201(d)	☐ 20.2203(a)(3)(ii)	☐ 50.73(a)(2)(ii)(B)	☐ 50.73(a)(2)(viii)(B)
☐ 20.2203(a)(1)	☐ 20.2203(a)(4)	☐ 50.73(a)(2)(iii)	☐ 50.73(a)(2)(ix)(A)
☐ 20.2203(a)(2)(i)	☐ 50.36(c)(1)(i)(A)	☐ 50.73(a)(2)(iv)(A)	☐ 50.73(a)(2)(x)
☐ 20.2203(a)(2)(ii)	☐ 50.36(c)(1)(ii)(A)	☐ 50.73(a)(2)(v)(A)	☐ 73.71(a)(4)
☐ 20.2203(a)(2)(iii)	☐ 50.36(c)(2)	☐ 50.73(a)(2)(v)(B)	☐ 73.71(a)(5)
☐ 20.2203(a)(2)(iv)	☐ 50.46(a)(3)(ii)	☒ 50.73(a)(2)(v)(C)	☐ 73.77(a)(1)
☐ 20.2203(a)(2)(v)	☐ 50.73(a)(2)(i)(A)	☐ 50.73(a)(2)(v)(D)	☐ 73.77(a)(2)(i)
☐ 20.2203(a)(2)(vi)	☐ 50.73(a)(2)(i)(B)	☐ 50.73(a)(2)(vii)	☐ 73.77(a)(2)(ii)
	☐ 50.73(a)(2)(i)(C)	☐ OTHER	Specify in Abstract below or in NRC Form 366A

12. LICENSEE CONTACT FOR THIS LER

LICENSEE CONTACT	TELEPHONE NUMER (Include Area Code)
C. E. Manges, Jr., Senior Engineer - Nuclear Regulatory Affairs	(570) 542-3089

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

CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX

14. SUPPLEMENTAL REPORT EXPECTED		15. EXPECTED SUBMISSION DATE	MONTH	DAY	YEAR
☐ YES (If yes, complete 15. EXPECTED SUBMISSION DATE)	☒ NO				

ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)

On December 1, 2015 at approximately 1245, a group of plant employees in transit to Unit 2 Reactor Building Elevation 799' approached Airlock Door 638 with the green light lit and opened the door to enter the airlock. Upon opening the door, the red light came on and the buzzer alarmed. Airlock Door 627R (the other door for the airlock) was not properly latched closed, and when the group opened Door 638, the pressure forced Door 627R open. With both airlock doors open simultaneously, Limiting Condition of Operation (LCO) 3.6.4.1 was briefly entered at 1245.

This event was a failure to meet Surveillance Requirement (SR) 3.6.4.1.3 and was reported in accordance with 10 CFR 50.72(b)(3)(v)(c) and the guidance of NUREG 1022 Rev 3 Section 3.2.7 as a condition that could have prevented fulfillment of a safety function (EN 51576). The condition also requires a Licensee Event Report (LER) in accordance with 10 CFR 50.73(a)(2)(v)(c).

The event was caused by the last individual traversing through Door 627R failing to properly latch and challenge the door. A site-wide communication was issued regarding the importance of secondary containment and re-emphasizing the importance of challenging doors to ensure that they are closed and latched.

There were no actual consequences to the health and safety of the public as a result of this event.

NRC FORM 366A (11-2015) U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0104 EXPIRES: 10/31/2018

LICENSEE EVENT REPORT (LER) CONTINUATION SHEET

1. FACILITY NAME	2. DOCKET NUMBER	3. LER NUMBER		
		YEAR	SEQUENTIAL NUMBER	REV NO.
Susquehanna Steam Electric Station, Unit 1	05000387	2015	- 011	- 00

NARRATIVE

CONDITIONS PRIOR TO EVENT

Unit 1 – Mode 1, 100 percent Rated Thermal Power

Unit 2 – Mode 1, 100 percent Rated Thermal Power

There were no structures, systems, or components that were inoperable at the start of the event that contributed to the event.

EVENT DESCRIPTION

On December 1, 2015 at approximately 1245 a System Engineer, a Test Director, and a Radiological Protection Technician were in transit to Unit 2 Reactor Building Elevation 799' to perform a test procedure to inspect Unit 2 Zone 3 dampers [EIIS System/Component Identifier: BH/DMP]. The group approached Airlock Door 638 [EIIS System/Component Identifier: NG/DR] with the green light [EIIS Component Identifier: IL] lit and proceeded to open the door to enter the airlock [EIIS Component Identifier: AL]. Upon opening the door, the red light [EIIS Component Identifier: IL] came on and the buzzer [EIIS Component Identifier: ALM] alarmed. Airlock Door 627R (the other door for the airlock) [EIIS Component Identifier: DR] was not properly latched closed; when the group opened Door 638, and the pressure forced Door 627R open. With both airlock doors open simultaneously, Limiting Condition of Operation (LCO) 3.6.4.1 was briefly entered at 1245.

A door inspection was performed that verified that Door 627R closed and latched. No degraded conditions were found which validated that the incident was not caused by an equipment issue.

Susquehanna was unable to identify the last person who traversed through Door 627R.

This event was a failure to meet Surveillance Requirement (SR) 3.6.4.1.3 on Unit 2 and was reported in accordance with 10 CFR 50.72(b)(3)(v)(c) and the guidance of NUREG 1022 Rev 3 section 3.2.7 as a condition that could have prevented fulfillment of a safety function (EN 51576). The condition also requires a Licensee Event Report (LER) in accordance with 10 CFR 50.73(a)(2)(v)(c).

CAUSE OF EVENT

The only possible causes for this event are either an equipment issue or the last individual traversing through Door 627R not properly latching and challenging the door. The door inspection validated that this event was not caused by an equipment issue. Therefore this event was caused by the last individual traversing through Door 627R failing to properly latch and challenge the door.

NRC FORM 366A (11-2015) U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB: NO. 3150-0104 EXPIRES: 10/31/2018
LICENSEE EVENT REPORT (LER) CONTINUATION SHEET	Estimated burden per response to comply with this mandatory collection request: 80 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the FOIA, Privacy and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. FACILITY NAME	2. DOCKET NUMBER	3. LER NUMBER		
		YEAR	SEQUENTIAL NUMBER	REV NO.
Susquehanna Steam Electric Station, Unit 1	05000387	2015	- 011	- 00

NARRATIVE

ANALYSIS/SAFETY SIGNIFICANCE

The actual consequence was a brief entry into LCO 3.6.4.1 and an eight hour notification of the event to the Nuclear Regulatory Commission (NRC).

An engineering evaluation was performed and concluded that secondary containment could have performed its safety function of isolating as assumed in the accident analysis and also of re-establishing 0.25 inches vacuum (drawdown) within the assumed accident analysis time (10 minutes). Therefore, the subject event did not cause a loss of safety function. This event will not be counted as a safety system functional failure (SSFF) for the NRC performance indicator based on the engineering analysis that shows there was no loss of ability to fulfill the safety function.

CORRECTIVE ACTIONS

The key corrective action for this event was as follows:

A site-wide communication was issued regarding the importance of Secondary Containment and to re-emphasize the importance of challenging doors to ensure that they are closed and latched.

PREVIOUS SIMILAR EVENTS

The following are recent LERs involving loss of secondary containment due to door issues:

LER 50-388(387)/2015-006-00 “Secondary Containment Declared Inoperable Due to Secondary Containment Boundary Door 104-R Breached” dated September 18, 2015.

LER 50-387/2015-004-00 “Secondary Containment Inoperable due Secondary Containment Boundary Door Found Ajar,” dated June 25, 2015.

LER 50-388/2015-002-00 “Secondary Containment Inoperability Due Failure to Meet Technical Specification Surveillance Requirement 3.6.4.1.1,” dated May 11, 2015

LER 50-388(387)/2014-001-00, “Both Doors of a Secondary Containment Airlock Momentarily Open Due to a Personnel Error Resulting in Entry into Secondary Containment Technical Specification Limiting Condition for Operation,” dated December 31, 2014

LER 50-387(388)/2014-002-00, “Secondary Containment Door Found Ajar,” dated April 9, 2014.