

ATTACHMENT TO LICENSEE EVENT REPORT 80-39/01T-0

COMMONWEALTH EDISON COMPANY (CWE)

DRESDEN UNIT -2 (ILDRS-2)

DOCKET # 050-237

During plant startup, (Rx subcritical and $<200\%$) the HPCI inboard steam supply valve failed to open from the control switch. The safety implications were minimal since low pressure safety systems were operable and Rx pressure was low enough for their operation.

Failure was due to the valve operator torque switch, (type SMB-1), "Open" and "Close" contact being stuck open. The torque switch was replaced with one of the same kind. Valve operation was tested satisfactorily.



Commonwealth Edison

DEVIATION REPORT

DVR NO.	STA	UNIT	YEAR	NO.
	D - 12	- II	- 80	- 63

PART 1 TITLE OF DEVIATION: HPCI MO 2-2301-4
 OCCURRED: 10-11-80 1515
 DATE: 10-11-80 TIME: 1515

SYSTEM AFFECTED: HPCI 2300
 PLANT CONDITIONS: MODE Startup PWR(MWT) 21.08 LOAD(MWE) 0
 TESTING: YES NO

DESCRIPTION OF EVENT: NSO was unisolating HPCI steam valves. HPCI steam supply valve MO 2-2301-4 failed to open from control switch. Valve did come open to a dual light indication, but will not operate open or closed from that position.

DESCRIPTION OF CAUSE: Unknown at this time.

OTHER APPLICABLE INFORMATION: In startup mode, heating, and 200 psig, Electrical Maint. Dept. notified.

EQUIPMENT FAILURE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DR NO.	WR NO. D09491	RESPONSIBLE SUPERVISOR Carl Chapman	DATE 10-11-80
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PART 2 OPERATING ENGINEERS COMMENTS: HPCI valve was repaired and cycled three times satisfactorily. Bad torque switch; shutdown immediately to repair valve.

TYPE OF DEVIATION REPORTABLE OCCURRENCE	EVENT OF POTENTIAL PUBLIC INTEREST	TECH SPEC VIOLATION	NON-REPORTABLE OCCURRENCE	ANNUAL REPORTING	SAFETY-RELATED WR ISSUED
<input checked="" type="checkbox"/> 14 DAY NOTIFICATION <input type="checkbox"/> 30 DAY NOTIFICATION 6.6.B.1.e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

REPORTABLE OCCURRENCE NUMBER	ACTION ITEM NO.	PROMPT ON-SITE NOTIFICATION
88-8-39/01T-0		R. M. Ragan TITLE _____ DATE 10/14/80 TIME 0800

24-HOUR NRC NOTIFICATION	PROMPT OFF-SITE NOTIFICATION
<input type="checkbox"/> TPH NA <input type="checkbox"/> TGM REGION III DATE _____ TIME _____ REGION III & DOL DATE _____ TIME _____	F. Palmer TITLE _____ DATE 10/14/80 TIME 10:02

RESPONSIBLE COMPANY OFFICER INFORMED OF 10CFR21 CONDITIONS AND THEIR REPORT TO NRC: T. Lang
 TITLE OPERATING ENGINEER DATE 10/14/80

ACCEPTANCE BY STATION REVIEW AS REQUIRED

DATE

RESOLUTION APPROVED AND AUTHORIZED FOR DISTRIBUTION

J.A. Ciska 10-17-80
John W. Dunne 10/17/80
Douglas Scott 10/17/80
 STATION SUPERINTENDENT

OCT 22 1980