

LICENSEE EVENT REPORT

CONTROL BLOCK: \_\_\_\_\_ (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 | I | L | D | R | S | 3 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | \_\_\_\_\_ | 5  
 7 8 9 14 15 25 26 30 57 58

CON'T  
 0 1 | REPORT SOURCE L | 6 | 0 | 5 | 0 | 0 | 2 | 4 | 9 | 7 | 1 | 2 | 2 | 3 | 8 | 0 | 8 | 0 | 1 | 2 | 0 | 8 | 1 | 9  
 7 8 60 61 68 69 74 75 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During unit shutdown, while testing Group 2 and 3 isolation circuitry, Shutdown Cooling  
 0 3 | System inboard isolation valve did not close. Valve closed after resetting thermal  
 0 4 | overloads and adjusting breaker door interlock. The health and safety of the general  
 0 5 | public was not endangered since primary containment integrity was not required and all  
 0 6 | other Shutdown Cooling System isolation valves functioned as designed. This is the  
 0 7 | first occurrence of this type for the valve.

0 9 | SYSTEM CODE C F (11) CAUSE CODE E (12) CAUSE SUBCODE A (13) COMPONENT CODE C K T B K R (14) COMP. SUBCODE B (15) VALVE SUBCODE Z (16)  
 7 8 9 10 11 12 13 18 19 20

17 LER/RO REPORT NUMBER 8 0 (21) 22 23 24 26 27 28 29 30 31 32 REVISION NO. 0  
 ACTION TAKEN E (18) X (19) FUTURE ACTION Z (20) SHUTDOWN METHOD Z (21) HOURS 0 0 0 0 (22) ATTACHMENT SUBMITTED N (23) NRPD-4 FORM SUB. Y (24) PRIME COMP. SUPPLIER N (25) COMPONENT MANUFACTURER G 0 8 0 (26)  
 33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The thermal overloads were reset and breaker door interlock was adjusted. Valve was  
 1 1 | taken out of service in the closed position. Investigation is continuing on the exact  
 1 2 | cause of failure.

1 5 | FACILITY STATUS G (28) % POWER 0 0 0 (29) OTHER STATUS N/A (30) METHOD OF DISCOVERY B (31) DISCOVERY DESCRIPTION Surveillance test (32)  
 7 8 9 10 12 13 44 45 46 80

1 6 | ACTIVITY CONTENT RELEASED OF RELEASE Z (33) Z (34) AMOUNT OF ACTIVITY N/A (35) LOCATION OF RELEASE N/A (36)  
 7 8 9 10 11 44 45 80

1 7 | PERSONNEL EXPOSURES NUMBER 0 0 0 (37) TYPE Z (38) DESCRIPTION N/A (39)  
 7 8 9 11 12 13 80

1 8 | PERSONNEL INJURIES NUMBER 0 0 0 (40) DESCRIPTION N/A (41)  
 7 8 9 11 12 80

1 9 | LOSS OF OR DAMAGE TO FACILITY TYPE Z (42) DESCRIPTION N/A (43)  
 7 8 9 10 80

2 0 | PUBLICITY ISSUED N (44) DESCRIPTION N/A (45)  
 7 8 9 10 80

8102020392 K. Zirwas



Commonwealth Edison

# DEVIATION REPORT

DVR NO.	STA	UNIT	YEAR	NO.
	D-12	-3	-80	-102

<b>PART 1</b> TITLE OF DEVIATION	OCURRED
Failure of MO 3-1001-1B Shutdown Cooling Isolation Valve	12/23/80 2000 DATE TIME

SYSTEM AFFECTED Shutdown Cooling	1000	PLANT CONDITIONS	TESTING
		MODE Shutdown PWR(MWT) - LOAD(MWE) -	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIPTION OF EVENT  
While testing part of group II and III isolation circuitry, 3-1001-1B shutdown cooling isolation valve did not close. Tried closing by control switch and still didn't close.

DESCRIPTION OF CAUSE  
Unknown. Possibly thermals overloads tripped and breaker door interlock out of adjustment.

OTHER APPLICABLE INFORMATION  
Finally got valve to close after resetting thermal overloads and adjusting breaker door interlock. Took valve out-of-service in closed position.

EQUIPMENT FAILURE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DR NO.	WR NO.	K. L. Tupman	12/23/80
			D10718	RESPONSIBLE SUPERVISOR	DATE

**PART 2** OPERATING ENGINEERS COMMENTS  
At the time of discovery of this event, primary containment integrity was not required. The valve was subsequently taken out of service in the isolated position.

TYPE OF DEVIATION REPORTABLE OCCURRENCE	EVENT OF POTENTIAL PUBLIC INTEREST	TECH SPEC VIOLATION.	NON-REPORTABLE OCCURRENCE	ANNUAL REPORTING	SAFETY-RELATED WR ISSUED
<input type="checkbox"/> 14 DAY <input type="checkbox"/> 10CFR21	<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"/>
<input checked="" type="checkbox"/> 30 DAY NOTIFICATION 6.6.B.2.b					

REPORTABLE OCCURRENCE NUMBER	ACTION ITEM NO.	PROMPT ON-SITE NOTIFICATION
<del>80</del> 80-48/03L-0		R. M. Ragan 12/24/80 0800 TITLE DATE TIME
		TITLE DATE TIME

24-HOUR NRC NOTIFICATION (In Person)	PROMPT OFF-SITE NOTIFICATION
<input checked="" type="checkbox"/> TPH Tom Tongue 12/24/80 0730 REGION III DATE TIME	F. Palmer 12/24/80 9:50 TITLE DATE TIME
<input type="checkbox"/> TGM REGION III & DOL DATE TIME	TITLE DATE TIME

RESPONSIBLE COMPANY OFFICER INFORMED OF 10CFR21 CONDITIONS AND THEIR REPORT TO NRC

REVIEW AND COMPLETED Michael Wright C.F. Sargent 12/24/80  
OPERATING ENGINEER DATE

ACCEPTANCE BY STATION REVIEW AS REQUIRED  
DATE 1/20/80  
RESOLUTION APPROVED AND AUTHORIZED FOR DISTRIBUTION  
Wong Lee Scott STATION SUPERINTENDENT  
DATE 1/21/81