ATTACHMENT 2

OPERATING PROCEDURE NO. 0030119

REVISION 2

"POST TRIP REVIEW"

FLORIDA POWER & LIGHT COMPANY
ST. LUCIE PLANT
OPERATING PROCEDURE NO. 0030119
REVISION 2

FOR INFORMATION ONLY
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1.0 TITLE:

POST TRIP REVIEW

2.0 REVIEW AND APPROVAL:

Reviewed by Facility Review Group July 25, 1983

Approved by J. H. Barrow (for) Plant Manager August 11, 1983

Revision 2 Reviewed by F R G 6-20 1985

Approved by D A Sager Plant Manager 6-26 1985

3.0 PURPOSE:

This procedure will identify any abnormal circumstances associated with a plant trip by evaluating plant conditions immediately prior to and immediately after the trip.

4.0 LIMITS AND PRECAUTIONS:

4.1 It is important that the First Out annunciator reset, RPS Trip Unit indicating lights, and any electrical system protection relay flags not be reset until their status is noted in this Post Trip Review Check List. This data is particularly important if the plant Sequence of Events Recorder has malfunctioned. /R2

5.0 RELATED SYSTEM STATUS:

N/A

6.0 REFERENCES:

N/A

7.0 RECORDS REQUIRED:

A signed copy of this procedure with the applicable strip charts and printouts attached shall be retained as QA records in accordance with QI 17-PR/PSL-1. /R2

S	OPS
DATE	
DOCT	Procedure
DOCN	0030119
SYS	
COMP	Completed
ITM	2

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8.0 INSTRUCTIONS:

8.1 This procedure will be performed following any unplanned reactor trip after plant conditions have been stabilized. The procedure need not be performed following a planned shutdown.

8.2 Input from all plant personnel is vital to the correct identification of the cause of the plant trip and of any related malfunctions.

8.3 All data pertinent to the plant trip should be collected and kept with this procedure. If recorder charts are used in this evaluation, a clear copy should be made, and the chart returned to its recorder.

8.4 All blanks on the "POST-TRIP REVIEW CHECK LIST" should be filled in, use N/A where not applicable.

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POST TRIP REVIEW CHECK LIST

UNIT:_____ DATE___/___/____ TIME:_____

PART 1: INITIAL CONDITIONS

A. Plant status prior to reactor trip (circle):
   (1) Unit Startup Operations
   (2) Steady State Operations
   (3) Load Changes During Routine Power Operations
   (4) Unit Shutdown Operations
   (5) Other:_____

B. Reactor Power:_____%

C. PORV Block Valves:

MV-1403 (1476)	(Circle)	OPEN	CLOSED
MV-1405 (1477)	(Circle)	OPEN	CLOSED

D. Status of Control Stations (Circle):

(1)	DEH	MAN	AUTO
(2)	"A" MFRV	MAN	AUTO
(3)	"B" MFRV	MAN	AUTO
(4)	SBCS	MAN	AUTO
(5)	PZR. LEVEL	MAN	AUTO
(6)	PZR. SPRAY	MAN	AUTO
(7)	PZR. PRESS	MAN	AUTO

E. Off-Normal status of any Trains/Portions of Safety Systems (If NORMAL mark "N/A")

   (1) REACTOR PROTECTIVE SYSTEM_____
   _____
   _____

   (2) SAFETY INJECTION SYSTEM_____
   _____
   _____

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PART 1: (continued)

(3) CONTAINMENT SPRAY SYSTEM _____

(4) CONTAINMENT ISOLATION SYSTEM _____

(5) MAIN STEAM ISOLATION SYSTEM _____

(6) AUXILIARY FEEDWATER SYSTEM _____

(7) EMERGENCY DIESEL GENERATORS _____

F. Test Surveillances In Progress (If NONE Mark "N/A")

TEST NUMBER	STATUS/STEP

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PART 2: PLANT RESPONSE

A. Safety System Actuation and Performance

(1) Reactor Protection System

(a) Trip actuated by:

☐ MANUAL

REASON: _____

_____

_____

☐ AUTOMATIC

RPS TRIP UNITS ACTUATED: _____

_____

_____

(b) First Out annunciator RTGB 102/202:

_____

(c) RPS Actuation Time:

Time Last TCB Opened _____ SOE

Time Trip Logic Satisfied _____ SOE

Actuation Time (Difference) _____ (0.043 Sec. MAX)

(d) TCB-1 through TCB-8 OPEN ☐ YES ☐ NO

(e) All rod bottom lights energized ☐ YES ☐ NO

(2) ENGINEERED SAFETY FEATURE ACTUATION (CHECK):

(a) SIAS _____

(b) CIAS _____

(c) CSAS _____

(d) MSIS _____

(e) AFAS _____

(f) If any ESF was required, did it function properly?

☐ YES ☐ NO

(3) Did PZR Code Safety Valves lift:

☐ NO

☐ YES, Reseating Confirmed by: _____

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PART 2: (continued)

(4) Did Main Steam Code Safety Valves Lift?

☐ NO
☐ YES, Reseating Confirmed by: _____

B. Control System Response:

(1) Pressurizer pressure and level control responded normally to this transient.

☐ YES
☐ NO. Did the PZR PORVs open (two or more High Pressurizer Pressure Bistables tripped at any time during transient.)

☐ NO
☐ YES. Did the PZR PORVs reclose?

☐ NO.
☐ YES. Reseating Confirmed by:

_____

(2) Did the following secondary systems function as required for this transient?

(a) SBCS	☐ YES	☐ NO
(b) Feedwater Control System	☐ YES	☐ NO
(c) Generator Lockout	☐ YES	☐ NO

C. Plant Electrical Alignment (Check)

	BEFORE TRIP	AFTER TRIP
*Auxiliary Transformer	_____	_____
*Startup Transformer	_____	_____
Diesel Generator	_____	_____

*Satisfactory automatic transfer of Auxiliary to Startup transformers meets the requirements of Unit 2 Tech. Spec. 4.8.1.1.1.b for automatic transfer. Sign off appropriate paragraph in AP 2-0010125, Check Sheet #12.

D. Manual Actions:

(1) Were any control stations taken from auto to manual?

☐ NO.
☐ YES. Specify station and time/sequence.

_____

_____

_____

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PART 2. (continued)

(2) Other Manual Actions: _____

_____

_____

_____

E. Radiological Response (Include abnormal ARMS and PRMS indications): _____

_____

_____

_____

F. Plant Response Comments: _____

_____

_____

_____

G. Attach DDPS, SOE Printouts, and any other printout or chart used to determine cause of reactor trip or to show any abnormal condition during trip.

☐ NO ATTACHMENTS
☐ ATTACHMENTS (LIST)

_____ _____

_____ _____

_____ _____

_____ _____

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PART 3: PLANT PERSONNEL STATEMENTS

A. Operations Personnel on Duty During Event:

The following personnel were directly involved with the event and may be able to supplement the information in this report if clarification is needed.

_____ _____

_____ _____

_____ _____

B. For complicated transients, or situations where the Sequence of Events Recorder fails, attach statements from personnel involved with the trip concerning the events that preceded and followed the trip. Each individual should submit a statement concerning the way they remember the event.

If handwritten statements are prepared, include the plant conditions prior to the trip, your indications that a problem existed, your action as a result of those indications, noted equipment malfunctions or inadequacies, any unusual plant conditions or annunciators, and any identified procedure deficiencies. Also, include any information you consider important for review of this unscheduled reactor trip and any actions necessary to prevent recurrence. (Use additional sheet if necessary)

Personnel statements attached? (circle one) YES NO

Example

Name:_____ Position:_____

_____ / / _____

Signature Date Time

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PART 4: SEQUENCE OF EVENTS

Briefly describe the sequence of events preceding and following the reactor trip.

TIME	EVENT DESCRIPTION

PREPARED BY STA:_____ DATE__/__/__

APPROVED BY NPS/ANPS:_____ DATE__/__/__

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PART 5: PRELIMINARY SAFETY ASSESSMENT: (Circle)

RCS PRESSURE REMAINED ABOVE SETPOINT FOR SIAS.	YES	NO
RCS PRESSURE REMAINED BELOW SETPOINT FOR PZR CODE SAFETY ACTUATION.	YES	NO
RCS TEMP. DECREASE LESS THAN 100°F/HR.	YES	NO
REACTOR COOLANT WAS CONTAINED WITHIN THE RCS AND QUENCH TANK.	YES	NO
INDICATED PZR LEVEL REMAINED ON SCALE.	YES	NO
INDICATED WIDE RANGE STEAM GENERATOR LEVEL REMAINED ON SCALE.	YES	NO

PART 6: TRANSIENT DATA FOR KEY PLANT PARAMETERS:

	MINIMUM	MAXIMUM
RCS PRESSURE	_____	_____
RCS TEMPERATURE	_____	_____
PZR LEVEL	_____	_____
S/G LEVEL	_____	_____

PART 7: UNEXPECTED ASPECT OF TRANSIENT BEHAVIOR:

A. Compared with:

Previous Trip on: _____ Unit _____ / _____ / _____ Date _____ IHE #

CEN-128 or FSAR Transient: _____ Vol # _____ Page #

Significant Differences in Plant Response:

☐ NO.
☐ YES. Notify NPS.

EXPLAIN: _____

_____

_____

Resolution of Differences Noted Above:

_____

_____

_____

_____

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PART 8: PROBABLE CAUSE OF TRIP:

Comments:

PART 9: IDENTIFICATION OF SYSTEMS WITH INADEQUATE PERFORMANCE

SYSTEM/COMPONENT	DESCRIPTION OF PROBLEM

PART 10: CORRECTIVE ACTIONS:

Ensure both cause(s) of reactor trip (Part 8) and system(s) with identified inadequate performance (Part 9) are thoroughly addressed.

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PART 11: NOTIFICATIONS

A. ENS Notification to NRC within four hours for all Reactor Trips per 10 CFR 50.72.

Time Notified: _____

NRC Contact: _____

B. Emergency Plan Implemented?

☐ NO.
☐ YES. (If YES, give classification and explain.)

_____

_____

_____

PART 12: RESTART AUTHORIZATION:

If the cause of the plant trip cannot be determined by the Nuclear Plant Supervisor the unit will not be returned to power until an Independent Review of the event has been performed by the Facility Review Group.

A. Based upon the information available and this review, the cause of the Reactor Trip has been identified, no unsafe conditions exist. The Plant Manager or his designee authorizes restart.

_____ _____
NUCLEAR PLANT SUPERVISOR SHIFT TECHNICAL ADVISOR