

50-335

## NRC DISTRIBUTION PART 50 DOCKET MATERIAL

FILE NUMBER

INCIDENT REPORT

TO: Mr Moseley

FROM: Florida Pwr & Light Co  
Miami, Fla.  
A D Schmidt

DATE OF DOCUMENT

7-8-76

DATE RECEIVED

7-16-76

☒ LETTER☐ NOTORIZED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

☐ ORIGINAL  
☒ COPY☒ UNCLASSIFIED

see Signed

## DESCRIPTION

Ltr trans the following:

## ENCLOSURE

Licensee Event Report (R076-29) on 6-8-76  
concerning failure to perform surveillance  
of seismic instruments.....

PLANT NAME: St Lucie #1

NOTE: IF PERSONNEL EXPOSURE IS INVOLVED  
SEND DIRECTLY TO KREGER/J. COLLINS DIRECTLY TO

## SAFETY

## FOR ACTION/INFORMATION

## ENVIRO

7-16-76 arehf

BRANCH CHIEF:

Ziemann

W/3 CYS FOR ACTION

LIC. ASST.:

Diggs

W/1 CYS

ACRS 16 CYS HOLDING/SENT TO LA

## INTERNAL DISTRIBUTION

~~REC FILE~~

NRC PDR

I &amp; E (2)

MPC

SCHROEDER/IPPOLITO

HOUSTON

NOVAK/CHECK

GRIMES

CASE

BUTLER

HANAVER

TEDESCO/MACCARY

EISENHUT

BAER

SHAO

VOLLNER/BUNCH

KREGER/J. COLLINS

## EXTERNAL DISTRIBUTION

## CONTROL NUMBER

LPDR: Ft Pierce, Fla

TIC:

NSIC:

7128

Mr. Moseley

Florida Power & Light Co  
Miami, Fla  
A. D. Schmidt

7-8-76

7-16-76

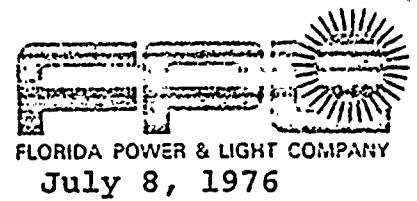
ice

Licensee Event Report (RO#76-29) on 6-8-76  
concerning failure to perform surveillance  
of seismic instruments.....

Let trans the following:

St Lucie #1

7-16-76 ghr



PRN-LI-76-175

Mr. Norman C. Moseley, Director, Region II  
Office of Inspection and Enforcement  
U. S. Nuclear Regulatory Commission  
230 Peachtree Street, N.W., Suite 818  
Atlanta, Georgia 30303


Déar Mr. Moseley:

REPORTABLE OCCURRENCE 335-76-29  
ST. LUCIE UNIT 1  
DATE OF OCCURRENCE: JUNE 8, 1976

SEISMIC INSTRUMENT SURVEILLANCE

The attached Licensee Event Report is being submitted in accordance with Technical Specification 6.9 to provide 30-day notification of the subject occurrence.

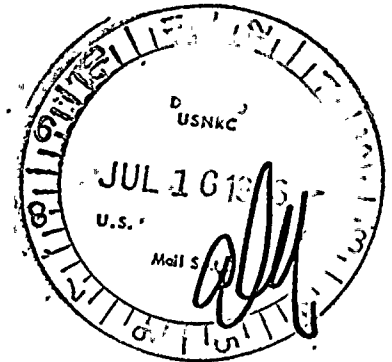
Very truly yours,

  
A. D. Schmidt  
Vice President  
Power Resources

MAS/ms

Attachment

cc: Jack R. Newman, Esquire  
Director, Office of Inspection and Enforcement (30)  
Director, Office of Management Information and  
Program Control (3)



7128

# LICENSEE EVENT REPORT

CONTROL BLOCK: 1 2 3 4 5 6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME										LICENSE NUMBER										LICENSE TYPE					EVENT TYPE	
01		F	L	S	L	S	1	0		0	-	0	0	0	0	0	-	0	0	4	1	1	1	1	0	3
7	8	9					14	15									25	26					30	31	32	

CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER					EVENT DATE					REPORT DATE				
01 CONT		L	L	050-0335					060876					070876				
7	8	57	58	59	60	61		68	69				74	75			80	

**EVENT DESCRIPTION**

02	Contrary to Technical Specification 4.3.3.3.1, the required channel	80
03	check of two triaxial accelerographs was not performed within the	80
04	required time frame. A containment entry was procedurally required	80
05	to perform this check but, because the reactor was operating at 50	80
06	percent power, it was decided not to make the entry. The required	80

SYSTEM CODE	CAUSE CODE	COMPONENT CODE					PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER			VIOATION	
07 IF	D	I	N	S	T	R	A	K	1	3	0	N
7	8	9	10	11	12	13	17	43	44	45	47	48

**CAUSE DESCRIPTION**

08	The surveillance procedure as originally written required a containment	80
09	entry in order to perform the instrumentation check. Following this	80
10	occurrence, the procedure was revised to permit the instrumentation	80

FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION					
11 B	050	N/A	b	N/A					
7	8	9	10	12	13	44	45	46	80

FORM OF ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY	LOCATION OF RELEASE				
12 Z	Z	N/A	N/A				
7	8	9	10	11	44	45	80

**PERSONNEL EXPOSURES**

NUMBER	TYPE	DESCRIPTION				
13 000	Z	N/A				
7	8	9	11	12	13	80

**PERSONNEL INJURIES**

NUMBER	DESCRIPTION				
14 000	N/A				
7	8	9	11	12	80

**PROBABLE CONSEQUENCES**

15	N/A	80
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**LOSS OR DAMAGE TO FACILITY**

TYPE	DESCRIPTION			
16 Z	N/A			
7	8	9	10	80

**PUBLICITY**

17	N/A	80
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**ADDITIONAL FACTORS**

18	See page 2 for continuation of Event Description and Cause Description.	80
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19		80
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NAME: M. A. Schoppman

PHONE: 305/552-3779



REPORTABLE OCCURRENCE 335-76-29  
LICENSEE EVENT REPORT  
PAGE TWO

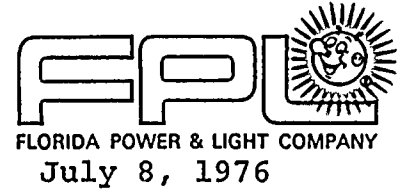
Event Description (continued)

surveillance was performed satisfactorily during a scheduled plant shutdown 3 days after the due date. This was the first occurrence of this type at St. Lucie Unit 1. (335-76-29).

Cause Description (continued)

check to be performed without requiring containment entry.

The manufacturer concurred with the revision.



PRN-LI-76-175

Mr. Norman C. Moseley, Director, Region II  
Office of Inspection and Enforcement  
U. S. Nuclear Regulatory Commission  
230 Peachtree Street, N.W., Suite 818  
Atlanta, Georgia 30303


Dear Mr. Moseley:

REPORTABLE OCCURRENCE 335-76-29  
ST. LUCIE UNIT 1  
DATE OF OCCURRENCE: JUNE 8, 1976

SEISMIC INSTRUMENT SURVEILLANCE

The attached Licensee Event Report is being submitted in accordance with Technical Specification 6.9 to provide 30-day notification of the subject occurrence.

Very truly yours,

  
A. D. Schmidt  
Vice President  
Power Resources

MAS/ms

Attachment

cc: Jack R. Newman, Esquire  
Director, Office of Inspection and Enforcement (30)  
Director, Office of Management Information and  
Program Control (3)





# LICENSEE EVENT REPORT

CONTROL BLOCK: 1         6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME														LICENSE NUMBER										LICENSE TYPE					EVENT TYPE	
01	F	L	S	L	S	1	0	0	-	0	0	0	0	-	0	0	4	1	1	1	1	0	3							
7	8	9	14			15	25										26	27	28	29	30	31	32							

CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER					EVENT DATE					REPORT DATE											
01	CONT		L	0	5	0	-	0	3	5	0	6	0	8	7	6	0	7	0	8	7	6			
7	8	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

**EVENT DESCRIPTION**

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SYSTEM CODE		CAUSE CODE		COMPONENT CODE					PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER				VIOLATION	
07	I	F	D	I	N	S	T	R	U	A	K	1	3	0	N	
7	8	9	10	11	12	13	14	15	16	17	43	44	45	46	47	48

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FACILITY STATUS		% POWER			OTHER STATUS					METHOD OF DISCOVERY		DISCOVERY DESCRIPTION									
11	B	0	5	0	N/A	b	N/A														
7	8	9	10	11	12	13	44	45	46	80											

FORM OF ACTIVITY RELEASED		CONTENT OF RELEASE		AMOUNT OF ACTIVITY					LOCATION OF RELEASE									
12	Z	Z	N/A					N/A										
7	8	9	10	11	12	13	44	45	80									

**PERSONNEL EXPOSURES**

NUMBER		TYPE		DESCRIPTION																		
13	0	0	0	Z	N/A																	
7	8	9	10	11	12	13	80															

**PERSONNEL INJURIES**

NUMBER		DESCRIPTION																			
14	0	0	0	N/A																	
7	8	9	10	11	12	80															

**PROBABLE CONSEQUENCES**

15	N/A																							80
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**LOSS OR DAMAGE TO FACILITY**

TYPE		DESCRIPTION																			
16	Z	N/A																			
7	8	9	10	80																	

**PUBLICITY**

17	N/A																							80
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**ADDITIONAL FACTORS**

18	See page 2 for continuation of Event Description and Cause Description.																							80
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19																								80
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NAME: M. A. Schoppman

PHONE: 305/552-3779



REPORTABLE OCCURRENCE 335-76-29  
LICENSEE EVENT REPORT  
PAGE TWO

Event Description (continued)

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