

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

ENCLOSURE

Ltr trans the following:

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 reh

BRANCH CHIEF:

Ziemann

W/3 CYS FOR ACTION

LIC. ASST.:

Diggs

W/1 CYS

ACRS 16 CYS HOLDING/SENT TO LA

INTERNAL DISTRIBUTION

~~REC-ENG~~

NRC PDR

I. & E. (2)

MFPC

SCHROEDER/IPPOLITO

HOUSTON

NOVAK/CHECK

GRINES

CASE

BUTLER

HANAUER

TEDESCO/MACCARY

EISENHUT

BAER

SHAO

VOLLNER/BUNCH

KREGER/J. COLLINS

EXTERNAL DISTRIBUTION

CONTROL NUMBER

LPDR: Ft Pierce, Fla

TIC:

NSIC:

7128

Mr. Mosley

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

7-8-76

7-16-76

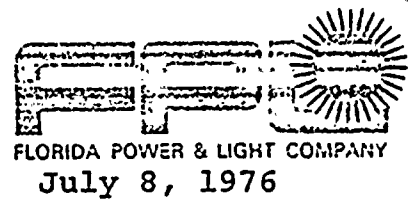
ice

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
oh



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.

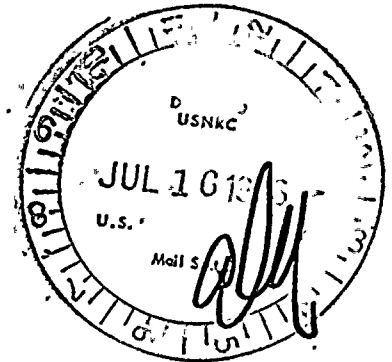
Very truly yours,

A. D. Schmidt
A. D. Schmidt
Vice President
Power Resources

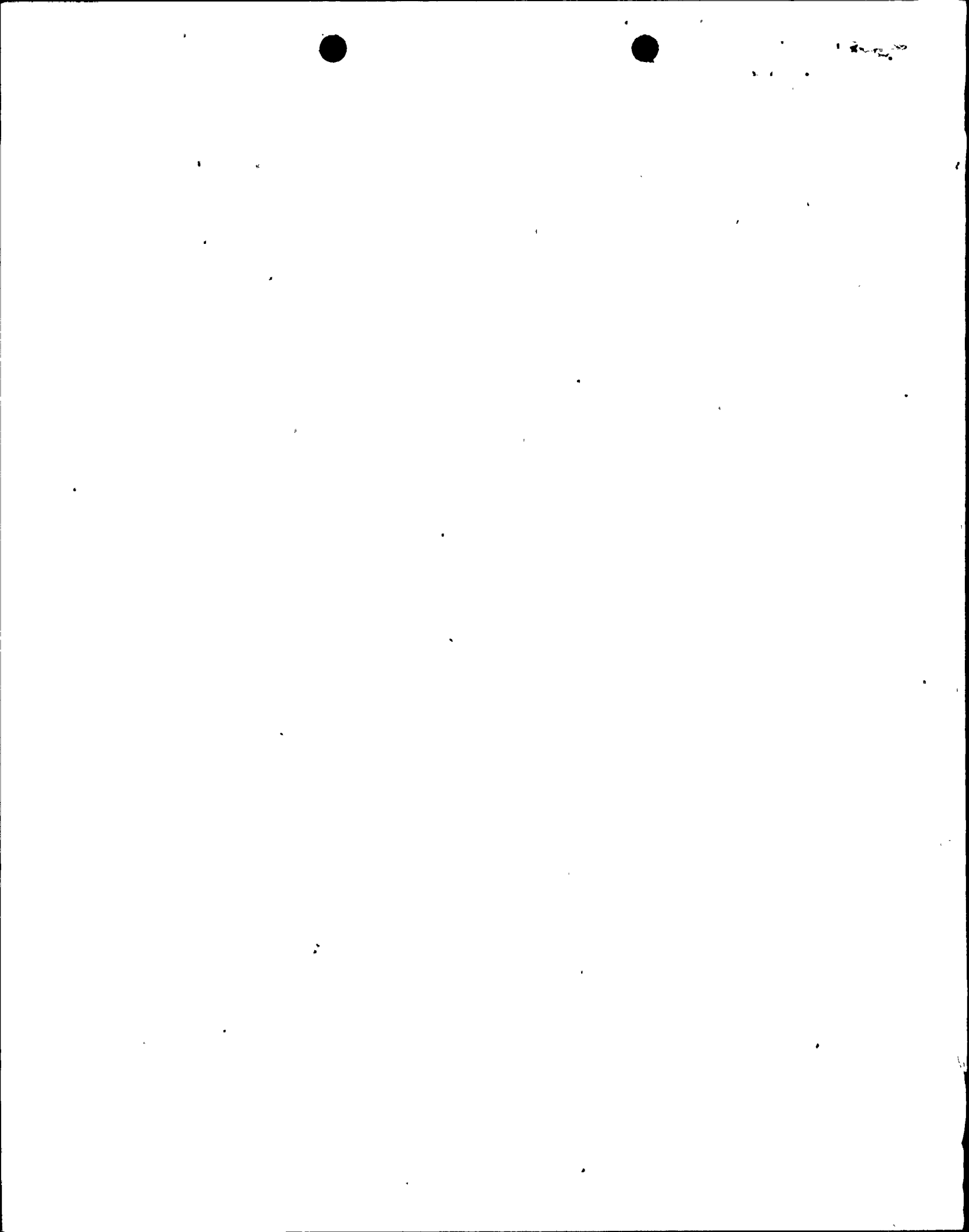
MAS/ms

Attachment

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



7128



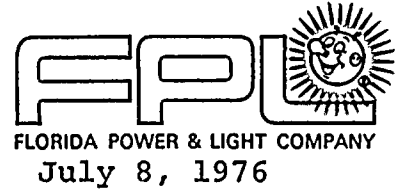
REPORTABLE OCCURRENCE 335-76-29
LICENSEE EVENT REPORT
PAGE TWO

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

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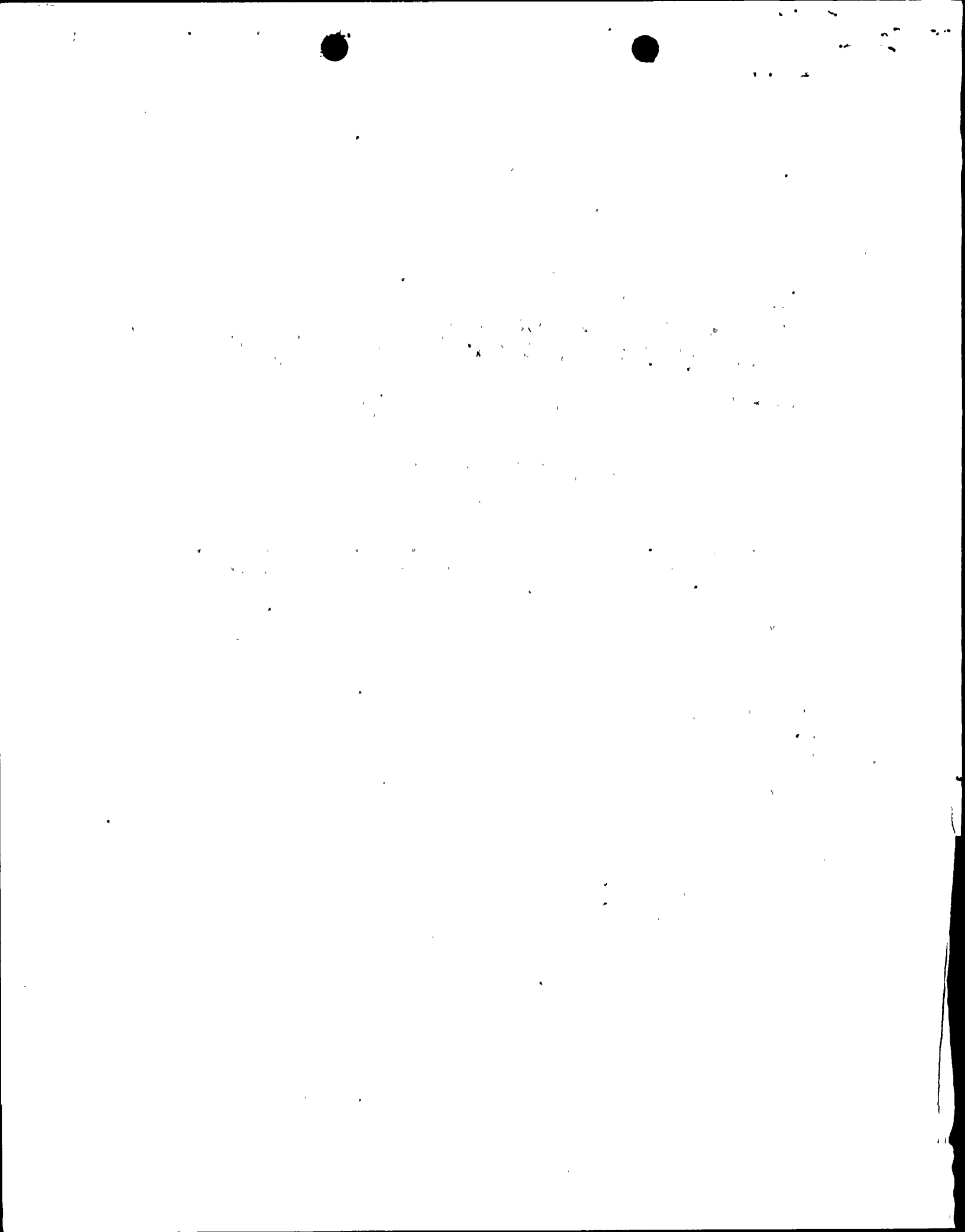
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MAS/ms

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:

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(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME 01 F L S L S L						LICENSE NUMBER 00-000000-00						LICENSE TYPE 41111				EVENT TYPE 03			
7	8	9	14	15	25	26	30	31	32										
01 CONT		CATEGORY 57 58		REPORT TYPE L 59		REPORT SOURCE L 60		DOCKET NUMBER 050-0335				EVENT DATE 060876				REPORT DATE 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
7	8	9							80

SYSTEM CODE IF		CAUSE CODE D		COMPONENT CODE I N S T R U				PRIME COMPONENT SUPPLIER A		COMPONENT MANUFACTURER K 1 3 0			VIOLATION N	
7	8	9	10	11	12	17	43	44	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
7	8	9							80

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

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

PERSONNEL EXPOSURES

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

PERSONNEL INJURIES

NUMBER 000		DESCRIPTION N/A					
7	8	9	11	12			

PROBABLE CONSEQUENCES

15						N/A			
7	8	9							80

LOSS OR DAMAGE TO FACILITY

TYPE Z		DESCRIPTION N/A				
7	8	9	10			

PUBLICITY

17						N/A			
7	8	9							80

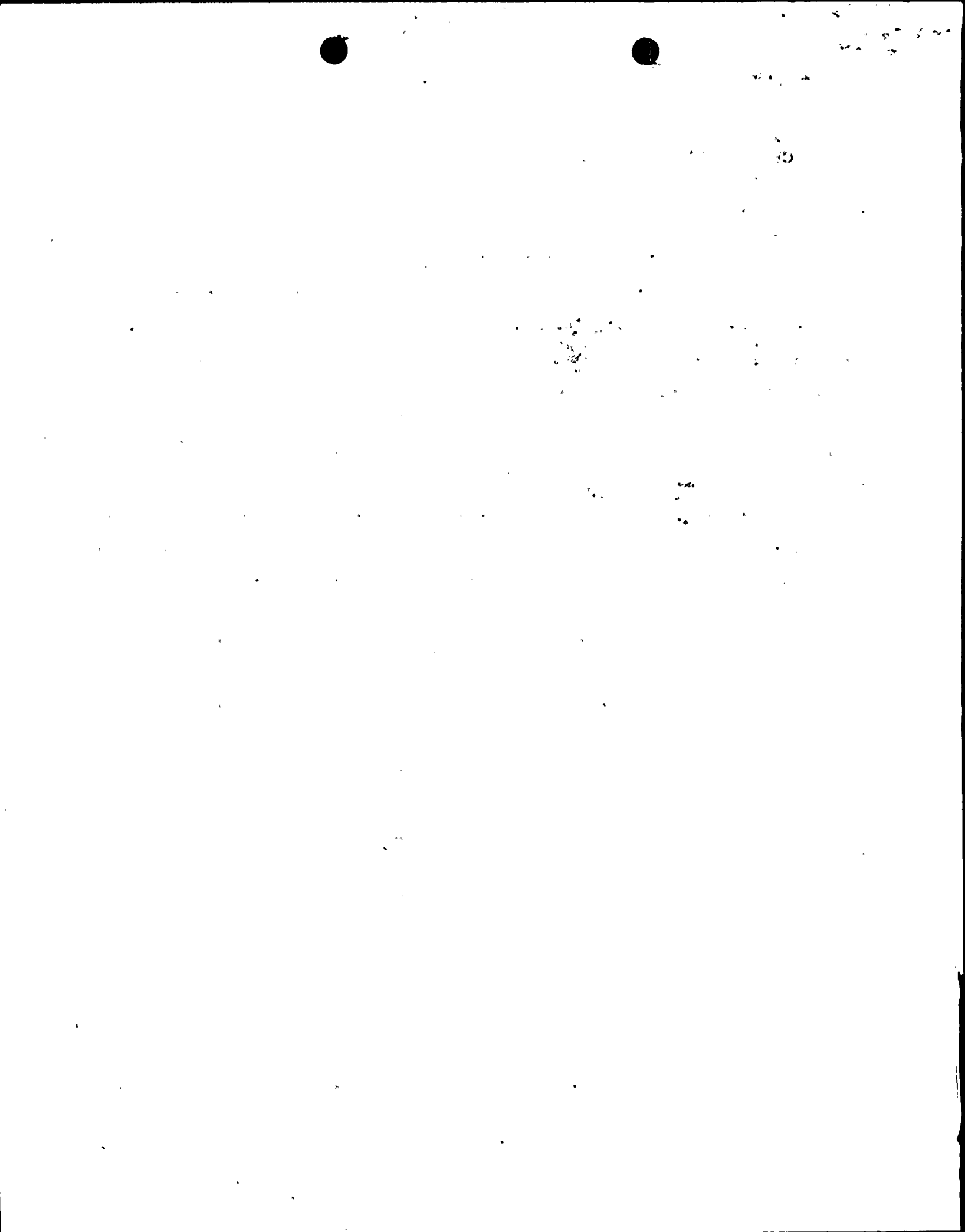
ADDITIONAL FACTORS

18 See page 2 for continuation of Event Description and Cause Description.								80	
7	8	9							80

19								80	
7	8	9							80

NAME: M. A. Schoppman

PHONE: 305/552-3779



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

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