

AUG 9 1978

AP
50-346

MEMORANDUM FOR: E. L. Jordan
Executive Officer for Operations Support
Office of Inspection & Enforcement

FROM: R. A. Hartfield, Chief
Licensee Operations Evaluation Branch
Division of Technical Support, NPA

SUBJECT: POSSIBLE ABNORMAL OCCURRENCE AT DAVIS BESSE

Upon receipt of the necessary supplemental information, we have completed our review of your recommendation for reporting the inoperability of the diesel generator load sequencers at Davis Besse. We conclude that it is not reportable as an abnormal occurrence as it did not involve a major reduction in the degree of protection for public health and safety for the following reasons:

- (1) No unscheduled incident or event involving complete loss of power to the systems occurred, that is both on-site and off-site power were not lost simultaneously. Surveillance testing identified the deficiency as intended. Previously, the loss of both on-site and off-site power at Millstone Unit 2 was reported as an abnormal occurrence and appears to be the appropriate threshold for reporting (see AO No. 76-9 in NUREG-0090-5).
- (2) Postulating an accident, assuming no additional failures, does not lead to consequences exceeding Part 100, as off-site power was available to power the emergency systems.
- (3) Per Toledo Edison's supplemental report and RES review of that information, the defect did not significantly effect 'overall risk.'

However, the report identifies a defect and non-compliance with basic design criteria which requires prompt correction to ensure system performance for intended design purposes. And actions are warranted to identify how the quality assurance and testing programs can be revised to prevent recurrence, or lead to earlier identification of this type of problem.

Memo ↙

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In addition, several recent LERs have contained information on similar type problems at other facilities (the Haddam Neck [Connecticut Yankee] potential diesel overload condition, and Hatch 2 preoperational testing of their diesels identifying deficiencies in the Unit 1 diesel systems). The licensees' reporting of these items indicates that though the system of checks and balances is working, some improvements can be made to ensure that the design analysis and initial testing programs, either preoperational testing or testing subsequent to design modifications, more thoroughly define performance and test the systems. We recommend that you consider issuing a bulletin or circular informing operating reactor licensees of this recent experience (including all three items) and have them review their testing programs on the emergency power systems, particularly those conducted after any system modification, and their system designs, to ensure that similar problems do not exist. If a bulletin or circular is not issued, we could report the Davis Besse, Hatch and Haddam Neck experience in 'Current Events - Power Reactors.' It appears we should decide with you which action, if any, is most appropriate and make sure that duplication is avoided. Since NRR might also want some input into the decision, we propose a meeting early next week to decide what needs to be done. Perhaps, the Standard Review Plan and IE inspection efforts need to be reviewed to see if they can be improved to assist in earlier problem identification and resolution in these areas.

We will include this item as an Enclosure 3, Items Seriously Considered for Reporting, in our third quarter report submittal to the Commission.

Your recommendation for reporting initiated actions as noted above, and, though the information was determined not to be reportable as an abnormal occurrence, it highlighted safety-related concerns, an important element of the program.

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R. A. Hartfield, Chief
 Licensee Operations Evaluation Branch
 Division of Technical Support
 Office of Management & Program Analysis

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