NRC FORM 366 (7-77)

U. S. NUCLEAR REGULATORY COMMISSION

Attachment 1
LL2-81-0058

LICENSEE EVENT REPORT

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

0 1 | P A T M I 2 | (2) | 0 0 - 0 0 0 0 0 - 0 0 | (3) | 4 1 1 1 1 | (4) | | | (5)
LICENSEE CODE — LICENSE NUMBER — LICENSE TYPE — CAT

CON'T 0 1 REPORT SOURCE | L | (6) | 0 5 0 0 0 3 2 0 | (7) | 0 1 2 6 8 1 | (8) | 0 2 2 5 8 1 | (9)
DOCKET NUMBER — EVENT DATE — REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 On January 26, 1981 it was determined that the "B" Emergency Diesel Generator (EDG)
0 3 DF-X-1B was inoperable from 0900 to 1730 hours on January 19, 1981. EDG's cooling
0 4 water source was isolated because a switching order was not completed properly. This
0 5 LER is similar (component and causes) to LER's 80-09 and 80-28. This is a violation
0 6 of Tech. Spec. 3.8.1.1 and is reportable under section 6.9.1.8.(b). This event had
0 7 no effect on the plant, its operation, or the health and safety of the public.
0 8

SYSTEM CODE	CAUSE CODE	CAUSE SUBCODE	COMPONENT CODE	COMP. SUBCODE	VALVE SUBCODE
E E (11)	A (12)	B (13)	V A L V E X (14)	B (15)	D (16)

(17) LER/RO REPORT NUMBER

EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE	REPORT TYPE		REVISION NO.
8 1	—	0 0 2	/	0 1	L	—	0

ACTION TAKEN	FUTURE ACTION	EFFECT ON PLANT	SHUTDOWN METHOD	HOURS (22)	ATTACHMENT SUBMITTED	NPRD-4 FORM SUB.	PRIME COMP. SUPPLIER	COMPONENT MANUFACTURER
Z (18)	H (19)	Z (20)	Z (21)	0 0 0 0	Y (23)	N (24)	A (25)	(26)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 The event was a result of an auxiliary operator not completing a switching order. No
1 1 corrective action associated with plant equipment was necessary. The operator was
1 2 counseled on the necessity of completing switching orders and disciplined for not
1 3 doing so.
1 4

1 5 FACILITY STATUS X (28) % POWER 0 0 0 (29) OTHER STATUS (30) Recovery mode METHOD OF DISCOVERY A (31) DISCOVERY DESCRIPTION (32) Operator observation

1 6 ACTIVITY RELEASED Z (33) CONTENT OF RELEASE Z (34) AMOUNT OF ACTIVITY (35) N/A LOCATION OF RELEASE (36) N/A

PERSONNEL EXPOSURES
1 7 NUMBER 0 0 0 (37) TYPE Z (38) DESCRIPTION (39) N/A

PERSONNEL INJURIES
1 8 NUMBER 0 0 0 (40) DESCRIPTION (41) N/A

LOSS OF OR DAMAGE TO FACILITY (43)
1 9 TYPE Z (42) DESCRIPTION N/A

PUBLICITY
2 0 ISSUED N (44) DESCRIPTION (45) N/A NRC USE ONLY

8103030667

NAME OF PREPARER Steven D. Chaplin PHONE (717) 948-8461

LICENSEE EVENT REPORT
NARRATIVE REPORT
TMI-II
LER 81-02/01L-0
EVENT DATE - January 26, 1981

I. EXPLANATION OF OCCURRENCE

On January 26, 1981 it was determined that the "B" Emergency Diesel Generator (DF-X-1B) was inoperable from 0900 hours to 1730 hours on January 19, 1981 in violation of Tech. Spec. 3.8.1.1.

At 0900 hours on January 19th, Nuclear Services River Water (NSRW) Pumps NR-P-1C and NR-P-1D were tagged out for maintenance, this removed the "B" NSRW Header from service. This "B" NSRW header supplies cooling water to the "B" EDG cooling jacket. The switching order that accomplished this tagout also instructed the operator to open NR-V-31B, thereby allowing the "B" Emergency Diesel Generator to be cooled from the "A" NSRW Header.

At 1703 hours the switching was cleared i.e., the "B" NSRW header was returned to service and the normal valve lineup restored. However, when the operator clearing the switch order went to close NR-V-31B he discovered it was already closed.

An investigation was conducted by the Manager of Plant Operations to determine it the action statement of T.S. 3.8.1.1 was complied with. This investigation involved a determination of when and how valve NR-V-31B's position was apparently changed from open to closed. Because of shift schedules the operator who had performed the tagout wasn't available to discuss the discrepancy until 1700 hours on January 26th. At that time, he stated that he had not opened NR-V-31B on the 19th as required by the switching order. It was then decided that the "B" Emergency Diesel had been inoperable from 0900 hours to 1703 hours on January 19th, due to the cooling water being isolated. This was a violation of Technical Specification 3.8.1.1 and is reportable under section 6.9.1.8.b.

This LER is similar in nature (associated component and cause) to LER's 80-09 and 80-28.

II. CAUSE OF THE OCCURRENCE

The cause of this event was operator error in that the valve was not opened as required by the switching order.

III. CIRCUMSTANCES SURROUNDING THE OCCURENCE

At the time of the occurrence, the Unit 2 facility was in a long-term cold shutdown state. The reactor decay heat was being removed via loss to ambient. Throughout the event there was no effect on the Reactor Coolant System or the core.

IV. CORRECTIVE ACTIONS TAKEN OR TO BE TAKEN

IMMEDIATE

When valve NR-V-31B was discovered closed, the "B" NSRW Header had already been returned to service, and with valve NR-V-31B closed, the valve lineup was in the normal configuration, therefore, the "B" EDG was already being supplied with cooling water. No immediate corrective action was necessary.

LONG TERM

The operator who performed the tagout was disciplined for not completing the required actions of the work ordered and counciled on the necessity of completing work orders.

V. CORRECTIVE ACTIONS TAKEN OR TO BE TAKEN

N/A