	U.C. NUCLEAR REGULATORY COMMISSION
LICENSEE EVENT REPORT	
CONTROL BLOCK / / / / / (1) (PLEASE PRINT OR //// ///////// (2) /0/0/-/0/0/0/0/-/0/0/ LICENSEE CODE LICENSE NUMBER	TYPE ALL REQUIRED INFORMATION) (3) $\frac{\frac{4}{11}}{112}$ (4) $\frac{\frac{7}{11}}{212}$ (4) LICENSE TYPE CAT
$\frac{717}{\text{SOURCE}} \xrightarrow{/L/} (6) \frac{/0/5/0/0/3/3/8}{\text{DOCKET NUMBER}} (7) \frac{/0/9/0}{\text{EVENT D}}$	$\frac{0/8/8/0/}{0ATE}$ (8) $\frac{1/0/0/7/8/0}{REPORT DATE}$ (9)
1/2/ / On September 8, 1980, with the Unit at 100% pow	ver, nower to the 120 Volt A.C. /
/3/ / Vital Bus 1-IV was lost contrary to T.S. 3.8.2.	1 and reportable by /
<pre>/4/ / T.S. 6.9.1.9.b. The incident is not generic.</pre>	Since redundant instrumentation /
<pre>/5/ / was available, the health and safety of the gen /6/ /</pre>	neral public were not affected. /
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<u>/9/</u> / <u>/E/B/</u> (11)/X/(12)/ <u>Z/</u> (13)/ <u>G/E/N/E/R/A/</u> (14) <u>LER/RO</u> EVENT YEAR REPORT NO. CODE (17) REPORT	$\frac{/F}{(15)} \qquad \frac{/Z}{(16)}$ $\frac{/F}{(15)} \qquad \frac{/Z}{(16)}$ $\frac{/E}{(15)} \qquad \frac{/Z}{(16)}$ $\frac{1}{(16)} \qquad \frac{1}{(16)}$ $\frac{1}{(16)} \qquad \frac{1}{(16)}$ $\frac{1}{(16)} \qquad \frac{1}{(16)}$ $\frac{1}{(16)} \qquad \frac{1}{(16)} \qquad \frac{1}{(16)}$ $\frac{1}{(16)} \qquad \frac{1}{(16)} \qquad \frac{1}{(16)} \qquad \frac{1}{(16)}$
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Virginia Electric and Power Company North Anna Power Station, Unit 1 Docker No. 50-338 Report No. LER 80-080/03L-0

Description of Event

On September 8, 1980, with the Unit at 100% power, power to the 120 Volt AC Vital Bus 1-IV was lost. The loss of Vital Bus 1-IV caused the "A" steam generator (S/G) feedwater flow signal to go to zero which caused the feed reg. valve for "A" S/G to open. This reduced flow to "B" and "C" S/G's. The reactor tripped due to steam flow/feedwater flow mismatch with low S/G level in "C" steam generator. Loss of a vital bus is contrary to T.S. 3.8.2.1 and reportable by T.S. 6.9.1.9.b.

Probable Consequences of Occurrence

Other vital busses were powering redundant instrumentation and protection systems. In addition, protection systems powered by Vital hus IV fail to a tripped condition and power was restored to Vital Bus IV within 5 minutes after being lost. Therefore the health and safety of the public were not affected.

Cause of Event

The cause of the loss of Vital Bus 1-IV was the opening of the supply breaker to the inverter for Vital Bus 1-IV. It could not be determined how the supply breaker became open but the switch was in the "OPEN" rather than the "TRIPPED" position. Cable pulling was in progress in the vicinity of the inverter at the time of the loss of the Vital Bus. Although it is possible for cable to have fallen on the inverter breaker and opened it, the electrician who was pulling the cable did not think that the cable had come in contact with the switch.

Immediate Corrective Action

Power supply to Vital Bus 1-IV was switched to the installed 480/120 Volt A.C. transformer which restored vital bus power. This was performed within 5 minutes of the loss of the vital bus. After verification by an electrician and an operator that the inverter was in a non-tripped condition with no apparent faults, the inverter was re-energized and loaded with Vital Bus 1-IV.

Scheduled Corrective Action

Since the occurrence is non-repetitive, no scheduled corrective action is required.

Actions Taken to Prevent Recourrence

None required.

Generic Implications

None