

BALTIMORE GAS AND ELECTRIC COMPANY

P.O. BOX 1475

BALTIMORE, MARYLAND 21203

NUCLEAR POWER DEPARTMENT
CALVERT CLIFFS NUCLEAR POWER PLANT
LUSBY, MARYLAND 20657

February 4, 1981

Mr. Boyce H. Grier, Director
Office of Inspection & Enforcement
U.S. Nuclear Regulatory Commission
Region 1
631 Park Avenue
King of Prussia, PA 19406

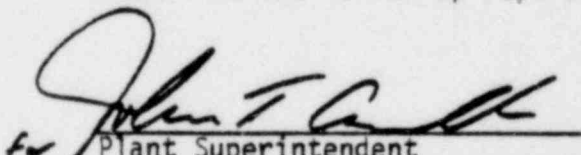
SUBJECT: Docket Nos. 50-317 and 50-318; LER 81-08 (U-1)

Dear Mr. Grier:

This letter is to confirm our verbal notification of your Mr. Ralph Architzel of the inoperability on February 3, 1981 of a number of fire hose stations in the Auxiliary Building and in the Unit 2 Containment Building without backup hose stations as required by T.S. 3.7.11.4.

At 1800 on February 3, 1981, the Shift Supervisor discovered that the Unit 2 Containment Building fire hose stations and a number of the Auxiliary Building fire hose stations had been isolated since about 0800 without the required routing of backup fire hoses. Backup fire hoses were rigged for all affected hose stations by 2150 on February 3. Fire watches had been stationed at various locations in the Auxiliary Building and in the Unit 2 Containment Building during this event.

A complete description of the cause and corrective action will be included in the follow-up report.


for John T. Smith
Plant Superintendent
Calvert Cliffs Nuclear Power Plant

LBR:RLW:mmr

cc: L.B. Russell
Director, Office of Management Information
and Program Control
Messrs: J.A. Tiernan
R.M. Douglass
R.E. Architzel
R.L. Wenderlich

A2002
5/01

8102100150

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(7-77)

LICENSEE EVENT REPORT

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

0 1 _____ 2 _____ 3 _____ 4 _____ 5

CON'T
0 1 REPORT SOURCE _____ 2 _____ 3 _____ 4 _____ 5
60 61 DOCKET NUMBER _____ 68 69 EVENT DATE _____ 74 75 REPORT DATE _____ 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2
0 3
0 4
0 5
0 6
0 7
0 8
see LTR

0 9
SYSTEM CODE _____ CAUSE CODE _____ CAUSE SUBCODE _____ COMPONENT CODE _____ COMP. SUBCODE _____ VALVE SUBCODE _____
11 12 13 14 15 16
17 LER/RO REPORT NUMBER _____ EVENT YEAR _____ SEQUENTIAL REPORT NO. _____ OCCURRENCE CODE _____ REPORT TYPE _____ REVISION NO. _____
18 19 20 21 22 23 24 26 27 28 29 30 31 32
ACTION TAKEN _____ FUTURE ACTION _____ EFFECT ON PLANT _____ SHUTDOWN METHOD _____ HOURS _____ ATTACHMENT SUBMITTED _____ NRPD-4 FORM SUB. _____ PRIME COMP. SUPPLIER _____ COMPONENT MANUFACTURER _____
33 34 35 36 37 40 41 23 42 24 43 25 44 47 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0
1 1
1 2
1 3
1 4

1 5 FACILITY STATUS _____ % POWER _____ OTHER STATUS _____ METHOD OF DISCOVERY _____ DISCOVERY DESCRIPTION _____
28 29 30 31 32
1 6 ACTIVITY RELEASED _____ CONTENT _____ AMOUNT OF ACTIVITY _____ LOCATION OF RELEASE _____
33 34 35 36
1 7 PERSONNEL EXPOSURES _____ NUMBER _____ TYPE _____ DESCRIPTION _____
37 38 39
1 8 PERSONNEL INJURIES _____ NUMBER _____ DESCRIPTION _____
40 41
1 9 LOSS OF OR DAMAGE TO FACILITY _____ TYPE _____ DESCRIPTION _____
42 43
2 0 PUBLICITY ISSUED _____ DESCRIPTION _____
44 45
NRC USE ONLY

UPO 91-7-926

LICENSEE EVENT REPORT

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

7 8 9 14 15 25 26 30 57 CAT 58
0 1 2 3 4 5
LICENSEE CODE LICENSE NUMBER LICENSE TYPE

CON'T
7 8 80 81 68 69 74 75 80
0 1 6 7 8 9
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2
0 3
0 4
0 5
0 6
0 7
0 8
see NR

7 8 9 11 12 13 14 15 16 17 18 19 20 21 22 23 24 26 27 28 29 30 31 32 33 34 35 36 37 40 41 42 43 44 47
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE
LER/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPD-4 FORM SUB PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0
1 1
1 2
1 3
1 4

7 8 9 10 11 12 13 14 44 45 46 80
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

7 8 9 10 11 12 13 44 45 80
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

7 8 9 11 12 13 80
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

7 8 9 11 12 13 80
PERSONNEL INJURIES NUMBER DESCRIPTION

7 8 9 11 12 80
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

7 8 9 10 80
PUBLICITY ISSUED DESCRIPTION

NRC USE ONLY

NAME OF PREPARER _____

PHONE: _____