

10CFR50.73 Ollie S. Bradham

Vice President Nuclear Operations



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January 2, 1990

Document Control Desk U. S. Nuclear Regulatory Commission Washington, DC 20555

> SUBJECT: Virgil C. Summer Nuclear Station

Docket No. 50/395

Operating License No. NPF-12

LER 89-019

Gentlemen:

Attached is Licensee Event Report No. 89-019 for the Virgil C. Summer Nuclear Station. This report is submitted pursuant to the requirements of 10CFR50.73(a)(2)(i).

Should there be any questions, please call us at your convenience.

Very truly yours.

DCH/OSB: 1bs Attachment

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U.S. NUCLEAR REGULATORY COMMISSION APPROVED DMS NO. 3150-0104 EXPIRES SAIMS LICENSEE EVENT REPORT (LER) DOCKET NUMBER (2) FACILITY NAME (1) 1 OF 0 1 0 15 10 10 10 13 19 15 Virgil C. Summer Nuclear Station TITLE (4) Personnel Error Leads to Missed Surveillance of "Specific Activity" REPORT DATE (7) OTHER FACILITIES INVOLVED (8) LER NUMBER (A) FACILITY NAMES DOCKET NUMBER(S) PEQUENTIAL NUMBER MONTH DAY MONTH DAY YEAR 0 | 5 | 0 | 0 | 0 | 0|0|0|1|0|2|9|0 1 2 0 3 8 9 8 9 0 1 9 0 | 5 | 0 | 0 | 0 | THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR & (Check one or more of the following) (11) OPERATING 80.73(a)(2)(iv) 20.408(e) 73.71(4) 80.79(a)(2)(v) 20.408 (w)(1)(D 80.28(a)(1) 0,0,0 OTHER (Specify in Abstract below and in Text, NRC Form 366A) 00.7361(2)(va) 20.406(4)(1)(8) 80 38(a)(2) 80 73(a)(2)(a)(i) 20.408(a)(1)(m) 80.73ta)(2)(I) 00.73(4)(2)(VIII)(B) 20.408 (a)(1)(iv) 80.73(4)(2)(8) 90 73(e)(2)(a) 80.734 (2)(00) 20.408 (a)(1)(v) LICENSEE CONTACT FOR THIS LER (12) TELEPHONE NUMBER NAME AHEA CODE W. R. Higgins, Supervisor, Regulatory Compliance 8,0,3 3 | 4 | 5 | - | 4 | 0 | 4 | 2 COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13) MANUFAC-CAUSE SYSTEM COMPONENT CAUSE SYSTEM COMPONENT A N

ABSTRACT (Limit to 1400 species i.e. approximately fifteen single space typewritten lines) [16]

YES III VOI, COMPINE EXPECTED SUBMISSION DATE!

As a result of a plant trip that occurred at 2223 on 12-2-89 the reactor coolant was sampled at 0145 on 12-3-89 to comply with Table 4.4-4, Item 4b of Technical Specification 3/4.4.8 "Specific Activity." However, the results of the sample were not reviewed by chemistry personnel until 0615 and were not recognized as being out of tolerance until 1330. Based on these occurrences, it was determined that a violation of the Limiting Condition For Operation (LCC) of specification 3/4.4.8 had occurred due to personnel failing to recognize an out of tolerance value and consequentially failing to meet the requirements of the Technical Specification action statement.

YEAR

MONTH

EXPECTED

DAY

This event took place due to the failure of a chemistry specialist to review the results of the sample analysis in a timely manner and, furthermore, upon performing the review, failure to properly evaluate the result with respect to guidance given in chemistry procedures.

The following corrective actions were taken:

Another sample of the reactor coolant system was taken and analyzed as prescribed by specification 3/4.4.8. This sample yielded satisfactory results and verified compliance with the LCO.

Chemistry Personnel will receive specialized training with respect to understanding the limits and actions of technical specifications.

Improvements have been made to the procedures involved.

SUPPLEMENTAL REPORT EXPECTED (14)

A review has been made to correct procedures involving similar technical specification requirements.

NRC Form 366A

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO. 3150-0104

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PLANT IDENTIFICATION:

Westinghouse - Pressurized Water Reactor

EQUIPMENT IDENTIFICATION:

No equipment was involved in this event.

IDENTIFICATION OF EVENT:

Personnel error led to a missed sample for a "Specific Activity" surveillance requirement.

EVENT DATE:

December 3, 1989

REPORT DATE:

January 2, 1990

This report was initiated by Off-Normal Occurrence Report 89-106.

CONDITION PRIOR TO EVENT:

Mode 3, 0% power, post trip conditions

DESCRIPTION OF EVENT:

Table 4.4-4, Item 4b of Technical Specification 3/4.4.8, "Specific Activity," requires that the reactor coolant system be sampled and analyzed between 2 to 6 hours following a change in thermal power exceeding 15% of RATED THERMAL POWER within a 1 hour period. As a result of a plant trip that occurred at 2223 on 12-2-89, a sample of the reactor coolant system was taken at 0145 on 12-3-89. The results of the computer analysis for the sample printed out at 0340 and indicated that Dose Equivalent Iodine-131 (DEI-131) was 1.04 μ ci/gm, which is above the specification limit of 1.0 μ ci/gm. However, this result was not reviewed by chemistry personnel until 0615 and was not recognized as being out of tolerance until 1330.

Due to the time involved to recognize the out-of-tolerance value, the time requirement imposed by the applicable action of technical specification 3/4.4.8 had already expired. Therefore, it was determined that a violation of specification 3/4.4.8 had occured.

Immediate steps were taken to implement the appropriate action statement of specification 3/4.4.8. This resulted in the Reactor Coolant System being resampled, analyzed and reviewed by 1605. The DEI-131 value for this sample indicated an allowable value of 0.26 μ ci/gm and verified the restoration of the LCO.

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION					U.S. NUCLEAR REGULATORY COMMISSION APPROVED OMB NO. 3150-0104 EXPIRES: 8/31/86					
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CAUSE OF EVENT:

This event took place due to the failure of a chemistry specialist to review the results of the sample analysis in a timely manner and, furthermore, upon performing the review, failure to properly evaluate the result with respect to guidance given in chemistry procedure CP-303, "Determination of Dose Equivalent Iodine and Iodine Isotopic Analysis" and in surveillance test procedure STP-604.004, "Determination of Iodine Isotopic."

ANALYSIS OF EVENT:

Although the surveillance was not completed within the required intervals, no safety consequences resulted from this event. The results of the first sample indicated that the most severe requirement of specification 3/4.4.8 that would have been imposed is to remain in Mode 3 until DEI-131 is verified within its limits. The plant remained in Mode 3 for the duration of the event and the DEI-131 was verified within its limit prior to entry to Mode 2. Thus, the operational requirements of specification 3/4.4.8 were met throughout the event and therefore the safety of the plant remained at the same level as if a violation had not occurred.

IMMEDIATE CORRECTIVE ACTION:

Another sample of the reactor coolant system was taken and analyzed as prescribed by specification 3/4.4.8. This sample yielded satisfactory results and verified compliance with the LCO.

ADDITIONAL CORRECTIVE ACTION:

- A review of all technical specification chemistry requirements has been made to assure adequate procedural control exists to defend against similar occurrences.
- The procedures involved have been revised to clarify the purpose, acceptance criteria, and actions to be taken for out of tolerance results.
- 3. Chemistry Personnel will receive specialized training with respect to understanding the technical specification limits and actions in which their actions play a significant role in the ability to operate the plant in a manner which is consistent with Technical Specifications. Included in this training will be a review of Radiochemistry Laboratory Instruction 89-06 which emphasizes the importance of timely analysis and data review. Also, instruction will be given in the use of a "Trip Menu" which aids the Shift Chemist in ensuring that all chemistry actions required by Technical Specifications are taken following a reactor trip. This training will be completed by January 31, 1990.

PRIOR OCCURRENCES:

NONE