

Dear Mr. Grier:

This L.E.R. refers to setpoint drift of a timer relay. The governing Technical Specification is Table 3.2.B.

S

U. S. NUCLEAR REGULATORY COMMISSION

LICENSEE EVENT REPORT

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

01 | P | A | P | B | S | 3 | 0 | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 4 | 1 | 1 | 1 | 1 | 0 | 3 | 0 | 5 | 7 | 9 | 9

8 9 14 15 25 26 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

LICENSÉE CODE LICENSE NUMBER LICENSE TYPE CAT 58

JN/T

01 | L | 0 | 5 | 0 | - | 0 | 2 | 7 | 8 | 0 | 2 | 1 | 2 | 7 | 9 | 0 | 3 | 0 | 5 | 7 | 9 | 9

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | While at power, during performance of a surveillance test the setpoint

03 | of the B Core Spray Pump start timer was found to be 0.32 seconds less

04 | than the Tech Spec limit of 5.0 seconds. Safety significance was minimal

05 | since the redundant system was operable.

06 | _____

07 | _____

08 | _____

09 | _____

SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

09 | S | F | 11 | E | 12 | A | 13 | R | E | L | A | Y | X | 14 | M | 15 | Z | 16

9 10 11 12 13 14 15 16 17 18 19 20

LE R NO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

17 | 7 | 9 | - | 0 | 0 | 6 | / | 0 | 3 | L | 0

21 22 23 24 25 26 27 28 29 30 31 32

ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPD-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

18 | E | 19 | Z | 20 | Z | 21 | 0 | 0 | 5 | 0 | N | 23 | N | 24 | N | 25 | A | 1 | 0 | 9

33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 | The cause was setpoint drift on Agastat timer relay Model CR2320. The

11 | timer relay was immediately readjusted, tested satisfactorily, and

12 | returned to service.

13 | _____

14 | _____

FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

15 | E | 28 | L | 0 | 0 | 29 | N/A | B | 31 | Surveillance Test

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

16 | Z | 33 | Z | 34 | N/A | N/A

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

17 | 0 | 0 | 0 | 37 | Z | 38 | N/A

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

PERSONNEL INJURIES NUMBER DESCRIPTION

18 | 0 | 0 | 0 | 40 | N/A

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

19 | N/A

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

DESCRIPTION

20 | N/A

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

NAME OF PREPARER M. J. Cooney PHONE (215) 841-5020

7003120242

Acc 2
5/11