

LICENSEE EVENT REPORT

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

0 1 | I | L | D | R | S | 2 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5
7 8 9 14 15 25 26 37 38 49 50

CON'T
0 1 | REPORT SOURCE | L | 5 | 0 | 5 | 0 | 0 | 0 | 2 | 3 | 7 | 7 | 0 | 8 | 1 | 5 | 8 | 1 | 3 | 0 | 9 | 1 | 1 | 8 | 1 | 9
7 8 80 81 88 89 94 95 98 99

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During a normal shutdown, while performing quarterly valve timing, per procedure DOS
0 3 | 1600-1, the solenoid air supply valve for valve 1601-55 was determined to be inopera-
0 4 | tive, (Tech. Spec. 3.7.A.6.a) which prevented the valve 1601-55 from closing. This
0 5 | event is of minimum safety significance, since the valve operation was not required at
0 6 | that time. Past occurrence R.O. 50-237/78-61.
0 7 |
0 8 |

0 9 | SYSTEM CODE | S | A | 11 | CAUSE CODE | E | 12 | CAUSE SUBCODE | A | 13 | COMPONENT CODE | V | A | L | V | O | P | 14 | COMP. SUBCODE | E | 15 | VALVE SUBCODE | Z | 16 |
7 8 9 10 11 12 13 18 19 20
17 | LER/RO REPORT NUMBER | 8 | 1 | 21 | EVENT YEAR | 8 | 1 | 22 | SEQUENTIAL REPORT NO. | 0 | 5 | 0 | 23 | OCCURRENCE CODE | 1 | 0 | 24 | REPORT TYPE | L | 25 | REVISION NO. | 0 | 26 |
27 | SHUTDOWN METHOD | Z | 27 | HOURS | 0 | 0 | 0 | 22 | ATTACHMENT SUBMITTED | N | 23 | NPRO-4 FORM SUB. | Y | 24 | PRIME COMP. SUPPLIER | N | 25 | COMPONENT MANUFACTURER | A | 6 | 1 | 0 | 26 |
33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The cause of the event was due to a sticky solenoid. The valve was then put in a
1 1 | closed position. The solenoid (Asco valve number 8317A29) was replaced and tested
1 2 | satisfactorily prior to unit startup. The valve testing will continue to be performed
1 3 | quarterly.
1 4 |

1 5 | FACILITY STATUS | G | 28 | % POWER | 0 | 0 | 0 | 29 | OTHER STATUS | NA | 30 | METHOD OF DISCOVERY | B | 31 | DISCOVERY DESCRIPTION | Surveillance Testing | 32 |
7 8 9 10 11 12 13 44 45 46 80

1 6 | ACTIVITY CONTENT RELEASED | Z | 33 | AMOUNT OF ACTIVITY | NA | 35 | LOCATION OF RELEASE | NA | 36 |
7 8 9 10 11 44 45 80

1 7 | PERSONNEL EXPOSURES NUMBER | 0 | 0 | 0 | 37 | TYPE | Z | 38 | DESCRIPTION | NA | 39 |
7 8 9 11 12 13 80

1 8 | PERSONNEL INJURIES NUMBER | 0 | 0 | 0 | 40 | DESCRIPTION | NA | 41 |
7 8 9 11 12 80

1 9 | LOSS OF OR DAMAGE TO FACILITY TYPE | Z | 42 | DESCRIPTION | NA | 43 |
7 8 9 11 12 80

2 0 | PUBLICITY ISSUED DESCRIPTION | N | 44 | NA | 45 |
7 8 9 10 80

8109230461 810911
PDR ADDCK 05000237
S PDR

NRC USE ONLY

NAME OF PREPARER Anthony Anadappa

PHONE: (815)942-2920 X421



Commonwealth Edison

DEVIATION REPORT

DVR NO.	STA	UNIT	YEAR	NO.
D-12-2	-	81	-	92

PART 1 TITLE OF DEVIATION: PCIV 1601-55 Failed Solenoid

SYSTEM AFFECTED: 1600

PLANT CONDITIONS: MODE Refuel, PWR (MW) 0, LOAD (MWE) 0

TESTING: YES NO

OCURRED: DATE 8/15/81, TIME 1300

DESCRIPTION OF EVENT: While performing DOS 1600-1, valve 1601-55 was found to have a failed solenoid. Valve was put in closed position.

DESCRIPTION OF CAUSE: Failed solenoid

OTHER APPLICABLE INFORMATION: This is a group two isolation valve. The line was left in isolated condition until repairs were made.

EQUIPMENT FAILURE: YES NO

DR NO.: -

WR NO.: 15203

J. R. Doxsey
RESPONSIBLE SUPERVISOR

8/15/81
DATE

PART 2 OPERATING ENGINEERS COMMENTS: The solenoid was changed and valve was verified operable prior to unit startup.

TYPE OF DEVIATION REPORTABLE OCCURRENCE	EVENT OF POTENTIAL PUBLIC INTEREST	TECH SPEC VIOLATION	NON-REPORTABLE OCCURRENCE	ANNUAL REPORTING	SAFETY-RELATED WR ISSUED
<input type="checkbox"/> 14 DAY 10CFR21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/> 30 DAY NOTIFICATION 6.6.B.2.b					

REPORTABLE OCCURRENCE NUMBER	ACTION ITEM NO.	PROMPT ON-SITE NOTIFICATION
81-50/03L-0		R. M. Ragan
		TITLE _____ DATE 8/21/81 TIME -
		TITLE _____ DATE _____ TIME _____

24-HOUR NRC NOTIFICATION	PROMPT OFF-SITE NOTIFICATION
<input checked="" type="checkbox"/> TPH Mike Jordan 8/21/81	F. A. Palmer 8/21/81 11:57
REGION III DATE TIME	TITLE DATE TIME
<input type="checkbox"/> TGM N/A	
REGION III & COL DATE TIME	TITLE DATE TIME

RESPONSIBLE COMPANY OFFICER INFORMED OF 10CFR21 CONDITIONS AND THEIR REPORT TO NRC: T. Lane

REVIEW AND COMPLETED: T. Lane OPERATING ENGINEER 8/21/81 DATE

ACCEPTANCE BY STATION REVIEW AS REQUIRED: J. Brunner 9/17/81

DATE: 9/17/81

RESOLUTION APPROVED AND AUTHORIZED FOR DISTRIBUTION: Douglas Scott 9/14/81

STATION SUPERINTENDENT DATE