NAME OF PREPARER

(SEE

PHONE

EMENTARY INFORMATION SHEFT)

SUPPLEMENTARY INFORMATION

Report No .:

50-302/81-019/03L-1

Facility:

Crystal River Unit #3

Report Date:

October 7, 1981

Occurrence Date:

13 March 1981

Identification of Occurrence:

Failure of the Engineered Safety Feature Actuation System Instrumentation Channel contrary to Technical Specification 3.3.2.1.

Conditions Prior to Occurrence:

Mode 1 power operation (100%)

Description of Occurrence:

At 2015 during normal operations, RC3, RC6, and RB3 relays tripped in ES Actuation Channel B. Emergency safeguards did not actuate. Maintenance was initiated. Operability was restored at 1315 on 14 March 1981 after satisfactory completion of SP-130, Engineered safeguards Monthly Functional Test.

Designation of Apparent Cause:

The cause of this event is attributed to a failed Hamlin relay.

Analysis of Occurrence:

There was no effect upon the health or safety of the general public.

Corrective Action:

Hamlin relay model 723-12-740 was replaced with a Crydon Model A-2410. Post maintenance testing was conducted which indicated additional problems. Further troubleshooting revealed the failure of two (2) additional relays. The relays were replaced and the failure of the relays was considered to be a result of the initial failed relay. Upon failure, relays Model 723-12-740 are replaced with Crydon relays Model A-2410. Full scale replacement of Hamlin relays with Crydon relays has been deferred pending further evaluation of the suitability of Crydon relays for all applications. This revision affects corrective action only.

Failure Data:

This is the seventh occurrence concerning ES cabinet relays and the eighteenth event reported under this Specification.