## REPORTABLE OCCURRENCE

- 1. Report Number: 78-25.
- 2. a. Report Date: October 25, 1978.
  - b. Occurrence Date: October 4, 1978.
- 3. Facility: Trojan Nuclear Plant, P. O. Box 439. Rainier, Oregon 97048.
- 4. Identification of Occurrence:

During a periodic audit of test procedures, it was discovered that the flow rate of the containment hydrogen mixing systems was not being periodically measured as required by the Technical Specifications.

5. Conditions Prior to Occurrence:

The plant was in Mode 5, Cold Shutdown, when this event was discovered. The plant had operated in all modes during the period that the flow measurement was not performed.

6. Description of Occurrence:

The Standard Technical Specifications require that the flow rate of each hydrogen mixing system be verified once every 18 months. The minimum flow rate required by the Technical Specifications is 2500 cubic feet per minute. A review of the plant's surveillance testing procedures revealed that this parameter was not included in the ventilation system test program and, as a result, was not being verified at the required frequency.

Following the identification of the discrepancy, the flow rate in both hydrogen mixing systems was measured. The flow rate in the "A" hydrogen mixing system was found to be 2100 cubic feet per minute which is below the minimum Technical Specification limit. The "B" hydrogen mixing system flow rate was 2500 cubic feet per minute.

A review of the preoperational test of both systems was also conducted. Although the flow rates of both systems met the acceptance critiera of the test, they were both between 5 and 9 percent below the minimum Standard Technical Specification limit.

7. Designation of Apparent Cause of Occurrence:

The apparent cause of this event is attributed to procedural deficiencies. The surveillance testing procedures for the hydrogen mixing system failed to specify the Technical Specification requirement to measure system flow rate.

In addition, the preoperational test procedure was deficient in that it contained acceptance criteria that were less conservative than the design parameters for this system.

## 8. Analysis of Occurrence:

This event had no effect on either plant or public safety. System flowrates were measured and adjusted to comply with the Technical Specification limits.

## 9. Corrective Action:

- a. Plant procedures will be revised to incorporate periodic measurements of hydrogen mixing system flow rates.
- b. The hydrogen mixing fans were adjusted to increase the system flow rates to values above the minimum Technical Specification limits.

## LICENSEE EVENT REPORT

EXHIBIT A

	CONTROL BLOCK: [ ] ] ] [ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)
0 1	O R T N P 1 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 1 0 57 CAT SJ
CONT	SOURCE L 60 5 0 - 0 3 4 4 7 10 0 4 7 8 8 1 0 2 5 7 8 9
0 2	EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  RO #78-25: DURING A PERIODIC AUDIT OF TEST PROCEDURES, IT WAS DISCOVERED
0 3	THAT THE FLOW RATE OF THE CONTAINMENT HYDROGEN MIXING SYSTEMS WAS NOT
0 4	BEING PERIODICALLY MEASURED AS REQUIRED BY THE TECHNICAL SPECIFICATIONS.
0 5	L SUBSEQUENT TESTING REVEALED THE FLOW RATE IN THE "A" MIXING SYSTEM WAS
0 6	16 PERCENT BELOW THE MINIMUM TECHNICAL SPECIFICATION LIMIT (STS 4.6.4.4.b).
0 7	
0 8	
09	SYSTEM CAUSE SUBCODE COMPONENT CODE SUBCODE SUBCODE SUBCODE SUBCODE SUBCODE
•	LER/RO EVENT YEAR REPORT NO. CODE TYPE NO.
	NUMBER 21 22 23 24 26 27 28 29 30 31 32  ACTION FUTURE FEFECT SHUTDOWN
	TAKEN ACTION ON PLANT METHOD HOURS (22) SUBMITTED FORM SUB. SUPPLIER MANUFACTURER [G 16 Z 19 Z 20 Z 20 Z 21 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10	CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  THE APPARENT CAUSE IS ATTRIBUTED TO PROCEDURAL DEFICIENCIES. THE SUR-
11	VEILLANCE TESTING PROCEDURES FOR THIS SYSTEM FAILED TO SPECIFY THE RE-
1 2	QUIREMENT TO MEASURE FLOW RATE. PROCEDURES WILL BE REVISED TO INCORPORATE
13	THIS REQUIREMENT. BOTH FANS WERE ADJUSTED TO SUPPLY THE REQUIRED FLOW.
14	<u> </u>
	STATUS  STATUS  STATUS  STATUS  OTHER STATUS
	CCTIVITY CONTENT  ELEASED OF RELEASE AMOUNT OF ACTIVITY 35  NA N
17	PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION (39) NA  11 12 13
1 8	PERSONNEL INJURIES NUMBER OCSCRIPTION (1) NA NA
19	TYPE DESCRIPTION NA NA
20	PUBLICITY SSUED DESCRIPTION (4) NA NA NA NA NA NA
, .	NAME OF PREPARER R. P. SCHMITT PHONE: 503 556-3713 X-235