

REPORT DATE: November 22, 1978

REPORTABLE OCCURRENCE 78-33

OCCURRENCE DATE: October 27, 1978

ISSUE 0

PAGE 1 of 3

FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO
P. O. BOX 361
PLATTEVILLE, COLORADO 80651

REPORT NO. 50-267/78-33/03-L-0

Final

IDENTIFICATION OF
OCCURRENCE:

During routine surveillance testing of the steam pipe rupture detection system, one of the high temperature bistable switches did not trip.

This resulted in operation under a degraded mode permitted by LCO 4.4.1 and is reportable per Fort St. Vrain Technical Specification AC 7.5.2(b)2.

EVENT
DESCRIPTION:

On October 27, 1978, while operating at 12% reactor power with no electrical output, plant instrument personnel performing routine surveillance testing, noted that one of the three bistables for high temperature under the PCRV did not trip.

Two other redundant bistables were available as indicated by a successful test.

See Figure 1 (typical for redundant channels). A combination of ultrasonic noise, detected by noise detectors, (1), in conjunction with a pressure rise, detected by pressure differential switches, (2), or a temperature rise, detected by temperature switches, (3), indicates a pipe rupture. If a pipe rupture occurs, the loop shutdown logic, (4), initiates a loop shutdown, (5), through a series of solid state electronics and relays.

The inoperable channel was placed in a tripped condition in compliance with LCO 4.4.1 requirements and was returned to service following repair and test.

CAUSE
DESCRIPTION:

The cable between the temperature element and the temperature switch was open due to corrosion at a terminal board, caused by moisture leaking into the junction box.

CORRECTIVE
ACTION:

The terminal board and junction box have been replaced and the junction box sealed with silicone to prevent a recurrence of the problem.

No further corrective action is anticipated or required.

7811280318

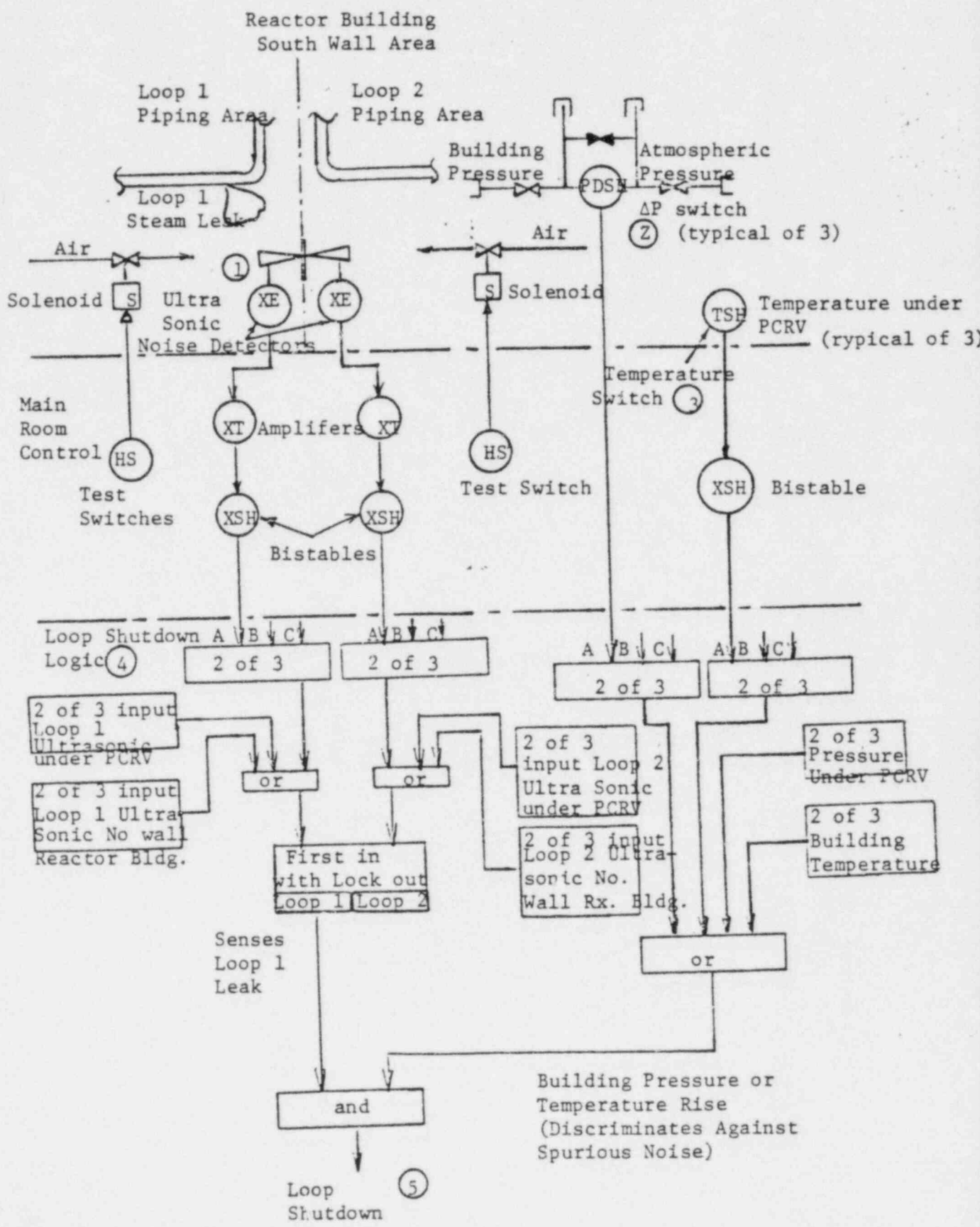


Figure 1

Prepared by: Asa Reed Jr.
Asa Reed, Jr.
Technical Services Technician

Reviewed by: J. W. Gahn
J. W. Gahn
Technical Services Supervisor

Reviewed by: Frank M. Mathie
Frank M. Mathie
Operations Manager

Approved by: Don Warembourg
Don Warembourg
Manager, Nuclear Production

LICENSEE EVENT REPORT

CONTROL BLOCK: _____ (1)

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 | 1 | C | O | F | S | V | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 4 | 1 | 1 | 2 | 0 | 4 | _____ | 5
7 8 9 14 15 25 26 57 CAT 58
 LICENSEE CODE LICENSE NUMBER LICENSE TYPE

0 | 1 | R | E | P | O | R | T | S | O | U | R | C | E | L | 6 | 0 | 5 | 0 | 0 | 0 | 2 | 6 | 7 | 7 | 1 | 0 | 2 | 7 | 7 | 8 | 8 | 1 | 1 | 2 | 2 | 7 | 8 | 9
7 8 60 61 68 69 74 75 80
 REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 | 2 | During routine surveillance of the steam pipe rupture detection system one of the
 0 | 3 | three bistables for high temperature under the PCRV did not trip. Redundant systems
 0 | 4 | were available and operable. Event was not repetitive. Cable terminal board in
 0 | 5 | junction box was replaced and the surveillance test was successfully completed. No
 0 | 6 | accompanying occurrences, no effects on public health.
 0 | 7 |
 0 | 8 | _____

0 | 9 | _____ | 80
7 8 9

SYSTEM CODE I B 11 <small>9 10</small>	CAUSE CODE E 12 <small>11</small>	CAUSE SUBCODE D 13 <small>12</small>	COMPONENT CODE I N S T R U 14 <small>13 18</small>	COMP. SUBCODE X 15 <small>19</small>	VALVE SUBCODE Z 16 <small>20</small>
LER RO REPORT NUMBER 17 7 8 <small>21 22</small>	EVENT YEAR 7 8 <small>21 22</small>	SEQUENTIAL REPORT NO. 0 3 3 <small>24 26</small>	OCCURRENCE CODE 0 3 <small>28 29</small>	REPORT TYPE L <small>30</small>	REVISION NO. 0 <small>32</small>
ACTION TAKEN C 18 <small>33</small>	FUTURE ACTION Z 19 <small>34</small>	EFFECT ON PLANT Z 20 <small>35</small>	SHUTDOWN METHOD Z 21 <small>36</small>	HOURS 0 0 0 0 0 22 <small>37 40</small>	ATTACHMENT SUBMITTED Y 23 <small>41</small>
PRD-4 FORM SUB. N 24 <small>42</small>		PRIME COMP. SUPPLIER N 25 <small>43</small>		COMPONENT MANUFACTURER X 9 9 9 9 26 <small>44 47</small>	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 | 0 | A cable terminal board at the junction box was open circuited due to corrosion.
 1 | 1 | Corrosion was the result of humidity and temperature in ambient atmosphere. Terminal
 1 | 2 | board and junction box was replaced and surveillance test successfully completed.
 1 | 3 | No further corrective action required.
 1 | 4 | _____

1 | 5 | FACILITY STATUS: E | 28 | % POWER: 0 | 1 | 2 | 29 | OTHER STATUS: N/A | 30 | METHOD OF DISCOVERY: B | 31 | DISCOVERY DESCRIPTION: Surveillance Test | 32
7 8 9 10 12 13 44 45 46 80

1 | 6 | ACTIVITY CONTENT: Z | 33 | RELEASED OF RELEASE: Z | 34 | AMOUNT OF ACTIVITY: N/A | 35 | LOCATION OF RELEASE: N/A | 36
7 8 9 10 11 44 45 80

1 | 7 | PERSONNEL EXPOSURES: 0 | 0 | 0 | 37 | TYPE: Z | 38 | DESCRIPTION: N/A | 39
7 8 9 11 12 13 80

1 | 8 | PERSONNEL INJURIES: 0 | 0 | 0 | 40 | DESCRIPTION: N/A | 41
7 8 9 11 12 80

1 | 9 | LOSS OF OR DAMAGE TO FACILITY: Z | 42 | DESCRIPTION: N/A | 43
7 8 9 11 12 80

2 | 0 | PUBLICITY ISSUED: N | 44 | DESCRIPTION: N/A | 45
7 8 9 10 12 80