

Shippingport, PA 15077-0004

Telephone (412) 393-6000

November 23, 1990 ND3MNO:3063

Beaver Valley Power Station, Unit No. 1 Docket No. 50-334, License No. DPR-66 LER 90-016-00

United States Nuclear Regulatory Commission Document Control Desk Washington, DC 20555

Gentlemen:

In accordance with Appendix A, Beaver Valley Technical Specifications, the following Licensee Event Report is submitted:

LER 90-016-00, 10 CFR 50.73.a.2.iv, "ESF Actuation - Low Head Safety Injection Recirculation Valve Closed During Testing".

Very truly yours,

T. P. Noonan General Manager

Nuclear Operations

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Attachment

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November 23, 1990 ND3MNO:3063 Page two

cc: Mr. T. T. Martin, Regional Administrator United States Nuclear Regulatory Commission Region 1 475 Allendale Road King of Prussia, PA 19406

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Director, Safety Evaluation & Control Virginia Electric & Power Co. P.O. Box 26666 One James River Plaza Richmond, VA 23261 November 23, 1990 ND3MNO:3063 Page three

> W. Hartley Management Analysis Company 112671 High Bluff Drive San Diego, CA 92130-2025

J. M. Riddle NUS Operating Service Corporation Park West II Cliff Mine Road Pittsburgh, PA 15275 LICENSEE EVENT REPORT (LER)

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS AND REPORTS MANAGEMENT BERANCH (P-530). U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20655, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104). OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20603

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On 10/24/90, operators were performing the Safeguards Protection System Train B Test (OST 1.1.12). During the performance of this unanticipated closure of Train B Low Head Safety test, an Pump minimum flow line isolation valve MOV-SI-885B Injection occurred. Operators terminated OST 1.1.12 and manually opened MOV-SI-885B from the control board. Instrumentation and Control technicians investigated this event and determined that the 3-4 contact pair of Solid State Protection System relay K641B had failed, allowing current to pass while the contacts were supposed to be open. This relay failure caused valve MOV-SI-885B to Technicians replaced the 3-4 contact pair in relay close. K641B. The event was apparently caused by the contact pair not properly opening after testing during the last performance of OST 1.1.12 on 9/21/90. There were no safety implications due to this event. This failure only affected the Train B Low Head Safety Injection Pump recirculation capability. The pump would have been tally capable of performing its design function in the event of a large break LOCA where recirculation flow is not required. The Train A System was operable throughout the event. The failure of one train of safety injection is bounded by analysis in Beaver Valley's UFSAR Section 6.3.1.2, "ECCS Single Failure Criterion Compliance".

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U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO. 3150-0104 EXPIRES 4/30/92

LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS AND REDURTS MANAGEMENT BRANCH (P.530), U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503

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Description of Event

On 10/24/90, operators were performing the Safeguards Protection System Train B Test (OST 1.1.12). This test verifies the operability of Train B Solid State Protection System (SSPS) actuation circuitry by inputting test signals into SSPS and observing relay actuations. Actual safeguard component actuations are inhibited during the test by the use of designed blocking features.

At 2112 hours, operators initiated OST 1.1.12. Continuous communications between the control room and the operators performing the test was established. The first relay tested in the procedure was the Main Feedwater Isolation and Safety Injection Automatic Transfer Relay (K642B). At 2115 hours, Operators input a test signal to energize relay K642B. At this time, the Train B Low Head Safety Injection (LHSI) Pump min mum flow line isolation valve MOV-SI-885B closed. Operators immediately stopped the test to evaluate this unanticipated actuation. Aside from inputting this one test signal, no other manipulations had been performed on the SSPS circuitry.

MOV-SI-885B is normally open during operation and is designed to remain open during the early stages of an accident to provide minimum flow protection for the B LHSI pump. In the later stages, the valve will automatically close. The automatic closure signal is generated from a safety injection signal coincident with a low Refueling Water Storage Tank level. The Refueling Water Storage Tank serves as the initial supply for safety injection water.

NAC FORM 366A

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO. 3150-0104 EXPIRES: 4/30/92

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST 80.0 HRS. FORWARD COMMENTS REGARDING BURDEN 85 / IMATE TO THE RECORDS AND REPORTS MANAGEMENT BRANCH (P-530), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20658, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20603.

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Review of station prints showed that safety injection relay K642B initiated a close signal to MOV-SI-885B. This signal was blocked by contacts 3-4 of Refueling Water Storage Tank (RWST) Low Level relay K641B (Westinghouse Model AR440AR). During power operation, this relay is de-energized due to normal level being maintained in the RWST. Before the test had been started, operators had erified as part of its required initial conditions section that there was no low level signal from the RWST. This verified that relay K641B should have been de-energized, so it's 3-4 controt pair should have been open, blocking the 120 VAC MOV-SI-885B. I&C technicians attempted to verify which closes the contact condition by measuring the voltage across the 3-4 contact pair of relay K641B. However, instead of the full 120 VAC that should have been across the relay's contacts, the technicians found there was only 57 VAC potential across them. The voltage between the other contacts of relay K641B was All other contact pairs had a full 120 VAC across them, verifying that they were open and that relay K641B was de-energized.

At 2216 hours, operators reset relay K642B and terminated OST 1.1.12. Operators then manually opened MOV-SI-885B. The valve was declared inoperable due to the failed 3-4 contacts of relay K641B. The components that receive actuation signals from the other contacts of relay K641B were not declared inoperable, based on the satisfactory voltage test results of those contacts.

Cause of Event

This event was caused by the failed 3-4 contact pair of relay K641B. Even though the relay was verified to be de-energized, its normally open 3-4 contacts were not fully open and allowed current to pass.

As stated above, relay K641B is normally de-energized during power operations. The only time this relay is energized is for testing during the last steps of OST 1.1.12. When that part of the procedure is being performed, relay K641B is energized via a test signal and the voltages across the contacts of relay K642B are measured to verify proper operation of relay K641B. The test signal is then removed and operators verify that relay K641B de-energizes.

The 3-4 contacts of relay K641B had apparently failed to fully open after being closed for testing during the last previous performance of OST 1.1.12. This previous test was performed on 9/21/90.

TEXT CONTINUATION

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE RECORDS AND REPORTS MANAGEMENT BRANCH (P-530). U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20565, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104). OFFICE OF MANAGEMENT AND BUDGET WASHINGTON.

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Previous Similar Events

Review of station records showed no previous similar Licensee Event Reports. One similar failure of this relay had occurred on 10/28/85, when the 3-4 contacts of relay K641B apparently failed to fully open after testing. During this previous event, 54 volts were measured across the contact pair instead of the full condition cleared and could not be reproduced. No further corrective actions were taken at that time.

The NPRDS database was reviewed for failures of AR440AR relays. No failures similar to the one described in this event were identified.

Corrective Actions

- 1) I&C removed and inspected the 3-4 contact set. No cause for the failure was evident. No evidence of arcing (contact burning or pitting) was noted. The contacts appeared to be order to assure contact reliability, the contact set was retested and MOV-SI-885B was returned to service at 2016
- 2) An engineering evaluation of relay K641B and its "as-installed" application has been initiated. If no specific cause for this failure can be verified, the relay will be replaced during an upcoming outage.

Safety Evaluation

There were no safety implications due to this event. The failure of the K641B relay caused MOV-SI-885B to be inoperable. This caused the Train B Low Head Safety Injection (LHSI) Pump to be performing its design function for any event where minimum LHSI system is comprised of two redundant trains, either of which during an accident. Failure of one train of the LHSI system is complying all required safety injection flow bounded by Beaver Valley Unit 1 safety analysis (Reference: UFSAR Section 6.3.1.2, "ECCS Single Failure Criterion Compliance").