

LICENSEE EVENT REPORT

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

01 | NCBEPL | 200-000000-000 | 41111 | 5 |
7 8 9 14 15 25 26 30 57 CAT 58 9
LICENSEE CODE LICENSE NUMBER LICENSE TYPE

CON'T
01 | L | 050-0325 | 102282 | 111882 | 9
7 8 60 61 68 69 74 75 80
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | During plant shutdown operations, while performing SRM System Channel Functional Test,
03 | PT-01.2.1a, SRM A would not fully withdraw from the core. On October 24, 1982, SRM D
04 | was observed showing erratic indications. At the time of each event, SRM B was out
05 | of service, as it was declared inoperable on November 15, 1981, due to delayed
06 | indication response. Neither of these events affected the health and safety of
07 | the public.

08 | _____ Technical Specifications 3.3.5.4b, 6.9.1.9b _____
7 8 9 80

09 | RB | E | B | M E C F U N | Z | Z |
7 8 9 10 11 12 13 14 15 16
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE
17 | 82 | 113 | 03 | L | 0 |
7 8 21 22 23 24 26 27 28 29 30 31 32
LER/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 | Metal fragments from wear of the detector drive tube roller bearing had accumulated
11 | between the tube and the drive housing bushing, preventing full detector withdrawal of
12 | SRM A. Electrical shorting of the detector output signal to SRM D resulting from a
13 | cut in the detector cable, caused the monitor to show erratic indications. Parts of
14 | the drive assembly to SRM A were replaced and the cut cable to SRM D was repaired
and both monitors were returned to service.

15 | G | 0000 | NA | B | Periodic Test
7 8 9 10 11 12 13 44 45 46 80
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

16 | Z | Z | NA | NA |
7 8 9 10 11 12 13 44 45 80
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

17 | 000 | Z | NA |
7 8 9 10 11 12 13 44 80
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

18 | 000 | NA |
7 8 9 10 11 12 13 44 80
PERSONNEL INJURIES NUMBER DESCRIPTION

19 | Z | NA |
7 8 9 10 11 12 13 44 80
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

20 | N | NA |
7 8 9 10 11 12 13 44 80
ISSUED DESCRIPTION

8211290489 821118
PDR ADCK 05000325
S PDR

NRC USE ONLY

NAME OF PREPARER M. J. Pastva, Jr.

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Facility: BSEP Unit No. 1

Event Date: October 22, 1982

On October 22, 1982, while performing SRM System Channel Function Test, FF-01.2.1a, it was discovered SRM A would not fully withdraw. An inspection of the monitor detector drive mount assembly components revealed that an accumulation of metal fragments between the detector drive tube and drive tube housing bushing had prevented full withdrawal of the detector. The subject metal fragments were attributed to a worn roller bearing, No. 209A5034P003, in the detector drive tube bearing bracket, No. 919D591G001. In order to facilitate a timely return of SRM A to service the detector drive tube, housing, and gear box were replaced with the corresponding components from SRM B. SRM A was then satisfactorily tested as per PT-01.2.1a and returned to service. SRM B has been inoperable since November 15, 1981, due to delayed indication response. SRM B will be repaired during the upcoming Unit No. 1 refueling outage.

On October 24, 1982, the indications shown by SRM D were observed to be erratic. An investigation of this problem revealed that a cut in the monitor detector cable had permitted ambient humidity to electrically short the monitor detector output signal resulting in the erratic instrument indication. It was determined the subject instrumentation cable cut occurred on October 3, 1982, while rotating the undervessel work platform to ensure sufficient clearance existed to withdraw SRMs for the performance of SRM Channel Functional Test, PT-01.2.1a. At that time it was confirmed that the platform had rotated to where it engaged and broke the detector cable of SRM A. However, unknown at the time, a cut had occurred in the detector cable of SRM D, when the monitor cable engaged the rotated platform. At the time of the October 3, 1982, event, which has been reported in LER 1-82-102, an inspection for other SRM cable damage failed to reveal the subject cut. From the time the cut occurred until this event normal operation of SRM D continued. The damaged detector cable to SRM D was repaired by soldering a new section of cable shielding over the subject cut site and applying heat-shrink type insulation covering over the entire repair area. SRM D was then tested in accordance with PT-01.2.1a and was returned to service.

Prior to the October 22, 1982 event involving SRM A, there was no history of bearing failures involving the SRM and IRM drive assemblies on both units. As the SRM A roller bearing failure is the first occurrence of its kind on either unit, this failure is not considered to be of generic concern. Therefore, further active, specific to the incurred bearing failure, is not required nor planned.

The root cause of the event leading to the failure of SRM D has already been reported in LER 1-82-102. Corrective actions identified in that report are directly applicable to the incurred failure of SRM D. On that basis, further corrective actions regarding the failure of SRM D are not required or planned.