NAC FORM 366 U. S. NUCLEAR REGULATORY COMMISSION (7.77) LICENSEE EVENT REPORT (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION) CONTROL BLOCK: (1)Ø Ø Ø - Ø Ø 3 4 1 1 1 1 1 0 0 0 1 (2) H D B S Ø 101 01 0 1 LICENSE NUMBER CON'T 4 6 7 1 1 1 0 5 8 2 8 1 2 0 2 8 2 REPORT LG (9) 51 ØI ØI ØI 3 0 1 SOURCE DOCKET NUMBER EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10) (NP-33-82-70) On 11/5/82 at 1350 hours, an operator found door 400 not completely 0 2 closed and latched. The door was not blocked open, but was being held open by a dif-0 3 ferential pressure across it. Since door 400 is a nega ive pressure boundary door for 0 4 the spent fuel pool area and a fire door, the unit entered the action statements of 0 5 Technical Specifications 3.9.12 and 3.7.10. There was no danger to the health and 0 6 safety of the public or station personnel. The differential pressure created by an 0 7 Emergency Ventilation System actuation would have caused the door to close. 0 8 CAUSE COMP CAUSE SYSTEM VALVE COMPONENT CODE SUBCODE CODE Z (15 Z (16) X (13) Z 22 Z (14 S H (11 (12 A 0 9 REVISION OCCURRENCE REPORT SEQUENTIAL CODE LER/RO EVENT YEAR NO REPORT NO. 8 2 Ø Ø 01517 3 L REPORT NUMBER COMPONENT PRIME COMP NPRD-4 SHUTDOWN ATTACHMENT SUBMITTED SEFECT TAKEN ACTION HOURS (22 FORM SUB SUPPLIER Z 101010 Y (23 N 19 9 9 (26)Z (21 0 (25) X (18)CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27) The cause is personnel error in that the last person through the door did not ensure 10 that it was securely closed. Upon discovery, the operator closed the door, removing 1 1 the unit from the action statements. All station personnel will be receiving additional training on basic security procedures. The station is investigating the feasi-1 3 bility of installing a local audible alarm on door 400 and other doors. 1 4 80 METHOD OF FACILITY (30) DISCOVERY DESCRIPTION (32) OTHER STATUS % POWER Found by operator E (28) 01917 NA A (31 5 80 CONTENT ACTIVITY LOCATION OF RELEASE (36) AMOUNT OF ACTIVITY (35 OF RELEASE RELEASED NA Z Z (33) (34) NA 6 80 45 PERSONNEL EXPOSURES DESCRIPTION (39) NUMBER Z (38) NA 01 01 ø 80 PERSONNEL INJURIES DESCRIPTION (41 NUMBER ØI Ø (40) NA Ø 80 LOSS OF OR DAMAGE TO FACILITY (43) DESCRIPTION TYPE 2 (42) NA 8212100332 821202 80 NRC USE ONLY PDR ADOCK 05000346 PUBLICITY DESCRIPTION (45 PDR G N (44) NA 68 69 80 PHONE (419) 259-5000, Ext. 369 Lynn Richter DVR 82-135 & 82-138 PREPARER.

TOLEDO EDISON COMPANY DAVIS-BESSE NUCLEAR POWER STATION UNIT ONE SUPPLEMENTAL INFORMATION FOR LER NP-33-82-70

DATE OF EVENT: November 5, 1982

FACILITY: Davis-Besse Unit 1

IDENTIFICATION OF OCCURRENCE: Spent Fuel Pool Negative Pressure Boundary Door 400 not completely closed and latched

Conditions Prior to Occurrence: The unit was in Mode 1, with Power (MWT) = 2686 and Load (Gross MWE) = 906

Description of Occurrence: On November 5, 1982 at 1350 hours, an operator found door 400 not completely closed and latched. This door opens into the southwest stairway in the Auxiliary Building on the 603' level and is a part of the negative pressure boundary for the spent fuel pool area. The door was not blocked open, but was being held open by a differential pressure across it.

Technical Specification 3.9.12 requires two independent Emergency Ventilation Systems (EVS) servicing the spent fuel pool area to be operable whenever irradiated fuel is in the storage pool. Due to door 400 being open, the effectiveness of the EVS in drawing down the spent fuel pool area to a negative pressure $\geq 1/8$ " water gauge, is reduced. The action statement requirements of Technical Specification 3.9.12 were being met since there were no operations ongoing at the time of the occurrence involving the movement of fuel within the pool or crane operations with loads over the pool.

Technical Specification 3.7.10 was also invoked since door 400 is also a fire door. Upon discovery, the operator closed the door, removing the unit from the action statements.

Designation of Apparent Cause of Occurrence: The cause of this occurrence is personnel error in that the last person through the door did not ensure that it was securely closed. However, the responsible person(s) could not be identified. Under normal ventilation conditions, the closure mechanism on this door will ensure that it is completely closed. The stairwell in which door 400 opens into is serviced by the Radwaste Area Supply and Exhaust Fans. On November 5, 1982, the supply fan tripped, and the exhaust fans kept running. This created a negative pressure in the stairwell and prevented the closure mechanism from completely closing the door.

Nontheless, the person passing through the door should have noticed that the door did not slam shut, as it does under normal conditions, and should have personally ensured that the door was securely latched.

Analysis of Occurrence: There was no danger to the health and safety of the public or station personnel. In the event of an EVS actuation, the TOLEDO EDISON COMPANY DAVIS-BESSE NUCLEAR POWER STATION UNIT ONE SUPPLEMENTAL INFORMATION FOR LER NP-33-82-70 PAGE 2

Radwaste Area Exhaust Fans would have been automatically tripped, and the differential pressure due to the EVS would have caused the door to close.

<u>Corrective Action</u>: The station has previously taken many actions to prevent recurrences of this problem. However, in addition to these actions, Security will be implementing a program which will require every person to read and sign ten basic security procedures prior to receiving a badge. One of the procedures emphasizes that it is the individual's responsibility to make sure all negative pressure boundary and fire doors are secured behind them when entering or exiting an area.

The station is investigating the feasibility of installing local audible alarms on door 400 and other negative pressure boundary and fire doors. These alarms will continuously sound while a person passes through the door and will continue until the door is completely closed. In addition, Facility Change Request 82-057 has been initiated to permanently alarm door 400 and many other negative pressure boundary and fire doors under the Fire Detection/Radiation Monitoring Security System.

Failure Data: There have been many previous occurrences of open fire and negative pressure boundary doors. However, those reported within the last year include NP-33-81-91 (81-076), NP-33-82-04 (82-003), NP-33-82-05 (82-004), NP-33-82-11 (82-009), NP-33-82-16 (82-014), NP-33-82-17 (82-016), NP-33-82-27 (82-022), NP-33-82-29 (82-026), NP-33-82-35 (82-031), NP-33-82-42 (82-037), NP-33-82-48 (82-043), NP-33-82-53 and (82-048).

LER #82-057