LICENSEE EVENT REPORT

CONTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)
0 1 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 36 LICENSE TYPE 30 57 CAT 58 5
CON'T SOURCE L 6 0 5 0 0 0 3 1 8 7 0 1 3 1 8 3 8 0 3 0 2 8 3 9 EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10 At 1600 during surveillance testing, it was discovered that CV-4150,
The valve spring was
adjusted and CV-4150 returned to service at 1755. The redundant contain-
0 6 ment spray header and the four containment air coolers remained operable
0 7 during this event.
0 8 Similar events: none.
SYSTEM CAUSE COMPONENT CODE COMPONENT CODE SUBCODE SUB
The spring adjuster was not set properly and the valve was not tested
satisfactorily following replacement of the diaphragm. Initial correc-
tive actions consisted of adjusting the actuator spring and performing
a satisfactory operational check. Further corrective action will consist
of a revision to the maintenance procedure instruction.
FACILITY STATUS % POWER OTHER STATUS 30 METHOD OF DISCOVERY DISCOVERY DESCRIPTION 32
1 5 D 28 O O O 29 N/A B 3 Surveillance Test 7 8 9 10 12 13 44 45 46 80
RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) 1 6 Z 33 Z 34 N/A PERSONNEL EXPOSURES AMOUNT OF ACTIVITY (35) N/A 44 N/A 80
TYPE DESCRIPTION (39) NUMBER O O O O O O O O O O O O O O O O O O O
NUMBER DESCRIPTION (41) N/A N/A N/A N/A N/A N/A N/A N/
1 9 Z 42 N/A
7 8 9 10 PUBLICITY PUBLICITY SSUED DESCRIPTION 45 PDR ADOCK 05000318 PDR 40 N/A PDR ADOCK 05000318 S PDR 68 69 80 5
NAME OF PREPARED J. S. Lagiewski/K. B. Cellars PHONE (301) 269-4747/4815

LER NO. 83-08/3L
DOCKET NO. 50-318
LICENSE NO. DPR 69
EVENT DATE 01-31-83
REPORT DATE 03-02-83
ATTACHMENT

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (CONT'D)

On January 31, 1983 at 1600, during surveillance testing, #21 containment spray header isolation valve (CV-4150) was found to stroke only partially open rendering 21 containment spray header inoperable (T.S. 3.6.2.1). Immediate corrective action consisted of adjusting the spring adjuster to the proper setting followed by a satisfactory operational check of the valve at 1755 terminating the event. The redundant containment spray header and the four containment air coolers remained operable during this event.

The immediate cause of the event was improper adjustment of the spring adjuster following diaphragm replacement on January 6, 1983. This caused spring compression to be insufficient to fully stroke the valve open. This problem had not been detected initially because an operational check of the valve following maintenance was inadvertently not performed.

The fundamental cause of the event was the failure to perform an operational check of the valve prior to placing the valve in an operable status.

A deficiency in the plant maintenance procedure instruction regarding completed modifications/repair resulted in insufficient guidance to determine the post maintenance testing requirement. Permanent corrective action will consist of a revision to the maintenance procedure instruction to ensure that additional guidance is provided for post maintenance testing of equipment.