Commonwealth Edison Company LaSalle Generating Station 2601 North 21st Road Marseilles. IL 61341-9757 Tel 815-357-6761



March 2, 1995

U.S. Nuclear Regulatory Commission Attention: Document Control Desk Washington, D.C. 20555

Licensee Event Report #95-004-00, Docket #050-373 is being submitted to your office in accordance with 10CFR50.73(a)(2)(i)(B).

D. J. Ray Station Manager LaSalle County Station

> DJR/KFB/lja Enclosure

cc: NRC Region III Administrator
NRC Senior Resident Inspector
INPO - Records Center
IDNS Resident Inspector
IDNS Senior Reactor Analyst
Nuclear Licensing Administrator

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MRC FOR (5-92)	N 366		U.S. MUCLEAR REGULATORY COMMISSION								APPROVED BY OMB NO. 3150-0104 EXPIRES 5/31/95					
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 INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.						
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ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines) (16)

In esponse to a Byron Station occurrence of a Senior Licensed Operator being absent from the Main Control Room (MCR), LaSalle Station conducted an investigation to determine whether LaSalle Station had any similar events in 1994. The investigation involved a review by Station Security personnel of the Security Door records for each of the MCR doors. On January 31, 1995, it was determined a Senior Licensed Reactor Operator (SRO) was not continuously present in the Main Control Room as required by Technical Specification 6.1.c.1 on May 26, 1994, from 17:53:59 to 17:57:31 (a time period of 3 minutes and 32 seconds).

The cause of this event was personnel error.

A memo was sent to all active SRO licensed personnel informing them of the event at Byron Station reminding them of the need for one Senior Operator License holder to be in the MCR at all times. The individual involved has been counselled concerning his actions.

This event is reportable pursuant to 10CFR50.73(a)(2)(i)(B) due to a condition prohibited by the plant's Technical Specification.

NRC FORM 366A U.S. NUCLEAR REGULATORY COMMISSION APPROVED BY OMB NO. 3150-0104 (5-92)EXPIRES 5/31/95 ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO LICENSEE EVENT REPORT (LER) THE INFORMATION AND PECCRDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, MASHINGTON, DC 20555-0001, AND TO THE PAPERWORK TEXT CONTINUATION 0001, AND TO THE PAPERWORK (3150-0104), OFFICE OF WASHINGTON, DC 20503. REDUCTION PROJECT MANAGEMENT AND BUDGET, FACILITY NAME (1) DOCKET NUMBER (2) LER NUMBER (6) PAGE (3) SEQUENTIAL REVISION YEAR NUMBER NUMBER LaSalle County Station Unit 1 05000373 2 OF 4 95 004 00

TEXT (If more space is required, use additional copies of NRC Form 366A) (17)

PLANT AND SYSTEM IDENTIFICATION

General Electric - Boiling Water Reactor

Energy Industry Identification System (EIIS) codes are identified in the text as (XX).

A. CONDITION PRIOR TO EVENT

Unit(s): 1/2

Event Date: 5/26/94

Event Time: 1754 Hours

Reactor Mode(s): 5/1

Modes(s) Name: Refuel/Run Power Level(s): 0%/99%

B. DESCRIPTION OF EVENT

In response to a Byron Station occurrence of a Senior Licensed Reactor Operator (SRO) being absent from the Main Control Room (MCR), LaSalle Station conducted an investigation to determine whether LaSalle Station had any similar events in 1994. On January 31, 1995, it was determined a SRO was not continuously present in the Main Control Room for a period of 3 minutes and 32 seconds on May 26, 1994, as required by Technical Specification 6.1.c.1.

The LaSalle Station investigation involved a review by Station Security and Operations Department Personnel of the security door records for each of the MCR doors. On January 31, 1995, results of the investigation indicated two occurrences where a SRO was not present in the MCR. The first occurrence was on May 26, 1994, from 17:53:59 to 17:57:31 (a time period of 3 minutes and 32 seconds). The second occurrence was on November 3, 1994, from 09:23:38 to 09:23:37 (a time period of 9 seconds).

The SROs involved were interviewed concerning these events. The SRO associated with the 9 second time period event remembers not having crossed the threshold of the MCR door before catching his error and carding back into the MCR; therefore, this is not considered a violation of the Technical Specification requirement. The SRO associated with the May 26 event does not readily recall this violation. This event was subsequently recreated and described in Section C.

This event constitutes a violation of Technical Specification 6.1.c.1, which requires that while either unit is in Operation Condition 1, 2, or 3, an active SRO designated by the Shift Engineer (SE) to assume the Control Room direction responsibility shall be in the Control Room. This event is reportable per 10CFR50.73(a)(2)(i), "Operations Prohibited by Technical Specifications".

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C. CAUSE OF EVENT

At the time of the May 26, 1994, event, the SRO in charge in the MCR had turned the Control Room direction responsibility over to a second SRO to allow himself a short break after being in the MCR continuously for 3 hours. This is a routine evolution, and this SRO had been given 3 short breaks (3-4 minutes each) by various qualified SRO individuals during the 8 hour shift just prior to this one. The root cause of the occurrence was personnel error on the part of the second SRO. The second SRO failed to turn over the Control Room direction responsibility to a qualified individual prior to leaving the Main Control Room.

D. SAFETY ANALYSIS

There were no safety consequences impacting plant or public safety as a result of this event. No off-normal events occurred during the time period the SRO was not in the MCR. If an off-normal event had occurred, door records show that both the first and second SROs were quickly available in the Auxiliary Building area located close to the MCR.

E. CORRECTIVE ACTIONS

Concurrent with starting this investigation, a memo was sent to all active SRO licensed personnel informing them of the event at Byron Station and reminding them of the need for one Senior Operator License holder to be in the MCR at all times.

The individual involved has been counseled concerning his actions and the seriousness of performance lapses which result in Technical Specification violations.

An addition to the Operating Department Policy and Expectation Book will be made regarding Control Room direction responsibility, with respect to the turnover practice used by a Unit Supervisor (SRO licensed person responsible for a Unit) when leaving the Main Control Room.

F. PREVIOUS OCCURRENCES

STATION	LER NUMBER	TITLE
Byron	454-94-015	Senior Licensed Operator absent from the Control Room
Braidwood	456-95-001	A Senior Licensed Operator Was Not Present in the Main Control Room Due to Personnel Error

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G. COMPONENT FAILURE DATA

This event was neither the result of a component failure nor did any components fail as a result of this event.