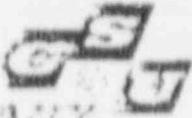


(A)

GULF STATES UTILITY COMPANY

December 13, 1990
RBC-34151
File Nos. G9.5, G9.25.1.3

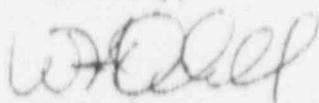
U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, D.C. 20555

Gentlemen:

River Bend Station - Unit 1
Docket No. 50-458

Please find enclosed Licensee Event Report No. 90-041 for River Bend Station - Unit 1. This report is being submitted pursuant to 10CFR50.73.

Sincerely,



W. H. Odell
Manager-Oversight
River Bend Nuclear Group

MLAB w/ JCH-JAB
IAE/PDG/DBD/DCH/LAB/pg

cc: U.S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 1000
Arlington, TX 76011

NRC Resident Inspector
P.O. Box 1051
St. Francisville, LA 70775

INFO Records Center
1100 Circle 75 Parkway
Atlanta, GA 30339-3064

Mr. C. R. Oberg
Public Utility Commission of Texas
7800 Shoal Creek Blvd., Suite 400 North
Austin, TX 78757

LICENSEE EVENT REPORT (LER)

新編 中国の歴史と文化 1000年をめぐる歴史と文化

本章的最后，我们来

ESTIMATED BUDGET PER PERSONAL TO COMPLY WITH THIS
INSTRUCTION. PLEASE REQUEST ADDITIONAL INFORMATION
CONCERNING THE ESTIMATE FROM THE RECORDS
MANAGEMENT MANAGEMENT BRANCH, U.S. GENERAL
REGULATORY COMMISSION, WASHINGTON, DC 20585, AND TO
THE WORKLOAD REDUCTION PROJECT (2050-018), OFFICE
OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20585.

基础医学与实验(3)

RIVER BEND STATION

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TABLE III

Operability of Containment Isolation Valve Indeterminate due to Improperly Installed Torque Switch

ECCN 表 3 核心敏感元件 (2)

PAGE 3

10

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L. A. England, Director-Nuclear Licensing

AREA CODE

COMMITTEE MEMBER EACH COMPONENT SHALL BE DESCRIBED IN THE REPORT.

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	PILOT/TEST F LIC NUMBER		CAUSE	SYSTEM	COMPONENT	MANUFACTURER	PILOT/TEST F LIC NUMBER
A	C18	1151V112010	Y			I				

本章由王立新、王海峰、王海波执笔。

7400 25-024

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在這段時間裏，我還寫了幾首詩，並在《新民報》上發表過。

30

At 1716 on 11/13/90 with the unit in Operational Condition 5 (Refueling), during diagnostic signature testing of the reactor water clean up (RWCU) supply line inboard containment isolation valve 1G33*MOVF001, it was determined that the valve was not developing the vendor calculated thrust required to fully close under design basis conditions due to improper installation of the torque switch. Therefore, the operability of the valve at that time is indeterminate. This report is submitted pursuant to 10CFR50.73 (a) (2) (i) (B) as operation prohibited by the Technical Specifications.

This event was caused by prior improper installation of the torque switch. The torque switch was removed and reinstalled properly. Functionality of the torque switch was verified by signature testing.

Isolation of the outboard isolation valve alone would be sufficient to prevent the release of radioactivity. In addition, the closure time of the outboard isolation valve is shorter than the inboard valve. Thus, in a design basis accident, the inboard valve probably would not have been subjected to the full differential pressure. Therefore, this event did not adversely affect the health and safety of the public.

LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION

100-3843-843-00000000000000000000000000000000
FEDERAL ENERGY REGULATORY COMMISSION, 800 4TH STREET, FORWARD
COMMERCIAL BUILDING, WASHINGTON, D.C. 20426
REGULATORY COMMISSION, WASHINGTON, D.C. 20426 AND TO
THE PAPERWORK REDUCTION PROJECT, REGIONAL OFFICE
OF MANAGEMENT AND BUDGET, WASH. DC 20462

FACILITY NAME	DOCKET NUMBER	LER NUMBER	PAGE
RIVER BEND STATION	0 6 9 0 0 0 4 5 8 9 0	C 4 1 1 - 3 0 0 1 2 0 1	0 1

EXTRAS ARE NOT REQUIRED USE ADDITIONAL NRC FORM 388A (2-89).

REPORTED CONDITION

At 1716 on 11/13/90 with the unit in Operational Condition 5 (Refueling), during diagnostic signature testing of the reactor water clean up (RWCU) (*CE*) supply line inboard containment isolation valve (*ISV*) 1G33*MOVFO01, it was determined that the valve was not developing the vendor calculated thrust required to fully close under design basis conditions. There is no assurance that this valve would have developed the calculated thrust required to close under design basis conditions (line break); therefore, the operability of the valve at that time is indeterminate. This report is submitted pursuant to 10CFR50.73 (a)(2)(i)(B) as operation prohibited by the Technical Specifications.

INVESTIGATION

The RWCU supply line inboard containment isolation valve (*ISV*) 1G33*MOVFO01 is a 6" Velan flexible wedge gate valve with a Limitorque SB-1-25 motor operator. It has a vendor calculated required thrust to close of 14491 lb. (equivalent to 229 ft-lb torque) against a line pressure of 1250 psig and a differential pressure of 1250 psid. On 11/13/90 at 1716, diagnostic signature testing showed that the valve, with the closing torque switch set at the vendor recommended maximum setting of 2.5 (corresponding to 250 ft-lb torque per Limitorque Corp. spring pack curves), was developing only 1800 lb. thrust at torque switch trip. It should have developed approximately 15833 lb. thrust at this setting. The testing was performed under static conditions (no flow, no differential pressure) and although the thrust was below the vendor calculated required thrust for closing under design basis conditions, the signature traces showed that the valve did fully seat under the static conditions.

Further investigation revealed that the torque switch had been installed incorrectly. The gear driven torque switch was installed one tooth off center which rendered it unbalanced. The valve was developing more thrust in the open direction at torque switch trip and less thrust in the close direction at torque switch trip for the same torque switch setting. The valve was not backseating; therefore, the condition of the torque switch had no effect on the valve opening. In the closing direction, the torque switch stops the valve. The closing torque switch is bypassed for 95% of full stroke, so regardless of the developed thrust at torque switch trip, the valve would have closed at least 95%. The incorrect installation of the torque switch would cause it to trip prematurely (prior to the valve fully seating) which would lead to the motor stopping as soon as the close torque switch bypass opens at 95% of full stroke. The valve might have closed somewhat further than this due to inertia; however there is no assurance that the valve would have fully seated under line break conditions. A review of the maintenance and testing history showed

90-10420 10-10-90 01498 -8014 DRAFT 10000
LICENSEE EVENT REPORT (LER)
TEXT CONTINUATIONESTIMATED BY THE PERIODIC REVIEW TEAM FOR THIS
INFORMATION CONTAINED IN THIS REPORT AND FORWARD
TO THE NUCLEAR REGULATORY COMMISSION'S INFORMATION
REGULATORY DIVISION, WASHINGTON, DC 20585, AND TO
THE PAPERWORK REDUCTION PROJECT, WASHINGTON, DC 20585,
MANAGEMENT AND REGULATORY WASHINGTON, DC 20585.

FACILITY NAME	BLOCK NUMBER	LER NUMBER			PAGE
		LER	REC'D DATE	REC'D BY	
RIVER BEND STATION	0 5 0 0 0 4 5 8 9 0 - 0 4 1 - 0 1 0 0 3 0 4				

LER FORM 386A (4-82) REV. 10-10-90

that the operator had been disassembled, regreased and reassembled during the second refueling outage (RF2) which began May 11, 1989. It is likely that the torque switch was reinstalled incorrectly during RF2. Based on the discovery of the incorrectly installed torque switch and the as-found thrust at torque switch trip, there is no assurance that the valve would have been capable of performing its design function of fully closing to isolate a line break.

A review of previous LERs revealed no similar events.

CORRECTIVE ACTION

The torque switch was removed and reinstalled in the proper position. The correct (balanced) functioning of the torque switch was then verified by diagnostic signature testing. The torque switch was set at the vendor recommended maximum setting of 2.5 for both opening and closing - this corresponds to a thrust of 15833 lb, which is greater than the minimum required thrust to close under design basis conditions per the vendor calculations (14491 lb.).

In accordance with the guidance in Generic Letter 89-10, all safety-related motor-operated valves (MOVs) will receive diagnostic signature testing periodically and post-maintenance. This testing program is designed to detect malfunctions in valves such as those caused by incorrect torque switch installation. The testing program is also designed to verify proper torque switch function following maintenance involving torque switch installation.

SAFETY ASSESSMENT

Both the inboard containment isolation valve (*ISV*), 1G33*MOVF001, and the outboard containment isolation valve (*ISV*), 1G33*MOVF004, are required to provide containment isolation or isolation of the system under line break conditions. The outboard valve has a closure time of 6.6 seconds, while the inboard valve, has a closure time of 19.8 seconds. Since these valves receive the same isolation signals, it is likely that if a line break had occurred during the time the inboard valve was inoperable, the outboard valve would have closed first, thus providing the necessary isolation, and also reducing the differential pressure across the inboard valve. Although the inboard valve was not developing the calculated required thrust for line break conditions, it is likely that it would have closed under lesser differential pressure conditions as has been evidenced in system isolations reported in LERs 90-019 and 90-026. In these cases, the valve closed against normal system pressure. In addition, the isolation of the outboard valve alone would be sufficient to prevent the release of radioactive materials, via this pathway, in the event of an accident. Therefore, this event did not adversely affect the health and safety of the public.

LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION

2003-08-17 10:00:00 11083
ESTIMATED RADIATION EXPOSURE TO COMMUNITIES
COMMUNITY LOCATION REQUESTS AND COMMENTS FORWARD
AND REPORTS MANAGEMENT BRANCH, P.O. BOX 11000,
REGULATOR, NUREG-1100, WASHINGTON, DC 20585.
PROJECT NUMBER: 1100-01041. OFFICE
OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20585.

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (3)			PAGE (4)
		YEAR	SEQUENCE NUMBER	REVISION NUMBER	
RIVER BEND STATION	0 5 0 0 0 4 5 8 9 0 - 0 4 1 - 0 0 0 4 0 0 1				

NOTE: Energy Industry Identification System Codes are identified in
the text as (***) .