

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) Monticello	DOCKET NUMBER (2) 0 5 0 0 0 2 6 3	PAGE (3) 1 OF 0 2
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TITLE (4)
E-Mode of EFT Actuated by Chlorine Detector

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)		
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAMES		
0	4	27	8	4	019	0	0	0	0 5 0 0 0		
0	4	27	8	4	019	0	5	2	0 5 0 0 0		

OPERATING MODE (9) N	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)									
POWER LEVEL (10) 0 0 0	<input type="checkbox"/> 20.402(b)	<input type="checkbox"/> 20.406(c)	<input checked="" type="checkbox"/> 50.73(a)(2)(iv)	<input type="checkbox"/> 73.71(b)						
	<input type="checkbox"/> 20.406(a)(1)(i)	<input type="checkbox"/> 50.36(c)(1)	<input type="checkbox"/> 50.73(a)(2)(v)	<input type="checkbox"/> 73.71(c)						
	<input type="checkbox"/> 20.406(a)(1)(ii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(vii)	OTHER (Specify in Abstract below and in Text, NRC Form 366A)						
	<input type="checkbox"/> 20.406(a)(1)(iii)	<input type="checkbox"/> 50.73(a)(2)(i)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)							
	<input type="checkbox"/> 20.406(a)(1)(iv)	<input type="checkbox"/> 50.73(a)(2)(ii)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)							
	<input type="checkbox"/> 20.406(a)(1)(v)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(x)							

LICENSEE CONTACT FOR THIS LER (12)										
NAME Michael F. Hammer							TELEPHONE NUMBER			
							AREA CODE	6 1 2 2 9 5 1 - 5 1 5 1		

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)										
CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	

SUPPLEMENTAL REPORT EXPECTED (14)				EXPECTED SUBMISSION DATE (15)	MONTH	DAY	YEAR
<input type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE) <input checked="" type="checkbox"/> NO							

ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

The EFT System (Control Room HVAC) transferred to the emergency mode as the result of a tape cassette jam and subsequent spurious trip of a chlorine monitor.

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PDR ADOCK 05000263
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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1) Monticello	DOCKET NUMBER (2) 0 5 0 0 0 2 6 3 8 4	LER NUMBER (6)			PAGE (3)	
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER		
		84	019	00	02	OF 02

TEXT (If more space is required, use additional NRC Form 386A's) (17)

During cold shutdown on April 27, 1984 at approximately 1355, a spurious trip of chlorine monitor AT 9046A (MDA Scientific Model 7040 FAN) (Component Code AA) initiated the toxic chemical emergency mode of the EFT system (System Code VI) when the tape cassette jammed, preventing movement of the tape. The cassette was repaired and the EFT system returned to normal operation.

Investigation revealed no apparent cause for this event. Operation of the monitor since the event has been satisfactory. We are investigating alternative, more reliable monitoring systems.

There was no effect on public health and safety because the safety function of the EFT system was initiated.

There has been one previous similar event (RO-84-09).



Northern States Power Company

414 Nicollet Mall
Minneapolis, Minnesota 55401
Telephone (612) 330-5500

May 29, 1984

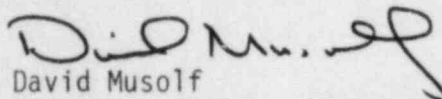
U S Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

MONTICELLO NUCLEAR GENERATING PLANT
Docket No. 50-263 License No. DPR-22

E-Mode of EFT Actuated by Chlorine Detector

The License Event Report for this occurrence is attached.

This event was reported via Emergency Notification System per 10 CFR Part 72 on April 27, 1984.


David Musolf
Manager - Nuclear Support Services

DMM/bd

c: Regional Administrator-III, NRC
NRR Project Manager, NRC
Resident Inspector, NRC
MPCA
Attn: J W Ferman

Attachment

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