

LICENSEE EVENT REPORT (LER)

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|---------------------------------|--------------------------------------|--------------------|
| FACILITY NAME (1) Monticello | DOCKET NUMBER (2) 0 5 0 0 0 2 6 3 | PAGE (3) 1 OF 2 |
|---------------------------------|--------------------------------------|--------------------|

TITLE (4)
E-Mode of EFT Actuated by Ammonia Monitor

| 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 | | DOCKET NUMBER(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 4 | 2 5 | 8 4 | 8 4 | 0 1 | 7 0 | 0 5 | 2 5 | 8 4 | | | 0 5 0 0 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OPERATING MODE (9) N</td> <td colspan="10">THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)</td> </tr> <tr> <td rowspan="5">POWER LEVEL (10) 0 0 0</td> <td>20.402(b)</td> <td>20.405(c)</td> <td><input checked="" type="checkbox"/></td> <td>50.73(a)(2)(iv)</td> <td>73.71(b)</td> </tr> <tr> <td>20.405(a)(1)(i)</td> <td>50.36(c)(1)</td> <td></td> <td>50.73(a)(2)(v)</td> <td>73.71(c)</td> </tr> <tr> <td>20.405(a)(1)(ii)</td> <td>50.36(c)(2)</td> <td></td> <td>50.73(a)(2)(vii)</td> <td rowspan="3">OTHER (Specify in Abstract below and in Text, NRC Form 365A)</td> </tr> <tr> <td>20.405(a)(1)(iii)</td> <td>50.73(a)(2)(i)</td> <td></td> <td>50.73(a)(2)(viii)(A)</td> </tr> <tr> <td>20.405(a)(1)(iv)</td> <td>50.73(a)(2)(ii)</td> <td></td> <td>50.73(a)(2)(viii)(B)</td> </tr> <tr> <td>20.405(a)(1)(v)</td> <td>50.73(a)(2)(iii)</td> <td></td> <td>50.73(a)(2)(ix)</td> <td></td> </tr> </table> | | | | | | | | | | | | 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 | 20.402(b) | 20.405(c) | <input checked="" type="checkbox"/> | 50.73(a)(2)(iv) | 73.71(b) | 20.405(a)(1)(i) | 50.36(c)(1) | | 50.73(a)(2)(v) | 73.71(c) | 20.405(a)(1)(ii) | 50.36(c)(2) | | 50.73(a)(2)(vii) | OTHER (Specify in Abstract below and in Text, NRC Form 365A) | 20.405(a)(1)(iii) | 50.73(a)(2)(i) | | 50.73(a)(2)(viii)(A) | 20.405(a)(1)(iv) | 50.73(a)(2)(ii) | | 50.73(a)(2)(viii)(B) | 20.405(a)(1)(v) | 50.73(a)(2)(iii) | | 50.73(a)(2)(ix) | |
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| POWER LEVEL (10) 0 0 0 | 20.402(b) | 20.405(c) | <input checked="" type="checkbox"/> | 50.73(a)(2)(iv) | 73.71(b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20.405(a)(1)(i) | 50.36(c)(1) | | 50.73(a)(2)(v) | 73.71(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20.405(a)(1)(ii) | 50.36(c)(2) | | 50.73(a)(2)(vii) | OTHER (Specify in Abstract below and in Text, NRC Form 365A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20.405(a)(1)(iii) | 50.73(a)(2)(i) | | 50.73(a)(2)(viii)(A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20.405(a)(1)(iv) | 50.73(a)(2)(ii) | | 50.73(a)(2)(viii)(B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20.405(a)(1)(v) | 50.73(a)(2)(iii) | | 50.73(a)(2)(ix) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LICENSEE CONTACT FOR THIS LER (12)

| | |
|---|---|
| NAME Michael F. Hammer, I&C Engineer | TELEPHONE NUMBER 6 1 2 2 9 5 - 5 1 5 1 |
|---|---|

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

| CAUSE | SYSTEM | COMPONENT | MANUFAC-TURER | REPORTABLE TO NPRDS | CAUSE | SYSTEM | COMPONENT | MANUFAC-TURER | REPORTABLE TO NPRDS |
|-------|--------|-----------|---------------|---------------------|-------|--------|-----------|---------------|---------------------|
| | | | | | | | | | |
| | | | | | | | | | |

SUPPLEMENTAL REPORT EXPECTED (14)

YES (If yes, complete EXPECTED SUBMISSION DATE) NO

| | | | |
|-------------------------------|-------|-----|------|
| EXPECTED SUBMISSION DATE (15) | MONTH | DAY | YEAR |
| | | | |

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 when the ammonia monitor tape cassette ran out resulting in a spurious trip of the monitor.

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PDR ADOCK 05000263
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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

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|-------------------------------------|--|----------------|-------------------|-----------------|----------|--|
| FACILITY NAME (1) Monticello | DOCKET NUMBER (2) 0 5 0 0 0 2 6 3 8 4 - 0 1 7 - 0 0 0 2 | LER NUMBER (8) | | | PAGE (3) | |
| | | YEAR | SEQUENTIAL NUMBER | REVISION NUMBER | | |
| | | | | | | |

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

During cold shutdown on April 25, 1984 at approximately 0430, the EFT system (Control Room HVAC system) (System Code VI) automatically transferred to the toxic chemical emergency mode (isolation of outside air intake and exhaust) when ammonia monitor AT-9031 (MDA Scientific Model 7060 FAN) (Component Code AA) cassette paper tape supply was exhausted, resulting in a spurious trip of the monitor. A new cassette was installed and the EFT system returned to normal operation.

Cause of the event was failure of the assigned NSP technician to replace the cassette as scheduled on April 24, 1984 (cognitive error). The cassettes must be replaced weekly with a maximum deviation of approximately 8 hours. The procedure for cassette replacement did not adequately address the time critical nature of this activity. (The normal permitted deviation of a weekly procedure is two days.) Work location conditions did not contribute to this event. The procedure will be revised to emphasize the importance of performing the replacement on the day scheduled.

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

No previous similar occurrences.



Northern States Power Company

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

May 25, 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 Ammonia Monitor

The License Event Report for this occurrence is attached.

This event was reported via Emergency Notification System per 10 CFR Part 72 on April 25, 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

IE22
1/1