

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) Sequoyah, Unit 1	DOCKET NUMBER (2) 0 5 0 0 0 3 2 7	PAGE (3) 1 OF 0 2
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TITLE (4)
Auxiliary Building and Containment Building Ventilation Isolations

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 7	1 7	8 4	8 4	0 4	7	0 0	0 8	1 5	8 4		0 5 0 0 0

OPERATING MODE (9) 1	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5: (Check one or more of the following) (11)									
POWER LEVEL (10) 1 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"/> 50.38(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"/> 50.38(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)(ix)								

LICENSEE CONTACT FOR THIS LER (12)

NAME Glenn Duggin, Compliance Section Engineer	TELEPHONE NUMBER 6 1 5 8 7 0 - 6 1 4 6
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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)

<input type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)	<input checked="" type="checkbox"/> NO	EXPECTED SUBMISSION DATE (15)
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ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

High radiation signals were actuated which resulted in an auxiliary building ventilation isolation (ABI) and a containment building ventilation isolation (CVI). Investigation revealed that while personnel were troubleshooting the check source circuit on the radiation monitor, a wire slipped loose onto the input of a power supply and tripped a breaker. This loss of power caused the ABI and CVI to occur. Radiation levels were not above normal during this time.

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1) Sequoyah, Unit 1	DOCKET NUMBER (2) 0 5 0 0 0 3 2 7 8 4	LER NUMBER (6)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
		84	047	00	02	OF	02

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

The auxiliary building (ABI) and containment building isolations (CVI) occurred at 0720C on 07/17/84 while unit 1 was in mode 1 (100% power, 2235 psig, 579 degrees F) and were reset at 1000C on 07/17/84. All associated equipment and personnel responded and performed as expected during the ABI and CVI. The operator responded to the high radiation alarms (RM-90-112 for the CVI and RM-90-103 for the ABI) and determined that they were in fact caused by an accidental actuation and not by a high radiation level. Maintenance personnel were notified to check the monitors, reset the radiation alarms, and repair or reset the monitor.

Maintenance personnel were troubleshooting the check source circuit on radiation monitor (RM) -90-141 when the check source wire slipped loose and fell against the 120 VAC input for RM-90-134 power supply. This caused breaker 12 on the 120 VAC vital instrument power board 1-II to trip. The resulting loss of power, train 'B', to the ratemeters on RM-90-112, RM-90-103, and RM-90-134 and RM-90-140 caused an ABI and a CVI. The ratemeters fail in the safe (trip) condition upon loss of power. The breaker, the radiation monitors, and the ABI and CVI logic were all reset and returned to service. No parts were replaced, and the check source circuit was repaired.

There was no effect on public health or safety, and no plant safety margins were exceeded. Radiation levels were not above normal during this time.

Previous occurrences - SQRO-50-327/84001, 84002, 84003, 84010, 84012, 84014, 84015, 84020, 84022, 84027, 84029, and 84037.

TENNESSEE VALLEY AUTHORITY

Sequoyah Nuclear Plant
Post Office Box 2000
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August 15, 1984

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

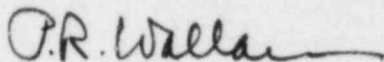
Gentlemen:

TENNESSEE VALLEY AUTHORITY - SEQUOYAH NUCLEAR PLANT UNIT 1 - DOCKET NO.
50-327 - FACILITY OPERATING LICENSE DPR-77 - REPORTABLE OCCURRENCE REPORT
SQRO-50-327/84047

The enclosed licensee event report provides details concerning the auxiliary building and containment building ventilation isolation caused by a fallen test lead against a power supply. This event is reported in accordance with 10 CFR 50.73, paragraph a.2.iv.

Very truly yours,

TENNESSEE VALLEY AUTHORITY



P. R. Wallace
Plant Manager

Enclosure
cc (Enclosure):

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NRC Inspector, NUC PR, Sequoyah

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