|                               | -                                |                  |                                                             |                                                                                                                | LIC                   | ENSE                                                                 | EVE                                          | NT RE    | PORT     | LER)                                           |                                                                                         |                             | U.S. 1   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AR REQULAT |                          |       |
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| Hi                            | gh R                             | adiat            | tion D                                                      | oors Unse                                                                                                      | cured                 |                                                                      |                                              |          |          |                                                |                                                                                         | <u>.</u>                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 100                      |       |
| EVENT DATE ISI LER NUMBER ISI |                                  |                  |                                                             |                                                                                                                | REPORT DATE (7) OTHER |                                                                      |                                              |          |          | TIES IN                                        |                                                                                         | VED (8)<br>DOCKET NUMBER(8) |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                          |       |
| MONTH                         | DAY                              | YEAR             | YEAA                                                        | SEQUENTIAL NUMBER                                                                                              | NUMBER                | MONTH                                                                | DAY                                          | PAR      |          | PACI                                           |                                                                                         |                             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 151010     |                          |       |
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| CAUSE                         | SYSTEM                           | COMP             | ONENT                                                       | MANUFAC.<br>TURER                                                                                              | TO NPRDS              |                                                                      |                                              | CAUSE    | SYSTEM   | COMP                                           | ONENT                                                                                   | MANUFAC                     |          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO NPROS   | •                        |       |
| А                             | I A                              | Z <sub>1</sub> 9 | 9,9,9                                                       | z191919                                                                                                        | N                     |                                                                      |                                              |          | 1        | 1                                              | 1.1                                                                                     |                             | 1        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                          |       |
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|                               | SUPPLEMENTAL REPORT EXPECTED 114 |                  |                                                             |                                                                                                                |                       |                                                                      |                                              |          | EXPECT   |                                                |                                                                                         | MONT                        | H DAY    | YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                          |       |
|                               |                                  |                  | YES (If yes, company EXPECTED SUBMISSION DATE)              |                                                                                                                |                       |                                                                      |                                              | X NO     |          |                                                |                                                                                         |                             | DAT      | 991011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                          |       |

loss of positive control is contrary to Technical Specification 6.1.1. and 10CFR 20.203(c)(2). The doors were immediately placed on High Rad status upon discovering the situation by dropping Production Level status.

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APPROVED OME NO 315" PINE EXPIRES 8/31.01

| ACILITY NAME (1)              | DOCKET NUMBER (2)      |      |   | PAGE (3) |      |     |     |    |     |
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| LaSalle County Station Unit 2 | 0 15 10 10 10 1 317 14 | 814  | - | 0 4 19   | - 01 | 0   | 012 | OF | 013 |

### I. EVENT DESCRIPTION

AC Form 3

On July 26, 1984, at 1125 hours, doors 436, 437 and 438 (Unit 2 807' elevation Reactor Water Cleanup [CE] Valve Alley) were posted as High Radiation Areas and upgraded on the security (IA) computer to access level 20, 21 and 22 (High Radiation Area access level). The Rad/Chem Department was informed that the upgrade had taken place when Security telephoned at 1300 hours. In addition, the upgrade also appeared on the door status computer printout the following day. On August 1, 1984, a group of Stationmen with proper authorization attempted to enter the RWCU Valve Alley through these doors utilizing a Hi-Rad keycard. Upon utilizing the Hi-Rad keycard, they received an error message on the card reader; however, entry into the Valve Alley was gained, using their own Production Level keycards. It was determined that the doors were on Production Level status. Hence, from July 26, 1984, to August 1, 1984, these High Radiation Area access doors were unsecured and unattended. The loss of positive control of High Radiation area access is contrary to Technical Specification 6.1.1 and 10CFR 20.203(c)(2).

#### II. CAUSE

The software for the security computer door status access control program was updated during the weekend of July 27 through July 29. Due to the changeover, High Radiation Area door status levels had to be reprogrammed into the computer. When the High Rad status levels were re-entered into the computer, the Production Level status for the doors did not drop out of the program due to this change in the software. Status levels no longer required must be manually deleted with this new software, otherwise they will remain in effect. This apparently was not done.

# III. PROBABLE CONSEQUENCES OF THE OCCURRENCE

The health and safety of the LaSalle work force were not affected. The occurrence overlapped two film badge periods, 15 and 16. The film badge results from Landauer indicate the highest whole body doses received for periods 15 and 16 were 160 and 220 mrem, respectively. Thus, no regulatory limits were exceeded as a result of this incident. The individual that received the 160 mrem dose did not exceed the daily or weekly administrative limit. The individual that received the 220 mrem dose for the period in question was on an RWP.

### IV. CORRECTIVE ACTION

When it was discovered that the doors were accessible with Production Level keycards, the Production Level status was immediately dropped. This action returned the doors to High Radiation Area status on August 1, 1984. All other High Radiation Area door status levels were reverified on August 3, 1984. All personnel that operate the security computer console are now aware of the requirement of manually deleting Production Level status to allow a door to be upgraded to High Radiation Area status levels.

| NBC form 3684<br>(9-83) | LICENSEE EVENT REPORT (LER) TEXT CONTINUATION |                         |      |            |          |             |  |  |
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| FACILITY NAME (1)       |                                               | DOCKET NUMBER (2)       | T    |            |          | PAGE (3)    |  |  |
|                         |                                               |                         | YEAR | SEQUENTIAL | REVISION |             |  |  |
| LaSalle Cour            | nty Station Unit 2                            | 0 15 10 10 10 1 31 7 14 | 814  | -0419      | - 01 0   | 013 OF 0 13 |  |  |

## V. PREVIOUS OCCURRENCES

No previous incident of this specific nature has occurred at LaSalle County Station.

## VI. NAME AND TELEPHONE NUMBER OF PREPARER

W. F. Eisele, 815/357-6761, extension 666.



:

**Commonwealth Edison** LaSalle County Nuclear Station Rural Route #1, Box 220 Marseilles, Illinois 61341 Telephone 815/357-6761

August 30, 1984

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

Dear Sir:

Reportable Occurrence Report #84-049-00, Docket #050-374 is being submitted to your office in accordance with 10CFR 50.73.

uderigh G.J. Diederich

G/J. Diederich Station Superintendent LaSalle County Station

GJD/MLD/kg

Enclosure

xc: NRC, Regional Director INPO-Records Center File/NRC

