

LICENSEE EVENT REPORT (LER)

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

TITLE (4)
E-Mode of EFT Actuated By Chlorine 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	
1	0	1	6	8	4	8	4	8	4	0 5 0 0 0 0
1	0	1	6	8	4	8	4	8	4	0 5 0 0 0 0

OPERATING MODE (9) **N**

POWER LEVEL (10) **0 1 0 1 0**

THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)

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(e)(1)	<input type="checkbox"/>	50.73(a)(2)(v)	<input type="checkbox"/>	73.71(e)	<input type="checkbox"/>
20.406(a)(1)(ii)	<input type="checkbox"/>	50.38(e)(2)	<input type="checkbox"/>	50.73(a)(2)(vii)	<input type="checkbox"/>	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)	<input type="checkbox"/>		

LICENSEE CONTACT FOR THIS LER (12)

NAME Michael F. Hammer, I & C Engineer	TELEPHONE NUMBER AREA CODE: 6 1 2 NUMBER: 2 9 5 - 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)

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 as the result of a spurious trip of a chlorine monitor.

8411170207 841109
PDR ADOCK 05000263
S PDR

IE22
11

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1) Monticello	DOCKET NUMBER (2) 0500026384	LER NUMBER (6)			PAGE (3)	
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER		
			031	00	02	OF

TEXT (If more space is required, use additional NRC Form 388A's (17))

During cold shutdown on October 16, 1984, at approximately 0001, the EFT system (Control Room HVAC) (System Code VI) automatically transferred to the toxic chemical emergency mode (isolation of outside air intake and exhaust) as the result of a spurious trip of chlorine monitor AT-9046A (MDA Scientific Model 7040 FAN) (Component Code AA). The monitor was reset and the system returned to normal operation.

Investigation revealed no apparent cause for the spurious trip; subsequent operation of the monitor has been satisfactory. No further action is planned.

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

There has been one previous similar occurrence, LER 84-002.



Northern States Power Company

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

November 9, 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 Monitor

The License Event Report for this occurrence is attached.

This event was reported via Emergency Notification System per 10 CFR Part 72
on October 16, 1984.

for *Monica M Vik*

David Musolf
Manager - Nuclear Support Services

DMM/MMV/dab

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

Attachment

IE22
1/1