PRELIMINARY NOTIFICATION OF EVENT OR UNUSUAL OCCURRENCE--PNO-V-85-06 Date: 1/31/85

This preliminary notification constitutes EARLY notice of events of POSSIBLE safety or public interest significance. The information presented is as initially received without verification or evaluation and is basically all that is known by Region V staff on this date.

FACILITY: Washington Public Power Supply System

WNP-2

Docket No. 50-397 Richland, Washington Licensee Emergency Classification Notification of Unusual Event

Alert

Site Area Emergency
General Emergency
XX Not Applicable

SUBJECT: REACTOR SCRAM DUE TO ELECTRICAL FAULT

A reactor scram occurred at 7:59 a.m. PST on January 31, 1984 due to a turbine control valve fast closure. The control valve fast closure apparently resulted from an electrical fault on the SM-1 4.16 KV switchgear in the plant, but the specific nature and cause of the fault are still under investigation. The fault also caused a trip of the primary breaker to the startup transformer, with a resulting loss of power to normal plant auxiliary loads (including condensate and condensate booster pumps). Vital 4.16 KV switchgear were automatically supplied from the backup auxiliary power transformer. The diesel generators started as required, but were not called upon to assume a load.

Reactor feedwater pumps were lost at the time of the scram due to loss of power to the condensate and condensate booster pumps. The resulting shrink in reactor vessel water level activated the Level 2 setpoint at -52 inches reference (approximately 90 inches above the top of the active fuel), which caused the following:

- ° High pressure core spray (HPCS) initiation
- Reactor core isolation cooling (RCIC) initiation
- ° Containment isolation
- Standby gas treatment system initiation
- o fontrol room emergency ventilation system initiation.

All safe'y systems functioned, and plant parameters were stabilized following the event. Reactor pressure was controlled by relieving steam to the suppression pool through the safety/relief valves. Power to plant auxiliary loads (except the SM-1 4.16 KV switchgear) was restored approximately 20 to 25 minutes after the scram.

At about the same time as the above event was occurring, a member of the WNP-2 staff suffered a heart attack and was transported by ambulance to a local hospital where he is still in intensive care. This individual was not involved with followup of the reactor scram, and his heart attack appears to have been an unrelated event.

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Following the scram the licensee discovered that one drywell-wetwell vacuum breaker was not operating properly, and initiated a plant cooldown to investigate. The resident inspectors will be following the licensee's investigation and resolution of the electrical fault and the vacuum breaker inoperability.

This information is current as of 3:00 p.m. PST on January 31, 1985.

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