

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1)
BYRON, UNIT 1

DOCKET NUMBER (2)
0 5 0 0 0 4 5 4

PAGE (3)
1 OF 0 2

TITLE (4)
MISSED SURVEILLANCE FOR LCOAR

| 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 1 | 1 2 | 8 5 | 8 5 | 0 0 3 | 0 0 | 0 1 | 2 9 | 8 5 | | | 0 5 0 0 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="12">THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)</td> </tr> <tr> <td colspan="3">OPERATING MODE (8)</td> <td colspan="3">20.402(b)</td> <td colspan="3">20.405(a)</td> <td colspan="3">50.73(a)(2)(iv)</td> <td colspan="3">73.71(b)</td> </tr> <tr> <td colspan="3">POWER LEVEL (10)</td> <td colspan="3">20.405(a)(1)(i)</td> <td colspan="3">50.73(a)(1)</td> <td colspan="3">50.73(a)(2)(v)</td> <td colspan="3">73.71(a)</td> </tr> <tr> <td colspan="3">0 0 0</td> <td colspan="3">20.405(a)(1)(ii)</td> <td colspan="3">50.73(a)(2)</td> <td colspan="3">50.73(a)(2)(vi)</td> <td colspan="3">OTHER (Specify in Abstract below and in Text, NRC Form 352A)</td> </tr> <tr> <td colspan="3"></td> <td colspan="3">20.405(a)(1)(iii)</td> <td colspan="3">X 50.73(a)(2)(ii)</td> <td colspan="3">50.73(a)(2)(vii)(A)</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">20.405(a)(1)(iv)</td> <td colspan="3">50.73(a)(2)(iii)</td> <td colspan="3">50.73(a)(2)(viii)(B)</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"></td> <td colspan="3">20.405(a)(1)(v)</td> <td colspan="3">50.73(a)(2)(iv)</td> <td colspan="3">50.73(a)(2)(ix)</td> <td colspan="3"></td> </tr> </table> | | | | | | | | | | | | THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11) | | | | | | | | | | | | OPERATING MODE (8) | | | 20.402(b) | | | 20.405(a) | | | 50.73(a)(2)(iv) | | | 73.71(b) | | | POWER LEVEL (10) | | | 20.405(a)(1)(i) | | | 50.73(a)(1) | | | 50.73(a)(2)(v) | | | 73.71(a) | | | 0 0 0 | | | 20.405(a)(1)(ii) | | | 50.73(a)(2) | | | 50.73(a)(2)(vi) | | | OTHER (Specify in Abstract below and in Text, NRC Form 352A) | | | | | | 20.405(a)(1)(iii) | | | X 50.73(a)(2)(ii) | | | 50.73(a)(2)(vii)(A) | | | | | | | | | 20.405(a)(1)(iv) | | | 50.73(a)(2)(iii) | | | 50.73(a)(2)(viii)(B) | | | | | | | | | 20.405(a)(1)(v) | | | 50.73(a)(2)(iv) | | | 50.73(a)(2)(ix) | | | | | |
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| OPERATING MODE (8) | | | 20.402(b) | | | 20.405(a) | | | 50.73(a)(2)(iv) | | | 73.71(b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POWER LEVEL (10) | | | 20.405(a)(1)(i) | | | 50.73(a)(1) | | | 50.73(a)(2)(v) | | | 73.71(a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 0 0 | | | 20.405(a)(1)(ii) | | | 50.73(a)(2) | | | 50.73(a)(2)(vi) | | | OTHER (Specify in Abstract below and in Text, NRC Form 352A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | 20.405(a)(1)(iv) | | | 50.73(a)(2)(iii) | | | 50.73(a)(2)(viii)(B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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LICENSEE CONTACT FOR THIS LER (12)

NAME: Doug Kruger, System Test Engineer, Ext. 314

TELEPHONE NUMBER: 8 1 5 2 3 4 - 5 4 4 1

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

| CAUSE | SYSTEM | COMPONENT | MANUFACTURER | REPORTABLE TO NPROS | CAUSE | SYSTEM | COMPONENT | MANUFACTURER | REPORTABLE TO NPROS |
|-------|--------|-----------|---------------|---------------------|-------|--------|-----------|--------------|---------------------|
| A | E B | B K R | W 1 2 0 | N | | | | | |

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)

A Technical Specification Action statement time interval was exceeded. One of the reserve offsite transmission circuits was not available, and the required periodic surveillance of the remaining offsite transmission circuits was not performed when due. The requirement for timely processing of surveillances is being reiterated with shift personnel through required reading.

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PDR ADOCK 05000454
S PDR

IEDA
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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

| | | | | | | |
|--|--|----------------|-------------------|-----------------|----------|--------|
| FACILITY NAME (1) BYRON, UNIT 1 | DOCKET NUMBER (2) 0 5 0 0 0 4 5 4 8 5 | LER NUMBER (8) | | | PAGE (3) | |
| | | YEAR | SEQUENTIAL NUMBER | REVISION NUMBER | | |
| | | 8 5 | 0 0 3 | 0 0 | 0 2 | OF 0 2 |

TEXT (If more space is required, use additional NRC Form 368A's) (17)

On 1/11/85, at 1850 CST, during Mode 3 operation, a Technical Specification surveillance was due but was not performed. An LCO Action statement had been entered when one of the reserve offsite transmission circuits was made unavailable due to relay testing. The Action statement required determination of operability of the remaining offsite transmission circuits every eight hours. The required surveillance was performed at 2356 hours on 1/11/85 and was performed late again at 1215 hours on 1/12/85. The reserve offsite transmission circuit was restored at 1842 hours on 1/12/85.

There was no impact on plant or public safety because it was not necessary to revert to the reserve offsite circuit for plant operation.

The station has issued required reading for operating shift personnel regarding the timely processing of surveillances.

Previous similar occurrences: None.



Commonwealth Edison
Byron Nuclear Station
4450 North German Church Road
Byron, Illinois 61010

January 29, 1985

LTR: BYRON 85-0154

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

Dear Sir:

The enclosed Licensee Event Report from Byron Generating Station is being transmitted to you in accordance with the requirements of 10CFR 50.73 (a) (2) (i) (B) which requires a 30 day written report.

This report is number 85-03-00, Docket No. 50-454.

Very truly yours,

R. E. Querio
Station Superintendent
Byron Nuclear Power Station

Enclosure: Licensee Event Report No. 85-03-00.

cc: J. G. Keppler, NRC Region III Administrator
J. Hinds, NRC Resident Inspector
INPO Record Center
CECO Distribution List

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