NRC Form 366
(9-83)

U.S. NUCLEAR REGULATORY COMMISSION
APPROVED OMB NO. 3150-0104
EXPIRES 8/31/85

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1)	DOCKET NUMBER (2)	PAGE (3)
DIABLO CANYON UNIT 1	0 5 0 0 0 2 7 5	1 OF 0 2

TITLE (4)

MISPOSITIONING OF MOVEABLE INCORE DETECTORS

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 8	2 4	8 4	8 4	0 2 6	0 0	1 0	1 1	8 4		0 5 0 0 0
										0 5 0 0 0

OPERATING MODE (9)	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)			
5	20.402(b)	20.405(c)	50.73(a)(2)(iv)	73.71(b)
POWER LEVEL (10) 0 0 0	20.405(a)(1)(i)	50.36(c)(1)	50.73(a)(2)(v)	73.71(c)
	20.405(a)(1)(ii)	50.36(c)(2)	50.73(a)(2)(vii)	X OTHER (Specify in Abstract below and in Text, NRC Form 366A)
	20.405(a)(1)(iii)	50.73(a)(2)(i)	50.73(a)(2)(viii)(A)	
	20.405(a)(1)(iv)	50.73(a)(2)(ii)	50.73(a)(2)(viii)(B)	
	20.405(a)(1)(v)	50.73(a)(2)(iii)	50.73(a)(2)(x)	

LICENSEE CONTACT FOR THIS LER (12)

NAME	TELEPHONE NUMBER
DAVID P. SISK, REGULATORY COMPLIANCE ENGINEER	AREA CODE 8 0 5 5 9 5 - 7 3 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)		EXPECTED SUBMISSION DATE (15)	MONTH	DAY	YEAR
YES (If yes, complete EXPECTED SUBMISSION DATE)	X NO				

ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

This report is being submitted for information purposes only.

On August 24, 1984, at approximately 1400 PDT and while in Mode 5 (Cold Shutdown), contrary to existing practices, the Moveable Incore Detector System detectors were found to be out of their safe storage location as indicated by the control panel. Upon discovery, the detectors were returned to their concrete shielded storage location.

Because the detectors have had little exposure in the core, their dose rate is low and no personnel exposures resulted from this event. Frequent radiation surveys in the seal table room, over a time span which included the period when the detectors were out of storage, indicated only background level, which was less than 0.2 mR/hr.

To prevent recurrence, PGandE is revising current procedures to require approval from the Departments of Reactor Engineering, Chemistry and Radiation Protection, and Operations prior to removal of the detectors from their storage location for use. A design change request has been issued for the installation of a key lock switch which would prevent unauthorized operation of the detector drives. Also, training related to these detectors is being emphasized in all the involved organizations.

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FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	
DIABLO CANYON UNIT 1	0 5 0 0 0 2 7 5	8 4	— 0 2 6	— 0 0	0 2 OF 0 2

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

This report is being submitted for information purposes only.

At approximately 1400 PDT on August 24, 1984, contrary to existing practice, the Moveable Incore Monitoring System (IG) detectors (DET) were found to be out of their safe storage location. This condition was found while attempting to verify proper detector storage prior to allowing work in the area of the seal table room. The drive mechanism control panel indicated that the detectors were out of their shielded storage locations. The detectors were returned to their shielded storage locations and the Moveable Incore Detector System secured.

Because the detectors have had little exposure in the core, their dose rate is low, and no personnel exposures resulted from this event. Between June 5, 1984 (last day the detectors were confirmed to be in their storage locations), and August 24, 1984, the seal table room was surveyed approximately five times per week and found to have a dose rate equivalent to background (less than 0.2 mR/hr).

While it has not yet been determined when or why the detectors were removed from their shielded locations, two possible contributory causes have been identified. The first is an apparent weakness in administrative and hardware controls. The second is the division of procedures governing the use and storage of the detectors between two departments, along with a need for additional training in both departments to provide more familiarity with the requirements.

To prevent recurrence, PGandE is revising current procedures to require approval from the Departments of Reactor Engineering, Chemistry and Radiation Protection, and Operations prior to removal of the detectors from their storage location for use.

In addition, a request for a design change has been issued to install a key lock switch (JS) to prevent unauthorized operation of the detector drives.

The involved organizations have received additional training related to these detectors, and this training will be repeated as part of the annual requalification effort in radiation protection.

This event had no safety consequences and in no way affected the health and safety of the public. Radiation monitor RE-7, located in the seal table room, has an alarm setpoint of 21 mR/hr. Thus, had these detectors been strong sources of radiation, personnel in the area would have been alerted and minimal or no operator exposure would have occurred.

PACIFIC GAS AND ELECTRIC COMPANY

PG&E

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JAMES D. SHIFFER
MANAGER
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
NUCLEAR POWER GENERATION

October 12, 1984

PGandE Letter No.: DCL-84-327

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

Re: Docket No. 50-275, OL-DPR-76
Diablo Canyon Unit 1
Licensee Event Report 84-026-00
Mispositioning of Moveable Incore Detectors

Gentlemen:

PGandE is submitting the enclosed Licensee Event Report (LER) for information only. This LER concerns the storage of the Moveable Incore Detectors in a location outside their shielded storage area.

This event has in no way affected the public's health and safety.

Sincerely,

J. D. Shiffer

Enclosure

cc: J. B. Martin
Service List

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