

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) LaSalle County Station Unit 1	DOCKET NUMBER (2) 0 5 0 0 0 3 7 3 1	PAGE (3) 1 OF 0 2
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TITLE (4)
Unsecured High Radiation Area

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)																										
01	12	85	85	004	000	02	01	85	NA		0 5 0 0 0																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OPERATING MODE (9)</td> <td style="width:15%;">1</td> <td style="width:15%;">THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5: (Check one or more of the following) (11)</td> <td style="width:15%;"><input type="checkbox"/> 20.402(b)</td> <td style="width:15%;"><input type="checkbox"/> 20.406(a)</td> <td style="width:15%;"><input type="checkbox"/> 60.73(a)(2)(iv)</td> <td style="width:15%;"><input type="checkbox"/> 73.71(b)</td> </tr> <tr> <td rowspan="5">POWER LEVEL (10)</td> <td rowspan="5">0.90</td> <td><input type="checkbox"/> 20.406(a)(1)(i)</td> <td><input type="checkbox"/> 60.36(a)(1)</td> <td><input type="checkbox"/> 60.73(a)(2)(v)</td> <td><input type="checkbox"/> 73.71(a)</td> </tr> <tr> <td><input type="checkbox"/> 20.406(a)(1)(ii)</td> <td><input type="checkbox"/> 60.36(a)(2)</td> <td><input type="checkbox"/> 60.73(a)(2)(vi)</td> <td rowspan="4">OTHER (Specify in Abstract below and in Text, NRC Form 306A)</td> </tr> <tr> <td><input type="checkbox"/> 20.406(a)(1)(iii)</td> <td><input checked="" type="checkbox"/> 60.73(a)(2)(i)</td> <td><input type="checkbox"/> 60.73(a)(2)(vii)(A)</td> </tr> <tr> <td><input type="checkbox"/> 20.406(a)(1)(iv)</td> <td><input type="checkbox"/> 60.73(a)(2)(ii)</td> <td><input type="checkbox"/> 60.73(a)(2)(vii)(B)</td> </tr> <tr> <td><input type="checkbox"/> 20.406(a)(1)(v)</td> <td><input type="checkbox"/> 60.73(a)(2)(iii)</td> <td><input type="checkbox"/> 60.73(a)(2)(v)</td> </tr> </table>												OPERATING MODE (9)	1	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5: (Check one or more of the following) (11)	<input type="checkbox"/> 20.402(b)	<input type="checkbox"/> 20.406(a)	<input type="checkbox"/> 60.73(a)(2)(iv)	<input type="checkbox"/> 73.71(b)	POWER LEVEL (10)	0.90	<input type="checkbox"/> 20.406(a)(1)(i)	<input type="checkbox"/> 60.36(a)(1)	<input type="checkbox"/> 60.73(a)(2)(v)	<input type="checkbox"/> 73.71(a)	<input type="checkbox"/> 20.406(a)(1)(ii)	<input type="checkbox"/> 60.36(a)(2)	<input type="checkbox"/> 60.73(a)(2)(vi)	OTHER (Specify in Abstract below and in Text, NRC Form 306A)	<input type="checkbox"/> 20.406(a)(1)(iii)	<input checked="" type="checkbox"/> 60.73(a)(2)(i)	<input type="checkbox"/> 60.73(a)(2)(vii)(A)	<input type="checkbox"/> 20.406(a)(1)(iv)	<input type="checkbox"/> 60.73(a)(2)(ii)	<input type="checkbox"/> 60.73(a)(2)(vii)(B)	<input type="checkbox"/> 20.406(a)(1)(v)	<input type="checkbox"/> 60.73(a)(2)(iii)	<input type="checkbox"/> 60.73(a)(2)(v)
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OPERATING MODE (9) 1

POWER LEVEL (10) 0.90

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20.406(a)(1)(v) 60.73(a)(2)(iii) 60.73(a)(2)(v)

LICENSEE CONTACT FOR THIS LER (12)

NAME F. R. Lawless, extension 233	TELEPHONE NUMBER 815 357 1-6761
AREA CODE	

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
X	ZZ	DR	0000	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)

At 0800 hours on January 12, 1985, high radiation area door 396 to the Unit 1 Reactor Building Equipment Drain Pump Room was found to be closed but not secured. The door had been on alarm without reset when it was investigated and properly latched and secured. The cause of this occurrence was a faulty door latch which was subsequently repaired.

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PDR ADOCK 05000373
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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1) LaSalle County Station Unit 1	DOCKET NUMBER (2) 0 5 0 0 0 3 7 3	LER NUMBER (6)			PAGE (3)	
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER		
		8 5	- 0 0 4	- 0 0 0	2	OF 0 2

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

I. EVENT DESCRIPTION

At 0800 hours on 1/12/85 High Radiation area door 396 to the Unit 1 Reactor Building Equipment Drain Pump Room was found to be closed but not secured. This is contrary to Technical Specification 6.1.1. The door had been on alarm without reset since approximately 0315 hours 1/12/85 and Rad Chem was notified at approximately 0700 hours 1/12/85.

II. CAUSE

The cause of this occurrence was a faulty door latch. The RCT who investigated the alarming door made three attempts to close and properly latch the door before it finally did latch.

III. PROBABLE CONSEQUENCES OF THE OCCURRENCE

Review of the dosimetry records for the time period in question indicates that no unauthorized radiation exposure greater than 50 mrem occurred.

IV. CORRECTIVE ACTION

The immediate corrective action taken was to properly latch and secure the door. This was done by the investigating RCT at approximately 0800 hours 1/12/85. Later on in the morning of 1/12/85, a request was made to the Shift to have the door latch inspected and repaired as necessary. This was completed on 1/16/85. An investigation was made by Security as to the delay in reporting the alarming High Radiation door to Rad Chem. Priorities were emphasized, as was the continuing need for timely reporting of door alarms. A copy of this occurrence will be routed to the Rad Chem Foremen with continuing emphasis on a timely response to an alarming High Radiation Door Alarm, upon notification from Security.

V. PREVIOUS OCCURRENCES

A previous occurrence involving a High Radiation door not latching when closed due to mechanism problems is documented in LER 373/84-036.

VI. NAME AND TELEPHONE NUMBER OF PREPARER

F. R. Lawless, 815/357-6761, extension 233.



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

February 1, 1985

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

Dear Sir:

Reportable Occurrence Report #85-004-00, Docket #050-373 is being submitted to your office in accordance with 10CFR 50.73.

for R.D. Bishop
G. J. Diederich
Superintendent
LaSalle County Station

GJD/MLD/kg

Enclosure

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

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