

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) LaSalle County Station Unit 2	DOCKET NUMBER (2) 0 5 0 0 0 3 7 4	PAGE (3) 1 OF 0 2
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TITLE (4)
Missed ODCM Calculation

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		
0 1	1 2	8 5	8 5	0 0 3	0 0	0 2	0 5	8 5	NA		
									DOCKET NUMBER(S) 0 5 0 0 0 0		

OPERATING MODE (9) 1	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)											
POWER LEVEL (10) 0 9 1 0	20.402(b)			20.408(a)			80.73(a)(2)(iv)			73.71(b)		
	20.408(a)(1)(i)			80.38(a)(1)			80.73(a)(2)(v)			73.71(a)		
	20.408(a)(1)(ii)			80.38(a)(2)			80.73(a)(2)(vi)			OTHER (Specify in Abstract below and in Text, NRC Form 306A)		
	20.408(a)(1)(iii)			80.73(a)(2)(i)			80.73(a)(2)(vii)(A)					
	20.408(a)(1)(iv)			80.73(a)(2)(ii)			80.73(a)(2)(vii)(B)					
20.408(a)(1)(v)			80.73(a)(2)(iii)			80.73(a)(2)(ix)						

LICENSEE CONTACT FOR THIS LER (12)

NAME E. Y. Huerta-Pavia, extension 516	TELEPHONE NUMBER 8 1 1 5 3 1 5 7 1 - 1 6 1 7 1 6 1
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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	Z	Z	Z	N					

SUPPLEMENTAL REPORT EXPECTED (14)

<input type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)	<input checked="" type="checkbox"/> NO	EXPECTED SUBMISSION DATE (15)	MONTH	DAY	YEAR
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ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

During the period of December 13 to December 14, 1984, an air particulate sample was collected from the Unit 2 Standby Gas Treatment System. After being analyzed and reviewed by respective personnel the hard copy computerized analysis information sheet necessary for performing an off site dose calculation was misplaced. This resulted in a violation of Technical Specification 4.11.2.1.2 which requires an off site dose calculation to be performed from this analysis.

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1) LaSalle County Station Unit 2	DOCKET NUMBER (2) 0 5 0 0 0 3 7 4	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 305A's) (17)

I. EVENT DESCRIPTION

An air particulate sample from the Unit 2 Standby Gas Treatment system (BH) was collected and analyzed during the period of December 13 to December 14, 1984. Technical Specification 4.11.2.1.2 requires an off site dose calculation to be performed. This was not done due to misplacement of the hard copy computerized analysis information sheet.

II. CAUSE

The off site dose calculation was not performed due to misplacement of the hard copy computerized analysis information sheet.

III. PROBABLE CONSEQUENCES OF THE OCCURRENCE

This event is not significant with respect to the health and safety of the public. Off site dose calculations performed prior to and after this incident comprise a minimal fraction (< 1%) of any limits delineated in 10CFR20 and 10CFR50. During this period there was no evidence of any abnormal releases.

IV. CORRECTIVE ACTIONS

A thorough search of possible locations for the missing paperwork was conducted. Off site dose calculations prior to and subsequent to the incident were reviewed for trends. All fractions resulting from off site dose calculations are < 1% for all limits. All other off site dose calculations indicate no abnormal releases during this time period. The continued proper routing of paperwork requiring off site dose calculation has been re-emphasized to responsible personnel.

V. PREVIOUS OCCURRENCES

No previous occurrences.

VI. NAME AND TELEPHONE NUMBER OF PREPARER

E. Y. Huerta-Pavia, 815/357-6761, extension 516.



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

February 5, 1985

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

Dear Sir:

Reportable Occurrence Report #85-003-00, Docket #050-374 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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