

LICENSEE EVENT REPORT

CONTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 | 0 | HD | B | S | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5

CON'T | 0 | 1 | REPORT SOURCE | L | 6 | 0 | 5 | 0 | 0 | 0 | 3 | 4 | 6 | 7 | 0 | 8 | 2 | 7 | 8 | 3 | 8 | 0 | 2 | 0 | 6 | 8 | 5 | 9

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10) (NP-33-83-57) On 8/27/83 at 0955 hours, while hooking up leads for ST 5030.09, "Reactor Protection System (RPS) Response Time Test", and I&C Technician shorted test leads together causing an essential bus fuse to blow, de-energizing Y1 bus. This made NI-2 inoperable, placing the unit in the action statement of Technical Specification 3.9.12. There was no danger to the health and safety of the public or station personnel. NI-1 was operable throughout this occurrence.

09 | SYSTEM CODE | I | A | 11 | CAUSE CODE | A | 12 | CAUSE SUBCODE | C | 13 | COMPONENT CODE | I | N | S | T | R | U | 14 | COMP. SUBCODE | E | 15 | VALVE SUBCODE | Z | 16 | LER/RO REPORT NUMBER | 17 | EVENT YEAR | 8 | 3 | SEQUENTIAL REPORT NO. | 0 | 4 | 5 | OCCURRENCE CODE | 0 | 3 | REPORT TYPE | X | 30 | REVISION NO. | 1 | 32 | ACTION TAKEN | X | 18 | FUTURE ACTION | G | 19 | EFFECT ON PLANT | Z | 20 | SHUTDOWN METHOD | Z | 21 | HOURS | 0 | 0 | 0 | 0 | 22 | ATTACHMENT SUBMITTED | Y | 23 | NPRD-4 FORM SUB. | N | 24 | PRIME COMP. SUPPLIER | Z | 25 | COMPONENT MANUFACTURER | Z | 9 | 9 | 9 | 26 | 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27) Due to the close confinement of the terminal board locations, the I&C technician inadvertently shorted the test leads together. NI-2 was declared operable at 1250 hours on 8/27/83. Design modifications have already been made to these terminals to preclude recurrence. A modification was made to ST 5030.09 to make I&C technicians more conscious of the potential of shorting out essential buses.

15 | FACILITY STATUS | H | 28 | % POWER | 0 | 0 | 0 | 0 | 29 | OTHER STATUS | NA | 30 | METHOD OF DISCOVERY | B | 31 | DISCOVERY DESCRIPTION | During performance of ST 5030.09 | 32 | 16 | ACTIVITY CONTENT RELEASED OF RELEASE | Z | 33 | Z | 34 | AMOUNT OF ACTIVITY | NA | 35 | LOCATION OF RELEASE | NA | 36 | 17 | PERSONNEL EXPOSURES NUMBER | 0 | 0 | 0 | 0 | 37 | TYPE | Z | 38 | DESCRIPTION | NA | 39 | 18 | PERSONNEL INJURIES NUMBER | 0 | 0 | 0 | 0 | 40 | DESCRIPTION | NA | 41 | 19 | LOSS OF OR DAMAGE TO FACILITY TYPE | Z | 42 | DESCRIPTION | NA | 43 | 20 | PUBLICITY ISSUED | N | 44 | DESCRIPTION | NA | 45

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TOLEDO EDISON COMPANY
DAVIS-BESSE NUCLEAR POWER STATION UNIT ONE
SUPPLEMENTAL INFORMATION FOR LER NP-33-83-57

DATE OF EVENT: August 27, 1983

FACILITY: Davis-Besse Unit 1

IDENTIFICATION OF OCCURRENCE: NI-2, Source Range Neutron Flux Monitor, inoperable

Conditions Prior to Occurrence: The unit was in Mode 6, with Power (MWt) = 0 and Load (Gross MWe) = 0.

Description of Occurrence: On August 27, 1983, at 0955 hours while hooking up leads for ST 5030.09, "Reactor Protection System (RPS) Response Time Test", the Instrument and Control (I&C) technician shorted test leads together causing an essential bus fuse to blow, and as a result, deenergized 120 VAC essential bus Y1. This made NI-2 inoperable, and placed the unit in the action statement of Technical Specification 3.9.2, which requires two source range monitors to be operable in Mode 6. Per the requirements of the action statement, core alterations must be suspended. There were no core alterations in progress at this time.

Designation of Apparent Cause of Occurrence: The cause of this occurrence was due to personnel error. The I&C technician, inadvertently shorted the test leads together while working the the close confinement of the terminal board. Design modifications have previously been made to the terminals in the RPS cabinets intending to preclude recurrence.

Analysis of Occurrence: There was no danger to the health and safety of the public or station personnel. The redundant source range monitor, NI-1, was operable and was providing the audible indication in containment and the Control Room.

Corrective Action: Section 4 of SP 1105.02 "Reactor Protection System and Nuclear Instrumentation Operating Procedure" was completed. RPS Channel 1 was re-energized at 1100 hours on August 27, 1983, and NI-2 was declared operable at 1250 hours on August 27, 1983. This removed the unit from the action statement of Technical Specification 3.9.12. A procedure modification was made to Surveillance Test ST 5030.09 to make I&C technicians more conscious of the potential of shorting out essential buses.

Failure Data: There have been no previous occurrences of the loss of a source range monitor due to a similar cause. However, an occurrence has been reported in Licensee Event Report NP-33-80-70 (80-050) in which essential bus Y3 was deenergized when insulated alligator clips slipped off the terminals in RPS Channel 3 cabinet during the performance of ST 5030.09.



February 12, 1985

Log No. K85-126
File: RR 2 (NP-33-83-57)

Docket No. 50-346
License No. NPF-3

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

Gentlemen:

LER No. 83-045
Davis-Besse Nuclear Power Station Unit 1
Date of Occurrence: August 27, 1983

Enclosed is Revision 1 to Licensee Event Report 83-045. The changes to the report are indicated by a "1" in the left margin of each page.

Please replace your previous copy of this report with the attached revision.

Yours truly,

A handwritten signature in cursive script that reads "Stephen M. Quennoz".

Stephen M. Quennoz
Plant Manager
Davis-Besse Nuclear Power Station

SMQ/ljk

Enclosure

cc: Mr. James G. Keppler,
Regional Administrator,
USNRC Region III

Mr. Walt Rogers
DB-1 NRC Resident Inspector

JCS/001

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