

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) DOCKET NUMBER (2) PAGE (3)
 North Anna Unit 2 0 5 0 0 0 3 3 9 1 OF 0 2

TITLE (4)
 Inoperable Smoke Detection Equipment

| 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 | 9 | 16 | 84 | 00 | 7 | 0 | 0 | 10 | 3 | 0 | 8 | 4 | 0 | 5 | 0 | 0 | 0 | | |
| | | | | | | | | | | | | | 0 | 5 | 0 | 0 | 0 | | |

OPERATING MODE (8) THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 8: (Check one or more of the following) (11)

| | | | | |
|---------------------------|--|---|---|--|
| POWER LEVEL (10) 0 0 0 | <input type="checkbox"/> 20.402(b) | <input type="checkbox"/> 20.406(e) | <input type="checkbox"/> 50.73(a)(2)(iv) | <input type="checkbox"/> 73.71(b) |
| | <input type="checkbox"/> 20.406(a)(1)(i) | <input type="checkbox"/> 50.36(e)(1) | <input type="checkbox"/> 50.73(a)(2)(v) | <input type="checkbox"/> 73.71(e) |
| | <input type="checkbox"/> 20.406(a)(1)(ii) | <input type="checkbox"/> 50.36(e)(2) | <input type="checkbox"/> 50.73(a)(2)(vii) | <input checked="" type="checkbox"/> OTHER (Specify in Abstract below and in Text, NRC Form 366A) |
| | <input type="checkbox"/> 20.406(a)(1)(iii) | <input type="checkbox"/> 50.73(a)(2)(i) | <input type="checkbox"/> 50.73(a)(2)(viii)(A) | |
| | <input type="checkbox"/> 20.406(a)(1)(iv) | <input type="checkbox"/> 50.73(a)(2)(ii) | <input type="checkbox"/> 50.73(a)(2)(viii)(B) | |
| | <input type="checkbox"/> 20.406(a)(1)(v) | <input type="checkbox"/> 50.73(a)(2)(iii) | <input type="checkbox"/> 50.73(a)(2)(x) | |

LICENSEE CONTACT FOR THIS LER (12)

| | | |
|--------------------------|--------------------|-----------------|
| NAME E. Wayne Harrell | TELEPHONE NUMBER | |
| | AREA CODE 7 0 3 | 8 9 4 - 5 1 5 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 |
|-------|--------|-----------|--------------|---------------------|-------|--------|-----------|--------------|---------------------|
| X | IIC | IDET | FQ81 | 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 |
| | | | | | |

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

ABSTRACT

On September 16, 1984, it was discovered that the smoke detector located in the Unit 2 Control Room Emergency Air Supply failed to operate as required by T.S. 3.3.3.7. Control Room operations personnel provided a continuous fire watch in accordance with the Action Statement of T.S. 3.3.3.7 during detector inoperability. The inoperable detector was replaced on October 26, 1984.

Since the smoke detector was not restored to operable status within 14 days, this event is reportable as a Special Report pursuant to T.S. 3.3.3.7 and T.S. 6.9.2.h.

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

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|--|--|----------------|-------------------|-----------------|----------|-----|
| FACILITY NAME (1) North Anna Unit 2 | DOCKET NUMBER (2) 0 5 0 0 0 3 3 9 | LER NUMBER (6) | | | PAGE (3) | |
| | | YEAR | SEQUENTIAL NUMBER | REVISION NUMBER | | |
| | | 8 4 | 0 0 7 | 0 0 | 0 2 | 0 2 |

TEXT (If more space is required, use additional NRC Form 305A's) (17)

On September 16, 1984, while performing periodic testing on fire protection equipment, it was discovered that the smoke detector located in the Unit 2 Control Room Emergency Air Supply failed to operate when activated by introducing freon into the vicinity of the detector. The Smoke Detector (EIS Component Identifier DET) is manufactured by Fenwal Incorporated, Model No. 201000-001 with base 70-201000-101.

Since the affected zone was the Unit 2 Control Room, Control Room operations personnel constituted a continuous fire watch in accordance with the Action Statement of T.S. 3.3.3.7. The detector was restored to operable status October 26, 1984. Since the smoke detector was not returned to operable within 14 days due to unavailability of replacement parts, this event is reportable as a Special Report pursuant to T.S. 3.3.3.7 and T.S. 6.9.2.h.



VIRGINIA ELECTRIC AND POWER COMPANY

NORTH ANNA POWER STATION

P. O. BOX 402

MINERAL, VIRGINIA 23117

October 30, 1984

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

Serial No. N-84-023

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Docket No. 50-339

License No. NPF-7

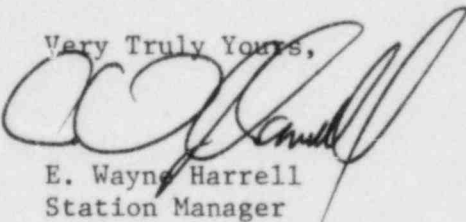
Dear Sirs:

The Virginia Electric and Power Company hereby submits the following License Event Report applicable to North Anna Unit 2.

Report No. LER 84-007

This report has been reviewed by the Station Nuclear Safety and Operating Committee and will be forwarded to Safety Evaluation and Control for their review.

Very Truly Yours,



E. Wayne Harrell
Station Manager

Enclosures (3 copies)

cc: Mr. James P. O'Reilly, Regional Administrator
U. S. Nuclear Regulatory Commission
Region II
101 Marietta Street, Suite 2900
Atlanta, Georgia 30303

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