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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

U.S. NUCLEAR REGULATORY COMMISSION APPROVED OMB NO. 3150-0104

EXPIRES: 8/31/88

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AC Form 386A

Initial Plant Conditions:

Operational Condition: 1 (Power Operation) Reactor Power: 63.8 Percent Reactor Temperature: 518 degrees Fahrenheit Reactor Pressure: 940 psig

Description of the Event:

The Stationary Particulate, Iodine and Noble Gas (SPING) radiation monitor (IL) for the Radioactive Waste Processing Building (Radwaste Building) lost communications with the main control terminal in the control room. The condition was recognized by an alarm annunciation in the main control room. At 2103 hours on February 13, 1988, the SPING radiation monitor for the Radwaste Building (NE) was declared inoperable and entered into the out of specification log by the Nuclear Supervising Operator. Chemistry technicians were directed to initiate alternate sampling methods, periodic grab samples and SPING system flow checks as required by action statement of the Technical Specification for "Radioactive Gaseous Effluent Monitoring Instrumentation".

A work request was initiated to troubleshoot and repair the monitor. Procedure 12.000.15, "Work Request" requires that the work request be reviewed by the individuals involved and signed by Nuclear Shift Supervisor (NSS) prior to performing plant work of this type. The NSS reviews the work request for impact to the system and discusses with the lead worker potential actuations that may result from the work. The Instrument and Controls (I&C) technicians failed to sign on the work request.

The I&C technicians contacted Radiological Protection for assistance in restoring communications with the main control terminal. Radiological Protection advised the I&C technicians to establish communications with the main control terminal by de-energizing and re-energizing the SPING unit.

On February 14, 1988 at 1356, the I&C technicians de-energized the Radwaste Building SPING monitor for approximately 10 seconds. Control Center Heating Ventilation and Air Conditioning (CCHVAC) (VI) shifted to the recirculation mode when the SPING was de-energized. The actuation of the CCHVAC to the recirculation mode is an Engineered Safety Feature and is a reportable event. At 1502 hours, the SPING was returned to normal operation. At 1645 hours, CCHVAC was placed in normal operation.

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Cause of the Event:

The cause of the event was the I&C technicians (utility non licensed) failure to review the work and sign on the work request prior to performing work on the SPING unit. Had the required reviews been conducted with the NSS, the possibility of actuating CCHVAC would have been recognized.

Analysis of the Event:

De-energizing the Radwaste Building SPING unit actuated the designed automatic responses. A loss of power to the SPING unit resulted in the isolation of the Radwaste Building Ventilation and the shifting of the CCHVAC to the recirculation mode. In both cases this is the most conservative mode of operation. Had an actual event requiring protection of the control room atmosphere occurred, the CCHVAC operating in the recirculation mode would have already been providing the necessary protection.

The chemistry department had already instituted grab sampling of the Radwaste Building ventilation as required by the action statement of the Technical Specifications. The sampling requirements assure that the rate of release of gaseous effluents are maintained below the Technical Specification limits. Therefore, the the health and safety of public was maintained during this event.

Corrective Action:

Required reading will be issued to the ISC and radiological protection departments describing this event and its consequences by April 15, 1988. Personnel involved in this event were counseled as to the significance of the event.

Amendment 7 to the Technical Specifications removed the requirement for the Radwaste Building SPING logic to isolate CCHVAC. Engineering Design Package (EDP) 5175 had been developed to remove the isolation functions from the Radwaste Building SPING. At the time of this event, EDP 5175 had not been implemented. EDP 5175 will be approved and implemented by the end of the current Local Leak Rate Test Outage.

NRC Form 366A (9-83)	LICENCEE EVENT DEPORT (LED) TEXT CONTINUETION							MB NO. 3	ULATORY COMMISSION 18 NO. 3150-0104 98				
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Previous Similar Events:

Previously there have been nine events which have resulted in the actuation of CCHVAC to the recirculation mode caused by a loss of power to a ventilation radiation monitor. One event involved the incorrect movement of the radiation monitor switch from the normal position to the check source actuation position. William S. Orser Vice President Nuclear Operations

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Edison Fermi 2 6400 North Dixie Highway Newport, Michigan 48166 (313) 586-5300

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Nuclear Operations

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March 15, 1988 NRC-88-0040

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

Reference: Fermi 2 NRC Docket No. 50-341 Facility Operating License No. NPF-43

Subject: Licensee Event Report (LER) No. 88-007-00

Please find enclosed LER No. 88-007-00, dated March 15, 1988, for a reportable event that occurred on February 14, 1988. A copy of this LER is also being sent to the Regional Administrator, USNRC Region III.

If you have any questions, please contact Patricia Anthony at (313) 586-1617.

Sincerely,

Welling

Enclosure: NRC Forms 366, 366A

cc: A. B. Davis J. R. Eckert E. G. Greenman T. R. Quay

W. G. Rogers

Wayne County Emergency Management Division