

Georgia Power Company
333 Piedmont Avenue
Atlanta, Georgia 30308
Telephone 404 526-6526

Mailing Address:
Post Office Box 4545
Atlanta, Georgia 30302

L. T. Gucwa
Manager Nuclear Engineering
and Chief Nuclear Engineer

66 FEB 24 P 1: 03



SL-358
0315C

February 17, 1986

U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II - Suite 2900
101 Marietta Street, NW
Atlanta, Georgia 30323

REFERENCE:
RII: JNG
50-321/50-366
I&E Report
85-34

ATTENTION: Dr. J. Nelson Grace

Gentlemen:

The following information in response to Inspection Report No. 50-321, 50-366/85-34 dated January 15, 1986. The report concerns the inspection conducted by Messrs. P. Holmes-Ray, G. M. Nejfelt and L. W. Garner of your office from November 10, to December 20, 1985.

Violation 1:

Technical Specification Table 3.7-1 requires that the Reactor Water Cleanup valve G31-F001 have a maximum closure time of 30 seconds.

Contrary to the above, on November 18, 1985, valve 1G31-F001 was observed by the inspector to be backseated. The inspector questioned the closure time from the backseat. The licensee timed the valve from the switch being positioned to closed to the indication that the valve was closed and found the time to close exceeded the specification time of 30 seconds. The valve was reopened, but not backseated, and timed again. This time was within specifications.

This is a Severity Level IV violation (Supplement I) for Unit 1 only.

Response to Violation 1:

Admission or denial of alleged violation: The violation occurred.

Reason for Violation 1: The root cause of this violation is a procedural deficiency in that existing procedures related to Technical Specification compliance with valve closure time requirements did not contain provisions to assure that the 1G31-F001 valve would meet the closure time requirement of the Technical Specifications from the backseated position.

Corrective steps which have been taken and the results achieved:

Valve 1G31-F001 was removed from the backseated condition until the unit was shutdown for refueling. As an interim measure, standing order 30-OPS-02-1185

8603040275 860217
PDR ADDCK 05000321
Q PDR

IEC

U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II - Suite 2900
February 17, 1986
Page Two

Response to Violation 1: (continued)

was put into effect to require an engineering review prior to leaving a safety-related valve in a backseated condition that has a required closure time. A check was performed on other backseated valves on Units 1 and 2 and no further problems were found. The procedure for performing electrical backseating, 52GM-MEL-022-OS, was written ensuring an assessment is made on the impact to stroke time requirements when backseating a valve. The procedure also requires Engineering to perform a review to ensure that backseating the valve will not cause valve damage or other possible problems as well as requiring a Maintenance Work Order (MWO) to be generated to repair the valve as the last step in backseating. The review is to include stroke time data from the backseated position. Standing order SO-OPS-02-1185 was issued on November 27, 1985. Procedure 52GM-MEL-022-OS was made effective on December 16, 1985.

Corrective steps which will be taken to avoid further violations:

The above actions are sufficient to prevent recurrence.

Date when full compliance was achieved: The plant achieved full compliance when the valve (1G31-F001) was removed from its backseated condition on November 20, 1985.

Violation 2:

Technical Specification 6.8.1 requires that written procedures be established, implemented and maintained covering maintenance and surveillance activities.

Contrary to the above, Procedure 42SP-DCI-009-1S was incorrect since when performing this procedure on December 6, 1985, shutdown cooling was inadvertently isolated when link CC 80 in panel 1H11 was opened in accordance with procedure 42SP-DCI-009-1S. The statement to open the link was incorrect.

This is a Severity Level IV violation (Supplement I) for Unit 1 only.

Response to Violation 2:

Admission or denial of alleged violation: The violation occurred.

Reason for violation: The cause of the violation was an inadequate procedure. Special purpose procedure, 42SP-DCI-009-1S, had an error in the step concerning opening link CC 80.

U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II - Suite 2900
February 17, 1986
Page Three

Response to Violation 2: (continued)

Corrective steps which have been taken and the results achieved:

Immediately after the event occurred the isolation signal was removed, the valve was opened, the RHR pump was restarted, and shutdown cooling was restored. Temporary modifications were performed per 30AC-OPS-005-0S (modification sheet number 1-85-171), which included the necessary information from procedure 42SP-DCI-009-1S to prevent the isolation, and allowed the design change work to be finished. Both the writer and reviewer of procedure 42SP-DCI-009-1S were disciplined on December 19, 1985. The seriousness of this event and the importance of performing complete and thorough reviews prior to issuing procedures was conveyed as part of the disciplinary action. The eight other procedures which involved these two individuals were reviewed by December 31, 1985, to ensure they were correct. Of the eight procedures, there was one with a discrepancy similar to that found in 42SP-DCI-009-1S. This discrepancy was corrected before the procedure was implemented.

Corrective steps which will be taken to avoid further violation:

The above actions are sufficient to prevent recurrence.

Date when full compliance was achieved:

The plant achieved full compliance on December 6, 1985 (date of incident) when shutdown cooling was restored.

Violation 3:

Technical Specification 6.8.1 requires that written procedures be established, implemented and maintained covering maintenance and surveillance activities.

Contrary to the above, procedure 57SV-E41-003-2 was not properly performed since on December 18, 1983, with Unit 2 at rated conditions, the Instrument and Control technician plugged into the Reactor Core Isolation Cooling (RCIC) module rather than the High Pressure Core Injection module for differential steam line pressure. This caused the RCIC isolation valve to close. The error was immediately recognized and the RCIC isolation valve was reopened, returning RCIC to its standby lineup.

This is a Severity Level IV violation (Supplement I) for Unit 2 only.

U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II - Suite 2900
February 17, 1986
Page Four

Response to Violation 3:

Admission or denial of alleged violation: The violation occurred.

Reason for violation: Procedure 57SV-E41-003-2 was improperly performed due to personnel error. Contributing to this event was the fact that the RCIC instrument is located on the same instrument panel approximately three inches above the HPCI instrument.

Corrective steps which have been taken and the results achieved: The RCIC isolation valve was immediately reopened, returning RCIC to its standby lineup. Personnel directly involved were disciplined and this specific incident was discussed with other I & C personnel on December 19, 1985, to stress the importance of attention to detail. Surveillance personnel (I&C) have been rotated to avoid problems with over familiarity with procedures and subsequent mistakes.

Corrective steps which will be taken to avoid further violations:

The above actions are sufficient to prevent recurrence.

Date when full compliance was achieved: Full compliance was achieved when the RCIC system was returned to its standby configuration on December 18, 1985 (date of event).

Please contact this office if you have any questions.

Very truly yours,

L.T. Gucwa / L.T.
L. T. Gucwa

MJBlackwood/lc

xc: Mr. J. T. Beckham, Jr.
Mr. H. C. Nix, Jr.
Dr. J. N. Grace (NRC-Region II)
Senior Resident Inspector
GO-NORMS