LICENSEE EVENT REPORT (LER) Form Rev. 2.0

Facility Name (1)	Docket Number (2)	Page (3)
Cities Unit One	0 5 0 0 0 2 5 4	1 of 0 4

(4)

Unit 1 Entered a 12 Hour Hot Shutdown Limiting Condition for Operation Contrary to the Bases for Technical Specification 3.0.A due to Cognitive Personnel Errors When Scheduling Surveillances.

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 6	2 3	9 7	9 7	-- 0 1 7	-- 0 0		0 8	1 2	9 7		0 5 0 0 0
											0 5 0 0 0

OPERATING MODE (9)		THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10CFR (Check one or more of the following) (11)			
1		20.402(b)	20.405(c)	50.73(a)(2)(iv)	73.71(b)
POWER LEVEL (10)	1 0 0	20.405(a)(1)(i)	50.36(c)(1)	50.73(a)(2)(v)	73.71(c)
		20.405(a)(1)(ii)	50.36(c)(2)	50.73(a)(2)(vii)	X Other (Specify in Abstract below and in Text)
		20.405(a)(1)(iii)	50.73(a)(2)(i)	50.73(a)(2)(viii)(A)	
		20.405(a)(1)(iv)	50.73(a)(2)(ii)	50.73(a)(2)(viii)(B)	
		20.405(a)(1)(v)	50.73(a)(2)(iii)	50.73(a)(2)(x)	

LICENSEE CONTACT FOR THIS LER (12)

NAME	TELEPHONE NUMBER
Charles Peterson, Regulatory Affairs Manager, ext. 3609	AREA CODE 3 0 9 6 5 4 - 2 2 4 1

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS		CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS

SUPPLEMENTAL REPORT EXPECTED (14)

		Expected Submission Date (15)	Month	Day	Year
YES (If yes, complete EXPECTED SUBMISSION DATE)	X NO				

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

ABSTRACT:

On 062397 at 2055, Unit 1 was in Power Operation at 100% power when a 12 hour Hot Shutdown Limiting Condition for Operation (LCO) was inappropriately entered for a total of 36 minutes when the High Pressure Coolant Injection (HPCI) system steam supply valves were closed for a scheduled Instrument Maintenance surveillance while the Low Pressure Coolant Injection (LPCI) system was inoperable. The crew identified and logged the entry into the 12 hour Hot Shutdown LCO with the understanding that the surveillance needed to be performed at that time. The surveillance was completed and the LCO was exited at 2131. On 062497 at approximately 1930, a similar Hot Shutdown LCO entry was scheduled and performed for a different HPCI surveillance with an entry of 56 minutes. The cause of this event is cognitive personnel errors by the Lead Unit Planner. The scheduling of these surveillances while LPCI was inoperable was unnecessary and nonconservative. Corrective actions include counseling, required reading, and procedure revisions. This LER is being submitted voluntarily.

The safety significance of this event is minimal. While the scheduling of the 12 hour Hot Shutdown LCO entry was not conservative on these occasions, the entries were less than one hour in duration, and within the constraints of the design basis.

PLANT AND SYSTEM IDENTIFICATION:
General Electric - Boiling Water Reactor - 2511 MWt rated core thermal power.

EVENT IDENTIFICATION: Unit 1 Entered a 12 Hour Hot Shutdown Limiting Condition for Operation Contrary to the Bases for Technical Specification 3.0.A due to Cognitive Personnel Errors When Scheduling Surveillances.

A. CONDITIONS PRIOR TO EVENT:

Unit: One Event Date: 062397 Event Time: 2055
Reactor Mode: 1 Mode Name: Power Operation Power Level: 100%

This report was initiated by Licensee Event Report 254/97-017.

Power Operation (1) - Mode switch in the RUN position with average reactor coolant temperature at any temperature.

B. DESCRIPTION OF EVENT:

On 062397 at 1038, Unit 1 was in Power Operation at 100% power when a 30 day Limiting Condition for Operation (LCO) was entered for an inoperable Low Pressure Coolant Injection (LPCI) [BO] pump. The LCO entry was made in accordance with Technical Specification (TS) 3.5.A.2.a. requirements when the 1D Residual Heat Removal (RHR) pump was to be taken Out Of Service (OOS) for repairs. An Instrument Maintenance (IM) High Pressure Coolant Injection (HPCI) [BJ] surveillance, QCIS 2300-04, "HPCI High Steam Line Flow Analog Trip System Calibration and Functional Test", was placed on the schedule for 062397.

The Lead Unit Planner (LUP) reviewed the list of activities planned for the evening of 062397 and recognized that performance of QCIS 2300-04 would make the HPCI system inoperable as well. The applicable TS LCO for this activity is addressed in TS 3.5.A.3. This TS requires the reactor to be in Hot Shutdown within 12 hours and below 150 psig within the next 24 hours when HPCI is inoperable for longer than 14 days, or when the other provisions of TS 3.5.A.3 are not met. Thus with the LPCI system inoperable, this TS required Unit 1 entry into the 12 hour Hot Shutdown LCO.

The LUP considered that entry into this 12 hour LCO was reasonable given the level of evaluated risk and so QCIS 2300-04 remained in the schedule as the surveillance was coming due on 062897 and the LCO entry would last for less than 2 hours per QCIS 2300-04. This LCO entry was not identified in the nightly shift planning package as the expectation at that time was for the shift to identify the appropriate TS LCO being entered for the applicable plant condition.

On 062397 evening shift, the Unit 1 Supervisor (US) and the Unit 1 Administrative Nuclear Station Operator (NSO) were aware of the 1D RHR pump being OOS and the LPCI LCO. The US consulted the TS and verified an entry into the 12 hour Hot Shutdown LCO. The US consulted with the Shift Engineer and they decided to continue work as scheduled, as the entry into a 12 hour LCO had been required on previous occasions for surveillance or maintenance. At 2055 hours, Unit 1 entered the 12 hour LCO for performance of QCIS 2300-04. At 2131 hours, QCIS 2300-04 was completed and Unit 1 exited the 12 hour LCO.

On 062497 at approximately 1930, a similar 12 hour Hot Shutdown LCO entry was scheduled and performed. The LUP had included QCIS 2300-09, "HPCI Pump Discharge Flow Switch Functional Test," on the schedule though it was not due until 070197. On this occasion the LCO entry was 56 minutes in duration.

This LER is being submitted voluntarily.

C. **CAUSE OF EVENT:**

The root cause of the inappropriate entries into the LCO was a scheduling error by the LUP in not recognizing these LCO entries were contrary to the bases for TS 3.0.A. These entries into the 12 hour Hot Shutdown LCO were not conservative. Although at times it may be necessary to enter a 12 hour Hot Shutdown LCO to perform a surveillance, these surveillances were not due and could have been deferred until the LPCI LCO was exited.

D. **SAFETY ANALYSIS:**

The safety significance of this event is minimal. The 12 hour Hot Shutdown LCO entries were less than one hour in duration and were in accordance with the design basis documents.

E. **CORRECTIVE ACTIONS:**

Corrective Actions Completed

The LUPs were counselled to avoid an unnecessary entry into a 12 hour Hot Shutdown LCO.

QCAP 2200-08, "Voluntary On-Line Maintenance On Equipment Important To Safety," has been revised to re-emphasize conservative decision making for planned LCO entries.

This event has been included in Licensed Operator Required Reading to emphasize the need for the shift to continuously challenge potential violations of the bases for TS 3.0.A.

Corrective Actions to be Completed

QCAP 0200-11, "Heightened Level of Awareness Program," will be revised by 100197 to clarify that any planned entry into a 72 hour (or less) SD LCO will be identified in the nightly shift planning package. (Operations - NTS 25418097SCAQ0001701)

F. **PREVIOUS OCCURRENCES:**

A search was conducted for LERs over the last two years caused by problems with LCO management identified the following voluntary LER.

LER 254/96-006, Technical Specification 3.0.A was incorrectly invoked, due to procedural and operator knowledge deficiencies on Technical Specification requirements, when Primary to Secondary Containment flowpaths were established during Local Leak Rate Testing.

G. **COMPONENT FAILURE DATA:**

Not applicable.