



LIC-12-0073  
May 29, 2012

U.S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, DC 20555-0001

Reference: Docket No. 50-285

**Subject: Licensee Event Report 2012-004, Revision 0, for the Fort Calhoun Station**

Please find attached Licensee Event Report 2012-004, Revision 0, dated May 29, 2012. This report is being submitted pursuant to 10 CFR 50.73(a)(2)(ii)(B) and (a)(2)(v)(A,B,C,D)

No commitments are being made in this letter.

If you should have any questions, please contact me.

Sincerely,

  
D. J. Bannister  
Vice President and CNO

DJB /epm

Attachment

c: E. E. Collins, Jr., NRC Regional Administrator, Region IV  
L. E. Wilkins, NRC Project Manager  
J. C. Kirkland, NRC Senior Resident Inspector  
INPO Records Center

**LICENSEE EVENT REPORT (LER)**(See reverse for required number of  
digits/characters for each block)

Estimated burden per response to comply with this mandatory collection request: 80 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the FOIA/Privacy Section (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 205 55-0001, or by internet e-mail to [infocollects.resource@nrc.gov](mailto:infocollects.resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**1. FACILITY NAME**

Fort Calhoun Station

**2. DOCKET NUMBER**

05000285

**3. PAGE**

1 OF 2

**4. TITLE**

Inadequate Analysis of Drift Affects Safety Related Equipment

5. EVENT DATE			6. LER NUMBER			7. REPORT DATE			8. OTHER FACILITIES INVOLVED																																					
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REV NO.	MONTH	DAY	YEAR	FACILITY NAME	DOCKET NUMBER																																				
03	29	2012	2012	- 004	- 0	05	29	2012	FACILITY NAME	DOCKET NUMBER 05000																																				
9. OPERATING MODE  5			11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply)																																											
10. POWER LEVEL  0			<table border="0"><tr><td><input type="checkbox"/> 20.2201(b)</td><td><input type="checkbox"/> 20.2203(a)(3)(i)</td><td><input type="checkbox"/> 50.73(a)(2)(i)(C)</td><td><input type="checkbox"/> 50.73(a)(2)(vii)</td></tr><tr><td><input type="checkbox"/> 20.2201(d)</td><td><input type="checkbox"/> 20.2203(a)(3)(ii)</td><td><input type="checkbox"/> 50.73(a)(2)(ii)(A)</td><td><input type="checkbox"/> 50.73(a)(2)(viii)(A)</td></tr><tr><td><input type="checkbox"/> 20.2203(a)(1)</td><td><input type="checkbox"/> 20.2203(a)(4)</td><td><input checked="" type="checkbox"/> 50.73(a)(2)(ii)(B)</td><td><input type="checkbox"/> 50.73(a)(2)(viii)(B)</td></tr><tr><td><input type="checkbox"/> 20.2203(a)(2)(i)</td><td><input type="checkbox"/> 50.36(c)(1)(i)(A)</td><td><input type="checkbox"/> 50.73(a)(2)(iii)</td><td><input type="checkbox"/> 50.73(a)(2)(ix)(A)</td></tr><tr><td><input type="checkbox"/> 20.2203(a)(2)(ii)</td><td><input type="checkbox"/> 50.36(c)(1)(ii)(A)</td><td><input type="checkbox"/> 50.73(a)(2)(iv)(A)</td><td><input type="checkbox"/> 50.73(a)(2)(x)</td></tr><tr><td><input type="checkbox"/> 20.2203(a)(2)(iii)</td><td><input type="checkbox"/> 50.36(c)(2)</td><td><input checked="" type="checkbox"/> 50.73(a)(2)(v)(A)</td><td><input type="checkbox"/> 73.71(a)(4)</td></tr><tr><td><input type="checkbox"/> 20.2203(a)(2)(iv)</td><td><input type="checkbox"/> 50.46(a)(3)(ii)</td><td><input checked="" type="checkbox"/> 50.73(a)(2)(v)(B)</td><td><input type="checkbox"/> 73.71(a)(5)</td></tr><tr><td><input type="checkbox"/> 20.2203(a)(2)(v)</td><td><input type="checkbox"/> 50.73(a)(2)(i)(A)</td><td><input checked="" type="checkbox"/> 50.73(a)(2)(v)(C)</td><td><input type="checkbox"/> OTHER</td></tr><tr><td><input type="checkbox"/> 20.2203(a)(2)(vi)</td><td><input type="checkbox"/> 50.73(a)(2)(i)(B)</td><td><input checked="" type="checkbox"/> 50.73(a)(2)(v)(D)</td><td>Specify in Abstract below or in NRC Form 366A</td></tr></table>								<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(vii)	<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(4)	<input checked="" type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)	<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 50.73(a)(2)(x)	<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.36(c)(2)	<input checked="" type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 73.71(a)(4)	<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input checked="" type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> 73.71(a)(5)	<input type="checkbox"/> 20.2203(a)(2)(v)	<input type="checkbox"/> 50.73(a)(2)(i)(A)	<input checked="" type="checkbox"/> 50.73(a)(2)(v)(C)	<input type="checkbox"/> OTHER	<input type="checkbox"/> 20.2203(a)(2)(vi)	<input type="checkbox"/> 50.73(a)(2)(i)(B)	<input checked="" type="checkbox"/> 50.73(a)(2)(v)(D)	Specify in Abstract below or in NRC Form 366A
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**12. LICENSEE CONTACT FOR THIS LER**

FACILITY NAME

Erick Matzke

TELEPHONE NUMBER (Include Area Code)

402-533-6855

**13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT**

CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX

**14. SUPPLEMENTAL REPORT EXPECTED**☒ YES (If yes, complete 15. EXPECTED SUBMISSION DATE)☐ NO**15. EXPECTED SUBMISSION DATE**

MONTH	DAY	YEAR
8	10	2012

ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)

While investigating operating experience from another station concerning potential instrument drift it was determined that Fort Calhoun Station (FCS) is subject to similar conditions. It was determined that pressure switches that provide safety related signals for high containment pressure to the reactor protection system (RPS) and engineered safeguards actuation circuitry may be similarly affected at FCS. The impact of the potential drift was evaluated and it was determined that neither RPS nor the engineered safeguard circuitry may actuate at the required containment pressure of 5 psig. An evaluation determined that the actuation may not occur until slightly higher than the required pressure. Other systems are currently being evaluated for this condition.

A cause analysis is being performed and will be provided in a supplement to this report.

Corrective actions will be determined following the completion of the cause analysis.

**LICENSEE EVENT REPORT (LER)  
CONTINUATION SHEET**

1. FACILITY NAME	2. DOCKET	6. LER NUMBER			3. PAGE
Fort Calhoun Station	05000285	YEAR	SEQUENTIAL NUMBER	REV NO.	2 OF 2
		2012	- 004	- 00	

**NARRATIVE**

**EVENT DESCRIPTION**

While investigating operating experience from another station it was determined that Fort Calhoun Station (FCS) is subject to similar conditions. The operating experience involved setpoint drift of safety-related pressure switches beyond what had been accounted for in the station's safety analyses.

Following investigation and evaluation, it was determined that pressure switches that provide safety-related signals for high containment pressure to the reactor protection system (RPS) and engineered safeguards actuation circuitry may be similarly affected at FCS. The impact of the potential drift was evaluated and it was determined that neither RPS nor the engineered safeguard circuitry may actuate at the required containment pressure of 5 psig. An evaluation determined that the actuation may occur at a slightly higher value than the required pressure. Other systems are currently being evaluated for the condition.

On May 2, 2012, an eight (8) hour report was made per 10 CFR 50.72(b)(3)(ii)(B) to the NRC Headquarters Operation Office (HOO) at 1802 CDT (Event Number (EN) 47892). After further evaluation this report is being made per 10 CFR 50.73(a)(2)(ii)(B) and (a)(2)(v)(A,B,C,D).

**CONCLUSION**

A cause analysis is being performed and the results will be provided in a supplement to this report.

**CORRECTIVE ACTIONS**

Corrective actions will be determined following the completion of the cause analysis.

**SAFETY SIGNIFICANCE**

A cause analysis is in progress. The safety significance of this event will be provided in a supplement to this LER following completion of the analysis.

**SAFETY SYSTEM FUNCTIONAL FAILURE**

This event does result in a safety system functional failure in accordance with NEI-99-02.

**PREVIOUS EVENTS**

No events of a similar nature have been identified.

LICENSING CORRESPONDENCE REVIEW FORM

**LIC-12-0073**

Date Issued: 5/23/12

**Requested Return Date:** 5/25/12

Review/Approval		Information	
Susan Baughn		Dave Bannister	
John Herman		Woody Goodell	
Steve Miller		Brad Blome	
Chris Sterba		L. Smith	
Corey Cameron			
John Steinke			
Ken Dunham			

Subject LER 2012-004 Rev 0 "Inadequate Analysis of Drift Affects RPS and ECCS Equipment"

Please review and approve the attached draft correspondence (referenced above). In order to document your review for our records, please sign this form and return it to the Licensing Coordinator. If no notification is received by the requested return date, your concurrence with no comment will be assumed.

\_\_\_\_\_  
Technical Coordinator (Ext.)

Erick Matzke n 6855  
Licensing Coordinator (Ext.)

[ ] Approved with no comment. [ ] Approved pending resolution of comments as noted.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

LICENSING CORRESPONDENCE REVIEW FORM SUMMARY

**LIC-12-0073**

Date Issued: 5/23/12

Requested Return Date: 5/25/12

Name	Date Comments Received	No Comments <sup>1</sup>	Comments - How Resolved <sup>2</sup>
Susan Baughn	5/28/12		corrected
John Herman	none		
Steve Miller	5/27/12	X	
Mike Smith	none		
Corey Cameron	none		
Scott Pallas	none		
Chris Sterba	none		
John Steinke	5/28/12	X	verbal
Ken Dunham	5/24/12	X	
L. Smith	none		

Subject: LER 2012-004 Rev 0 "Inadequate Analysis of Drift Affects RPS and ECCS Equipment"	
<b>NOTE</b> – This submittal does ____ does not <u>X</u> include documents/files on CD-ROM. <sup>3</sup>	
NL Comment Coordinator Signature	Date
Responsible Dept. Manager (if required)	Date
Review by Nuclear Licensing Supervisor	Date

<sup>1</sup> Attach only signed Licensing Correspondence Review Form.

<sup>2</sup> Attach necessary documentation.

<sup>3</sup> Ensure that the CD-ROM files are formatted properly for electronic information exchange (EIE) to the NRC. (Reference NL-17)