



Omaha Public Power District

444 South 16th Street Mall
Omaha, NE 68102-2247

LIC-12-0118
August 10, 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 1, for the Fort Calhoun Station

Please find attached Licensee Event Report 2012-004, Revision 1, dated August 10, 2012. This report is being submitted pursuant to 10 CFR 50.73(a)(2)(i)(B), 10 CFR 50.73(a)(2)(ix)(A), and 10 CFR 50.73(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 /sds

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

NRC FORM 366 (10-2010)		U.S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0104		EXPIRES: 10/31/2013																																									
<h2 style="margin: 0;">LICENSEE EVENT REPORT (LER)</h2> <p style="margin: 0;">(See reverse for required number of digits/characters for each block)</p>				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 20555-0001, or by internet e-mail to 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																																						
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9. OPERATING MODE <div style="text-align: center; font-size: 24pt;">5</div>			11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: <i>(Check all that apply)</i> <table style="width:100%; font-size: small;"> <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 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 checked="" 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 checked="" 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 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 checked="" 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 checked="" 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 <i>(Include Area Code)</i> 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						15. EXPECTED SUBMISSION DATE			MONTH	DAY	YEAR																																				
<input checked="" type="checkbox"/> YES <i>(If yes, complete 15. EXPECTED SUBMISSION DATE)</i> <input type="checkbox"/> NO									10	18	2012																																				
ABSTRACT <i>(Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)</i>																																															
<p>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.</p> <p>A cause analysis was completed. However, internal reviews have identified that additional investigation is required to sufficiently characterize this issue. The results of the revised cause analysis and corrective actions will be published in a supplement to this report.</p>																																															

**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	- 1	

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.

Engineering performed an equipment database search to determine where the switches in question were installed at FCS. Several switches that input into specific Reactor Protection System (RPS) and Engineered Safeguards Actuation Circuitry (ESF) loops were in the affected population. Specifically these pressure switches provide safety-related signals for high containment pressure to the RPS and ESF. 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. A preliminary 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) as an unanalyzed condition. This LER is amending the reporting criteria for this issue as reported in LER 2012-004-0. This report is being made per 10 CFR 50.73(a)(2)(i)(B), 10 CFR 50.73(a)(2)(ix)(A), and 10 CFR 50.73(a)(2)(v)(A,B,C,D).

CONCLUSION

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

CORRECTIVE ACTIONS

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

SAFETY SIGNIFICANCE

The cause analysis is being revised. 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.