

## REGULATOR INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR: 8012050429 DDC DATE: 80/12/02 NOTARIZED: NO DOCKET #  
 FACIL: 50-261 H. B. Robinson Plant, Unit 2, Carolina Power and Light 05000261  
 AUTH. NAME: AUTHOR AFFILIATION  
 STARKEY, R.B. Carolina Power & Light Co.  
 RECIP. NAME: RECIPIENT AFFILIATION  
 Region 2, Atlanta, Office of the Director

SUBJECT: Revised LER 80-024/01T-1: on 801014, containment personnel  
 airlocks opened simultaneously. Caused by airlock interlocks  
 not in svc due to maint & improper functioning. Vendor  
 inspected airlocks & recommended improvements.

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	CHEM ENG BR 16	1	1	CONT SYS BR 17	1	1
	CORE PERF BR 18	1	1	D/DIR, HUM FAC19	1	1
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	I&C SYS BR 29	1	1	I&E 05	2	2
	JORDAN, E./IEI	1	1	LIC GUID BR 30	1	1
	LIC QUAL BR 31	1	1	MATL ENG BR 32	1	1
	MECH ENG BR 33	1	1	MPA	3	3
	NRC PDR 02	1	1	OP EX EVALI BR34	3	3
	OR ASSESS BR 35	1	1	POWER SYS BR 36	1	1
	RAD ASSESS BR39	1	1	REACT SYS BR 40	1	1
	REG FILE 01	1	1	RELI & RISK A 41	1	1
	SFTY PROG EVA42	1	1	STRUCT ENG BR44	1	1
	SYS INTERACI B45	1	1			
EXTERNAL:	ACRS 46	16	16	LPDR 03	1	1
	NSIC 05	1	1	TERA: DOUG MAY	1	1

DEC 8 1980

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LICENSEE EVENT REPORT

CONTROL BLOCK: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 S C H B R 2 0 0 - 0 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 5  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

CON'T  
0 1  
7 8

REPORT  
SOURCE L 6 0 5 0 0 0 2 6 1 7 1 0 1 4 8 0 8 1 2 0 2 8 0 9  
60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 On two occasions, at 0910 and 1600 hours on October 14, 1980, while in a hot shutdown

0 3 subcritical condition, the containment personnel airlocks were opened simultaneously.

0 4 During the first event, maintenance was being performed on the airlock door interlocks

0 5 when a small fire was reported inside containment. During an attempt to enter con-

0 6 tainment, operations personnel opened the exterior door while the inner door was not

0 7 sealed. During the second event, the interlock failed to function properly, allowing

0 8 both doors to be opened. These events are contrary to Technical Specification 3.6.1.a

0 9 and is reportable pursuant to paragraph 6.9.2.a.2 of Technical Specifications.

0 9 S A 11 A 12 A 13 P E N E T R 14 A 15 Z 16  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

17 LER/RO  
REPORT  
NUMBER 8 0 0 2 4 0 1 T 1  
21 22 23 24 25 26 27 28 29 30 31 32

ACTION TAKEN B 18 A 19 Z 20 Z 21 0 0 0 0 Y 23 Y 24 A 25 C 3 1 0 26  
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 The airlock interlocks were not in service at the time of the first event due to work

1 1 being performed on the doors. The interlocks require periodic maintenance in order to

1 2 maintain routine operation of the doors. In the haste to access containment to ex-

1 3 tinguish the fire and assess damage caused by the fire, the operator opened the door

1 4 without first checking with the maintenance personnel working on the doors. The air-

1 5 lock interlocks failed to function properly during the second event while personnel

1 6 were exiting the containment. These events necessitated having the vendor inspect and

1 7 recommend improvements to the airlock interlocks as necessary. This inspection has

1 8 been completed.

1 5 G 28 0 0 0 29 NA A 31 Operator Observation  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

1 6 Z 33 Z 34 NA  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

1 7 0 0 0 37 Z 38 NA  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

1 8 0 0 0 40 NA  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

1 9 Z 42 NA  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

2 0 N 44  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

8012050429  
R. B. Starkey, Jr.

NRC USE ONLY

NAME OF PREPARER

PHONE (803) 383-4524

SUPPLEMENTAL INFORMATION

FOR

LICENSEE EVENT REPORT 80-24-R1

1. Cause Description and Analysis: At 0910 hours on October 14, 1980, with the plant in a hot shutdown subcritical condition, a small fire was reported inside the containment by a construction worker. At the time of this occurrence, maintenance was being performed on the personnel airlock doors and interlocks. The interlocks were out of service. Operations personnel in their haste to enter containment to inspect for possible fire damage and verify the fire was extinguished, did not check to verify the inner door was properly sealed. Both containment personnel airlock doors were opened momentarily when the operator entered containment. At 1600 hours on the same day while personnel were exiting containment, the airlock door interlocks failed to function properly. This also resulted in a momentary opening of both airlock doors. Both doors being open, even momentarily, is contrary to the requirements of section 3.6.1.a. No adverse conditions resulted from these occurrences.
2. Corrective Action: In both occurrences, one airlock door was immediately placed in a satisfactory sealed condition. After the first event, the mechanic continued performing his work on the repair of the airlock interlock. After the second event, the interlock was repaired and placed in a satisfactory condition and door operating personnel were assigned to operate the airlock for the duration of the outage to prevent recurrence.
3. Corrective Action to Prevent Further Occurrence: Due to an unusually high level of job activities inside containment during the refueling outage, in addition to routine refueling activities, the airlock doors including the interlock mechanism was subjected to an unusually high amount of use by a significant number of personnel. As a result of this type of use, the airlock doors' operating mechanism required an excessive amount of maintenance to keep the doors operating as required. Due to this excessive amount of maintenance required, and as followup to this event, a specialist was contracted to inspect and recommend improvements. This inspection and evaluation has been completed. The overall condition of the equipment is good and recommendations to rebuild all of the major operating parts will be implemented during the next extended cold shutdown.