

CATEGORY 1

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 FACIL: 50-315 Donald C. Cook Nuclear Power Plant, Unit 1, Indiana M 05000315
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 RECIP.NAME RECIPIENT AFFILIATION

SUBJECT: LER 98-014-02: on 980310, determined that plant had operated
 in unanalyzed condition. Caused by inadequate interface with
 W re assumptions used in safety analysis. Will revise
 functional restoration procedure FRZ-1. With 981123 ltr.

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 TITLE: 50.73/50.9 Licensee Event Report (LER), Incident Rpt, etc.

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Power Company
Cook Nuclear Plant
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Bridgman, MI 49106
616 465 5901



November 23, 1998

United States Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

Operating License DPR-58
Docket No. 50-315

Document Control Manager:

In accordance with the criteria established by 10 CFR 50.73 entitled Licensee Event Report System, the following report is being submitted:

LER 98-014-02, "Response to High-High Containment Pressure' Procedure Not Consistent with Analysis of Record"

Sincerely,

J. R. Sampson
Site Vice President

/mbd

Attachment

c: J. L. Caldwell (Acting), Region III
R. P. Powers
P. A. Barrett
J. B. Kingseed
R. Whale
D. Hahn
Records Center, INPO
NRC Resident Inspector

9812010195 981123
PDR ADOCK 05000315
S PDR

LICENSEE EVENT REPORT (LER)

(See reverse for required number of
digits/characters for each block)ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS MANDATORY
INFORMATION COLLECTION REQUEST: 50.9 HRS. REPORTED LESSONS LEARNED
ARE INCORPORATED INTO THE LICENSING PROCESS AND FED BACK TO
INDUSTRY. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE
INFORMATION AND RECORDS MANAGEMENT BRANCH (T-4 F33), U.S. NUCLEAR
REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE
PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND
BUDGET, WASHINGTON, DC 20503

FACILITY NAME (1) Cook Nuclear Plant Unit 1										DOCKET NUMBER (2) 05000-315		PAGE (3) 1 of 3		
TITLE (4) "Response to High-High Containment Pressure" Procedure Not Consistent with Analysis of Record														
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 NAME		DOCKET NUMBER			
03	10	98	98	--	014	--	02	11	23	98	DOCKET NUMBER			
OPERATING MODE (9)		5		THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more) (11)										
POWER LEVEL (10)		00		0.2201 (b)		0.2203(a)(2)(v)		0.73(a)(2)(i)		0.73(a)(2)(viii)				
				0.2203(a)(1)		0.2203(a)(3)(i)		X 0.73(a)(2)(ii)		0.73(a)(2)(x)				
				0.2203(a)(2)(i)		0.2203(a)(3)(ii)		0.73(a)(2)(iii)		3.71				
				0.2203(a)(2)(ii)		0.2203(a)(4)		0.73(a)(2)(iv)		THER				
				0.2203(a)(2)(iii)		0.36(c)(1)		0.73(a)(2)(v)		Specify in Abstract below or on NRC Form 366A				
				0.2203(a)(2)(iv)		0.36(c)(2)		0.73(a)(2)(vii)						
LICENSEE CONTACT FOR THIS LER (12)														
NAME Mr. Gary Brassart, Nuclear Safety And Analysis Manager										TELEPHONE NUMBER (Include Area Code) 616/697-5106				
COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)														
CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX		CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO EPIX				
SUPPLEMENTAL REPORT EXPECTED (14)										EXPECTED SUBMISSION DATE (15)		MONTH	DAY	YEAR
X	YES	(If Yes, complete EXPECTED SUBMISSION DATE).				NO			12	23	98			
Abstract (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines) (16)														
<p>On March 10, 1998, with Units 1 and 2 in Mode 5, it was determined that both units had operated in an unanalyzed condition due to Functional Restoration Procedure FRZ-1, "Response to High-High Containment Pressure", not being consistent with the containment integrity analysis of record. Had the procedure been implemented in the current form, the potential existed for post-accident containment pressure to exceed its design basis limit of 12 psig. In accordance with 10CFR50.72(b)(2)(i), any event found while the reactor is shutdown, that, had it been found while the reactor was in operation, would have resulted in the nuclear plant, including its principle safety barriers, being in an unanalyzed condition that significantly compromises plant safety, an ENS notification was made. This LER is therefore submitted in accordance with 10CFR50.73(a)(2)(ii)(A), for an unanalyzed condition, and 10CFR50.73(a)(2)(ii)(B), for a condition outside the design basis.</p> <p>The root cause of this condition was inadequate interface with Westinghouse regarding the assumptions used in the safety analysis. The procedure will be revised to direct initiation of RHR spray at the appropriate point in time after the event. A program will be established to identify, document and control key aspects of the EOPs that have an operator interface, and EOP setpoints that should be controlled by Engineering. Additional actions will be taken to strengthen the communications between Operations and vendors performing safety analyses that might impact actions taken by the operators.</p> <p>The evaluation of the safety significance of this condition is still ongoing. The results of that evaluation should be available for submittal by December 23, 1998.</p>														

LICENSEE EVENT REPORT (LER)
TEXT CONTINUATION

FACILITY NAME (1)	DOCKET NUMBER(2)	LER NUMBER (6)				PAGE (3)
		YEAR	SEQUENTIAL NUMBER		REVISION NUMBER	
		98	--	014	--	02

Cook Nuclear Plant Unit 1

05000-315

2 of 3

TEXT (If more space is required, use additional copies of NRC Form (366A) (17))

Conditions Prior to Event

Unit 1 was in Mode 5, Cold Shutdown

Unit 2 was in Mode 5, Cold Shutdown

Description of Event

On March 10, 1998, while performing a Containment Spray self assessment, it was determined that the actions directed by Functional Restoration Procedure 1,2-4023.OHP.FRZ-1, "Response to High-High Containment Pressure", were not consistent with the assumptions in the containment integrity analysis of record.

Residual Heat Removal (RHR) spray is designed to supplement the pressure mitigation function of containment spray during either a Loss of Coolant Accident (LOCA) or Main Steam Line Break (MSLB). In accordance with containment integrity analysis input assumptions, FRZ-1 directs that RHR spray be manually initiated when containment pressure reaches 8 psig. The procedure and the safety analysis did not make allowance for the time delay between containment pressure reaching 8 psig and the delivery of RHR spray to containment. This time delay results from the summation of the time required for the operator to recognize that containment pressure has reached 8 psig; for the RHR spray valves to open and RHR to Reactor Coolant system isolation valves to close/throttle; and for RHR flow to fill the spray line and spray headers. Had the use of this procedure in its current form been required, conditions after LOCA or MSLB may not have been mitigated sufficiently to maintain containment pressure below the 12 psig design basis.

Cause of Event

This condition was the result of an inadequate interface with Westinghouse regarding the assumptions used in the safety analysis and how they were implemented at the plant. Equipment response times and operator action times were not included by Westinghouse when assumptions regarding RHR spray were incorporated into the analysis.

Analysis of Event

This condition was determined to be reportable in accordance with 10CFR50.73(a)(2)(ii)(A), for an unanalyzed condition that significantly compromises plant safety, and 10CFR50.73(a)(2)(ii)(B) for a condition outside the design basis.

The evaluation of the safety significance of this condition is still ongoing. The results of that evaluation should be available for submittal by December 23, 1998.

Corrective Actions

Functional Restoration Procedure FRZ-1, "Response to High-High Containment Pressure", will be revised to initiate RHR spray at a specific time after the start of an accident.

The containment integrity analysis will be revised to incorporate an assumption regarding the time at which RHR spray flow to the upper containment volume will be established. The analysis will assume that spray is initiated later than the time at which the operators will be required to initiate spray. This will provide additional margin for the time required for the initiation of RHR spray, repositioning of the valves, and filling of RHR spray lines.

To alleviate the interface problem with Westinghouse, a program will be developed and implemented to identify, document and control the key accident analyses assumptions used in the safety analyses that can be impacted by operator action in the EOPs; the key events involving operator action duration that can impact the safety analyses and are part of the EOPs; and the setpoints that should be subject to engineering control that are part of the EOPs.

Vendors who perform safety analyses will be required to identify any impact of the above program items on their safety analyses. Plant procedures will require that any change in operator actions that is driven by the safety analyses will require concurrence from the Operations Superintendent or Plant Manager.

LICENSEE EVENT REPORT (LER)
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FACILITY NAME (1)	DOCKET NUMBER(2)	LER NUMBER (6)				PAGE (3)
		YEAR	SEQUENTIAL NUMBER		REVISION NUMBER	
		98	--	014	--	02

Cook Nuclear Plant Unit 1

05000-315

3 of 3

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Failed Component Identification

Not Applicable

Previous Similar Events

None