

50-335

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

TO:

Mr. Norman C. Moselsy

FROM:

Florida Power & Light Company
Miami, Florida
A.D. Schmidt

FILE NUMBER

INCIDENT REPORT

DATE OF DOCUMENT

7/14/77

DATE RECEIVED

8/1/77

☐ LETTER☐ ORIGINAL☐ COPY☐ NOTORIZED☐ UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

1 signed

DESCRIPTION

PLANT NAME:

St. Lucie Unit 1
VT 8/1/77

(1-P) (2-P)

ENCLOSURE

Licensee Event Report # 50-335/77-30 on
6/14/77 concerning the failure of the
Incore-Excore Detector axial shape index
(ASI) monthly calibration to be performed.DO NOT REMOVE
ACKNOWLEDGEDNOTE: IF PERSONNEL EXPOSURE IS INVOLVED
SEND DIRECTLY TO KREGER/J. COLLINS

1 CY ENCL Rec'd

FOR ACTION/INFORMATION

BRANCH CHIEF:

DAVIS

W/ 3 CYS FOR ACTION

LIC ASST.:

Diggs

INTERNAL DISTRIBUTION

REG FILE

NRC-PDR

I & E (2)

MTPC

SCHROEDER/IPPOLITO

HOUSTON

NOVAK/CHECK

GRIMES

KNIGHT

BUTLER

HANAUER

TEDESCO

EISENHUT

BAER

SHAO

VOLLMER/RUNCH

KREGER/J. COLLINS

ROSA

EXTERNAL DISTRIBUTION

LPDR: FT. Pierce, FLA.

TIC:

NSIC:

ACRS (16) SENT AS CAT. B

CONTROL NUMBER

772130259

218-22

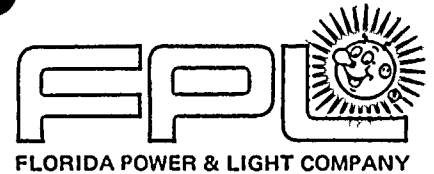
sample 1

1000 1000 1000

1000

1000

1000 1000 1000



July 14, 1977

PRN-LI-77-229

Regulatory Docket File

Mr. Norman C. Moseley, Director, Region II
Office of Inspection and Enforcement
U. S. Nuclear Regulatory Commission
230 Peachtree Street, N. W., Suite 1217
Atlanta, Georgia 30303

Dear Mr. Moseley:

REPORTABLE OCCURRENCE 335-77-30
ST. LUCIE UNIT 1
DATE OF OCCURRENCE: JUNE 14, 1977

DETECTOR CALIBRATION

The attached Licensee Event Report is being submitted in accordance with Technical Specification 6.9 to provide 30-day notification of the subject occurrence.

Very truly yours,

A handwritten signature in cursive script, appearing to read "A. D. Schmidt".

A. D. Schmidt
Vice President
Power Resources

MAS/cpc

Attachment

cc: Robert Lowenstein, Esquire
Director, Office of Inspection and Enforcement (30)
Director, Office of Management Information and
Program Control (3)



772130259

1911 AUG 1 AM 10 46

RECEIVED DOCUMENT
PROCESSING UNIT

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 2 3 4 5 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

| LICENSEE NAME | | | | | | LICENSE NUMBER | | | | | | | | | | LICENSE TYPE | | | | | EVENT TYPE | | | |
|---------------|------|-------------|---------------|---------------|----|----------------|----|---|------------|---|---|----|----|-------------|---|--------------|----|----|----|---|------------|---|----|----|
| 01 | F | L | S | L | S | 1 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 4 | 1 | 1 | 1 | 1 | 0 | 3 |
| 7 | 8 | 9 | | | | 14 | 15 | | | | | | | | | | 25 | 26 | | | | | 31 | 32 |
| CATEGORY | | REPORT TYPE | REPORT SOURCE | DOCKET NUMBER | | | | | EVENT DATE | | | | | REPORT DATE | | | | | | | | | | |
| 01 | CONT | L | L | 0 | 5 | 0 | - | 0 | 3 | 3 | 5 | 0 | 6 | 1 | 4 | 7 | 7 | 0 | 7 | 1 | 4 | 7 | 7 | |
| 7 | 8 | 57 | 58 | 59 | 60 | 61 | | | | | | 68 | 69 | | | | | 74 | 75 | | | | | |

EVENT DESCRIPTION

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 02 | Incore-Excore Detector axial shape index (ASI) monthly calibration was due on June 13 in | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | accordance with specification 4.3.1.1.1, but was not performed. On the morning of June | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | 14 this oversight was realized and power was reduced to 90 percent until the calibration | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | was completed in accordance with specification 4.3.1.1.1. This was the first occurrence | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | of a missed Reactor Protection System surveillance. (LER 335-77-30) | | | | | | | | | | | | | | | | | | | | | | | | |

| SYSTEM CODE | CAUSE CODE | COMPONENT CODE | | | | | PRIME COMPONENT SUPPLIER | COMPONENT MANUFACTURER | | | VIOATION | | | |
|-------------|------------|----------------|----|----|----|----|--------------------------|------------------------|----|----|----------|----|----|----|
| 07 | I | A | I | N | S | T | R | U | N | C | 4 | 9 | 0 | N |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

CAUSE DESCRIPTION

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 08 | This calibration requires equilibrium xenon conditions in the core. During the sur- | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 | veillance period in question, the plant never achieved equilibrium xenon due to load | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | swings and outages. It was mistakenly believed that the days during which the unit was | | | | | | | | | | | | | | | | | | | | | | | | |

| FACILITY STATUS | % POWER | OTHER STATUS | | | | | METHOD OF DISCOVERY | DISCOVERY DESCRIPTION | | | | | | | | |
|-----------------|---------|--------------|----|----|----|----|---------------------|-----------------------|----|------------------------|----|----|----|----|--|--|
| 11 | 0 | 9 | 5 | NA | | | | | B | Quality Control Review | | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | |

| FORM OF ACTIVITY RELEASED | CONTENT OF RELEASE | AMOUNT OF ACTIVITY | | | | | LOCATION OF RELEASE | | | | | | | |
|---------------------------|--------------------|--------------------|----|----|----|----|---------------------|----|----|----|----|----|----|----|
| 12 | Z | NA | | | | | NA | | | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |

PERSONNEL EXPOSURES

| NUMBER | TYPE | DESCRIPTION | | | |
|--------|------|-------------|----|----|----|
| 13 | 0 | 0 | 0 | Z | NA |
| 7 | 8 | 9 | 10 | 11 | 12 |

PERSONNEL INJURIES

| NUMBER | DESCRIPTION | | | | |
|--------|-------------|---|----|----|----|
| 14 | 0 | 0 | 0 | NA | |
| 7 | 8 | 9 | 10 | 11 | 12 |

PROBABLE CONSEQUENCES

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 15 | NA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |

LOSS OR DAMAGE TO FACILITY

| TYPE | DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|-------------|---|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 16 | L | Power reduced to 90 percent until surveillance completed. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 8 | 9 | 10 | | | | | | | | | | | | | | | | | | | | | | | | |

PUBLICITY

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 17 | NA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |

ADDITIONAL FACTORS

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 18 | See page two for continuation of Cause Description. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | |

NAME: M. A. Schoppman

PHONE: 305/552-3802

Reportable Occurrence 335-77-30
Licensee Event Report
Page Two

Cause Description (Continued)

off-line did not count as part of the monthly surveillance period. Because of this misinterpretation, it was not realized that the surveillance had been missed until it was overdue by 8 hours.

