

50-260

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER
INCIDENT REPORT

TO: N.C. MOSELEY

FROM: TENNESSEE VALLEY AUTHORITY
CHATTANOOGA, TENN.
H.S. FOX

DATE OF DOCUMENT

9-29-76

DATE RECEIVED

10-4-76

☒ LETTER
☒ ORIGINAL
☐ COPY☐ NOTORIZED
☒ UNCLASSIFIED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

1

DESCRIPTION

LTR. TRANS THE FOLLOWING.....

PLANT NAME: BROWNS FERRY # 2

ENCLOSURE

REPORTABLE OCCURRENCE # 7612, ON 9-4-76,
CONCERNING TWO ALARMS THAT WERE RECEIVED FROM
A SMOKE DETECTOR IN THE CONTROL ROOM

(1 SIGNED CY. RECEIVED)

(2 PAGES)

ACKNOWLEDGED

DO NOT REMOVE

NOTE: IF PERSONNEL EXPOSURE IS INVOLVED
SEND DIRECTLY TO KREGER/J. COLLINS

FOR ACTION/INFORMATION

SAB 10-5-76

| | | | |
|--|-----------|--|--|
| <input checked="" type="checkbox"/> BRANCH CHIEF: | SCHWENCER | | |
| <input checked="" type="checkbox"/> W/3 CYS FOR ACTION | | | |
| <input checked="" type="checkbox"/> LIC. ASST.: | SHEPPARD | | |
| <input checked="" type="checkbox"/> W/ CYS | | | |
| <input checked="" type="checkbox"/> ACRS 16CYS XXXXXX /SENT TO LA | | | |

INTERNAL DISTRIBUTION

| | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> REG FILE | | | | |
| <input checked="" type="checkbox"/> NRC PDR | | | | |
| <input checked="" type="checkbox"/> I & E (2) | | | | |
| <input checked="" type="checkbox"/> MIPC | | | | |
| <input checked="" type="checkbox"/> SCHROEDER/IPPOLITO | | | | |
| <input checked="" type="checkbox"/> HOUSTON | | | | |
| <input checked="" type="checkbox"/> NOVAK/CHECK | | | | |
| <input checked="" type="checkbox"/> GRIMES | | | | |
| <input checked="" type="checkbox"/> CASE | | | | |
| <input checked="" type="checkbox"/> BUTLER | | | | |
| <input checked="" type="checkbox"/> HANAUER | | | | |
| <input checked="" type="checkbox"/> TEDESCO/MACCARY | | | | |
| <input checked="" type="checkbox"/> EISENHUT | | | | |
| <input checked="" type="checkbox"/> BAER | | | | |
| <input checked="" type="checkbox"/> SHAO | | | | |
| <input checked="" type="checkbox"/> VOLLMER/DUNCH | | | | |
| <input checked="" type="checkbox"/> KREGER/J. COLLINS | | | | |

EXTERNAL DISTRIBUTION

CONTROL NUMBER

| | | | | |
|--|--|--|--|--|
| <input checked="" type="checkbox"/> LPDR: ATHENS, ALA. | | | | |
| <input checked="" type="checkbox"/> TIC: | | | | |
| <input checked="" type="checkbox"/> NSIC: | | | | |
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Reg. Copy

File Copy

TENNESSEE VALLEY AUTHORITY

CHATTANOOGA, TENNESSEE 37401

September 29, 1976



Mr. Norman C. Moseley, Director
U.S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II
230 Peachtree Street, NW., 8th Floor
Atlanta, Georgia 30303

Dear Mr. Moseley:

TENNESSEE VALLEY AUTHORITY - BROWNS FERRY NUCLEAR PLANT UNIT 2 -
DOCKET NO. 50-260 - FACILITY OPERATING LICENSE DPR-52 - REPORTABLE
OCCURRENCE REPORT BPRO-50-260/7612

The enclosed report is to provide details concerning two alarms that were received from a smoke detector in the control room due to increased detector sensitivity. This report is submitted in accordance with Browns Ferry Technical Specifications Section 6. This event occurred on Browns Ferry Nuclear Plant unit 2.

Very truly yours,

TENNESSEE VALLEY AUTHORITY

H. S. Fox
Director of Power Production

Enclosure (3)

CC (Enclosure):

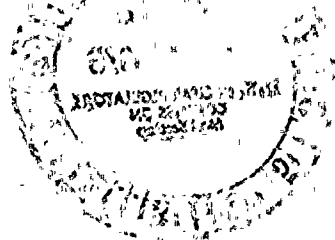
Director (3)
Office of Management Information and Program Control
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Director (40)

Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

10075

1944



1944

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 1 1 1 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

| LICENSEE NAME | | | | | LICENSE NUMBER | | | | | | | | | | LICENSE TYPE | | | | | EVENT TYPE | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| 01 | A | L | B | R | F | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 | 4 | 1 | 1 | 1 | 1 | 0 | 3 | |
| 7 | 8 | 9 | | | | 14 | 15 | | | | | | | | | | 25 | 26 | | | | 30 | 31 | 32 |

| CATEGORY | | REPORT TYPE | REPORT SOURCE | DOCKET NUMBER | | | | | EVENT DATE | | | | REPORT DATE | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--|--|--|--|--|----|
| 01 | CONT | L | L | 0 | 5 | 0 | - | 0 | 2 | 6 | 0 | 0 | 9 | 0 | 4 | 7 | 6 | | | | | | | |
| 7 | 8 | | | 57 | 58 | 59 | 60 | 61 | | | | 68 | 69 | | | | 74 | 75 | | | | | | 80 |

EVENT DESCRIPTION

| | | |
|--|---|----|
| 02 | Two alarms were received from a smoke detector in the control room due to increased | 80 |
| 03 | detector sensitivity. The detector was cleaned after the first alarm and then | 80 |
| 04 | replaced after the second alarm. (BFRO-50-260/7612) | 80 |
| 05 | | 80 |
| 06 | | 80 |

| SYSTEM CODE | | CAUSE CODE | COMPONENT CODE | | | | | PRIME COMPONENT SUPPLIER | COMPONENT MANUFACTURER | | | | VIOLATION | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 07 | A | B | E | I | N | S | T | R | U | L | K | 1 | 2 | 0 | N |
| 7 | 8 | 9 | 10 | 11 | 12 | | | | 17 | 43 | 44 | | | 47 | 48 |

CAUSE DESCRIPTION

| | | |
|--|------------------|----|
| 08 | Detector failed. | 80 |
| 09 | | 80 |
| 10 | | 80 |

| FACILITY STATUS | | % POWER | | OTHER STATUS | | METHOD OF DISCOVERY | | DISCOVERY DESCRIPTION | | | |
|--|---|---|---|---|--|---|----|--------------------------------|--|--|----|
| 11 | G | 0 | 0 | 0 | NA | A | | Alarm received in control room | | | |
| 7 | 8 | 9 | 10 | 12 | 13 | 44 | 45 | 46 | | | 80 |

| FORM OF ACTIVITY RELEASED | | CONTENT OF RELEASE | | AMOUNT OF ACTIVITY | | LOCATION OF RELEASE | | | |
|--|---|---|----|--|----|--|--|--|----|
| 12 | Z | 3 | | NA | | NA | | | |
| 7 | 8 | 9 | 10 | 11 | 44 | 45 | | | 80 |

PERSONNEL EXPOSURES

| NUMBER | TYPE | DESCRIPTION |
|--|---|--|
| 13 | 0 | 0 |
| 7 | 8 | 9 |
| | 3 | NA |
| | 11 | 12 |

PERSONNEL INJURIES

| NUMBER | DESCRIPTION |
|--|---|
| 14 | 0 |
| 7 | 8 |
| | 0 |
| | 11 |

OFFSITE CONSEQUENCES

| | | |
|--|--|----|
| 15 | NA | 80 |
|--|--|----|

LOSS OR DAMAGE TO FACILITY

| TYPE | DESCRIPTION |
|--|--|
| 16 | 3 |
| 7 | 8 |
| | NA |
| | 10 |

PUBLICITY

| | | |
|--|--|----|
| 17 | NA | 80 |
|--|--|----|

ADDITIONAL FACTORS

| | | |
|--|--|----|
| 18 | NA | 80 |
|--|--|----|

| | | |
|--|--|----|
| 19 | | 80 |
|--|--|----|

NAME: _____ PHONE: _____



TENNESSEE VALLEY AUTHORITY

CHATTANOOGA, TENNESSEE 37401

September 29, 1976

Mr. Norman C. Moseley, Director
U.S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II
230 Peachtree Street, NW., 8th Floor
Atlanta, Georgia 30303

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DOCKET NO. 50-260 - FACILITY OPERATING LICENSE DPR-52 - REPORTABLE
OCCURRENCE REPORT BFRO-50-260/7612

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Very truly yours,

TENNESSEE VALLEY AUTHORITY

H. S. Fox
for H. S. Fox
Director of Power Production

Enclosure (3)

CC (Enclosure):

Director (3)

Office of Management Information and Program Control
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Director (40)

Office of Inspection and Enforcement
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Handwritten marks and scribbles in the top right corner.

Handwritten text, possibly a date or reference number.

Handwritten text, possibly a title or header.

Handwritten text, possibly a paragraph or list.

Handwritten text, possibly a signature or footer.

Handwritten text, possibly a list or table.

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 2 3 4 5 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

| | | | |
|--|--|--|--|
| LICENSEE NAME <div style="border: 1px solid black; padding: 2px;"> 01 A L B R F 2 </div> | LICENSE NUMBER <div style="border: 1px solid black; padding: 2px;"> 0 0 - 0 0 0 0 0 - 0 0 </div> | LICENSE TYPE <div style="border: 1px solid black; padding: 2px;"> 4 1 1 1 1 </div> | EVENT TYPE <div style="border: 1px solid black; padding: 2px;"> 0 3 </div> |
|--|--|--|--|

| | | | | | | |
|--|--|---|---|---|--|---|
| CON'T <div style="border: 1px solid black; padding: 2px;"> 01 </div> | CATEGORY <div style="border: 1px solid black; padding: 2px;"> 57 58 </div> | REPORT TYPE <div style="border: 1px solid black; padding: 2px;"> L </div> | REPORT SOURCE <div style="border: 1px solid black; padding: 2px;"> L </div> | DOCKET NUMBER <div style="border: 1px solid black; padding: 2px;"> 0 5 0 - 0 2 6 0 </div> | EVENT DATE <div style="border: 1px solid black; padding: 2px;"> 0 9 0 4 7 6 </div> | REPORT DATE <div style="border: 1px solid black; padding: 2px;"> 75 76 77 78 79 80 </div> |
|--|--|---|---|---|--|---|

EVENT DESCRIPTION

02

80

Two alarms were received from a smoke detector in the control room due to increased

03

80

detector sensitivity. The detector was cleaned after the first alarm and then

04

80

replaced after the second alarm. (BFRO-50-260/7612)

05

80

06

80

| | | | | | |
|--|--|--|--|--|---|
| SYSTEM CODE <div style="border: 1px solid black; padding: 2px;"> 07 A B </div> | CAUSE CODE <div style="border: 1px solid black; padding: 2px;"> E </div> | COMPONENT CODE <div style="border: 1px solid black; padding: 2px;"> I N S T R U </div> | PRIME COMPONENT SUPPLIER <div style="border: 1px solid black; padding: 2px;"> L </div> | COMPONENT MANUFACTURER <div style="border: 1px solid black; padding: 2px;"> K 1 2 0 </div> | VIOLATION <div style="border: 1px solid black; padding: 2px;"> N </div> |
|--|--|--|--|--|---|

CAUSE DESCRIPTION

08

80

Detector failed.

09

80

10

80

| | | | | |
|--|---|---|---|--|
| FACILITY STATUS <div style="border: 1px solid black; padding: 2px;"> 11 G </div> | % POWER <div style="border: 1px solid black; padding: 2px;"> 0 0 0 </div> | OTHER STATUS <div style="border: 1px solid black; padding: 2px;"> NA </div> | METHOD OF DISCOVERY <div style="border: 1px solid black; padding: 2px;"> A </div> | DISCOVERY DESCRIPTION <div style="border: 1px solid black; padding: 2px;"> Alarm received in control room </div> |
|--|---|---|---|--|

| | | | |
|--|--|---|--|
| FORM OF ACTIVITY RELEASED <div style="border: 1px solid black; padding: 2px;"> 12 Z </div> | CONTENT OF RELEASE <div style="border: 1px solid black; padding: 2px;"> Z </div> | AMOUNT OF ACTIVITY <div style="border: 1px solid black; padding: 2px;"> NA </div> | LOCATION OF RELEASE <div style="border: 1px solid black; padding: 2px;"> NA </div> |
|--|--|---|--|

PERSONNEL EXPOSURES

| | | |
|---|--|--|
| NUMBER <div style="border: 1px solid black; padding: 2px;"> 13 0 0 0 </div> | TYPE <div style="border: 1px solid black; padding: 2px;"> Z </div> | DESCRIPTION <div style="border: 1px solid black; padding: 2px;"> NA </div> |
|---|--|--|

PERSONNEL INJURIES

| | |
|---|--|
| NUMBER <div style="border: 1px solid black; padding: 2px;"> 14 0 0 0 </div> | DESCRIPTION <div style="border: 1px solid black; padding: 2px;"> NA </div> |
|---|--|

OFFSITE CONSEQUENCES

15

80

NA

LOSS OR DAMAGE TO FACILITY

| | |
|---|--|
| TYPE <div style="border: 1px solid black; padding: 2px;"> 16 Z </div> | DESCRIPTION <div style="border: 1px solid black; padding: 2px;"> NA </div> |
|---|--|

PUBLICITY

17

80

NA

ADDITIONAL FACTORS

18

80

NA

19

80

NAME: _____ PHONE: _____

