

50-296

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL

FILE NUMBER

INCIDENT REPORT

DATE OF DOCUMENT

8/2/77

DATE RECEIVED

8/19/77

TO:

Mr. Norman G. Moseley

FROM:

Tennessee Valley Authority
Chattanooga, Tennessee
H. S. Fox☒ LETTER☐ NOTORIZED

PROP

INPUT FORM

NUMBER OF COPIES RECEIVED

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☐ COPY☒ UNCLASSIFIED

1 signed

DESCRIPTION

ENCLOSURE

Licensee Event Report (RO 50-296/7711) on
7/11/77 concerning a smoke detector in
spreading room B giving a false alarm due to
increased sensitivity.....

ACKNOWLEDGED

DO NOT REMOVE

PLANT NAME:

Browns Ferry Unit No. 3
RJL 8/19/77

(1-P)

(1-P)

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

1 CY ENCL Recd

FOR ACTION/INFORMATION

BRANCH CHIEF:

Schwenger

W/ 3 CYS FOR ACTION

LIC ASST.:

Sheppard

INTERNAL DISTRIBUTION

REG FILE

NRC PDR

I & E (2)

MIPC

SCHROEDER/IPPOLITO

HOUSTON

NOVAK/CHECK

GRIMES

KNIGHT

BUTLER

HANAUER

TEDESCO

EISENHUT

BAER

SHAO

VOLLMER/BUNCH

KREGER/ J. COLLINS

ROSA

EXTERNAL DISTRIBUTION

LPDR: Athens, ALA.

TIC:

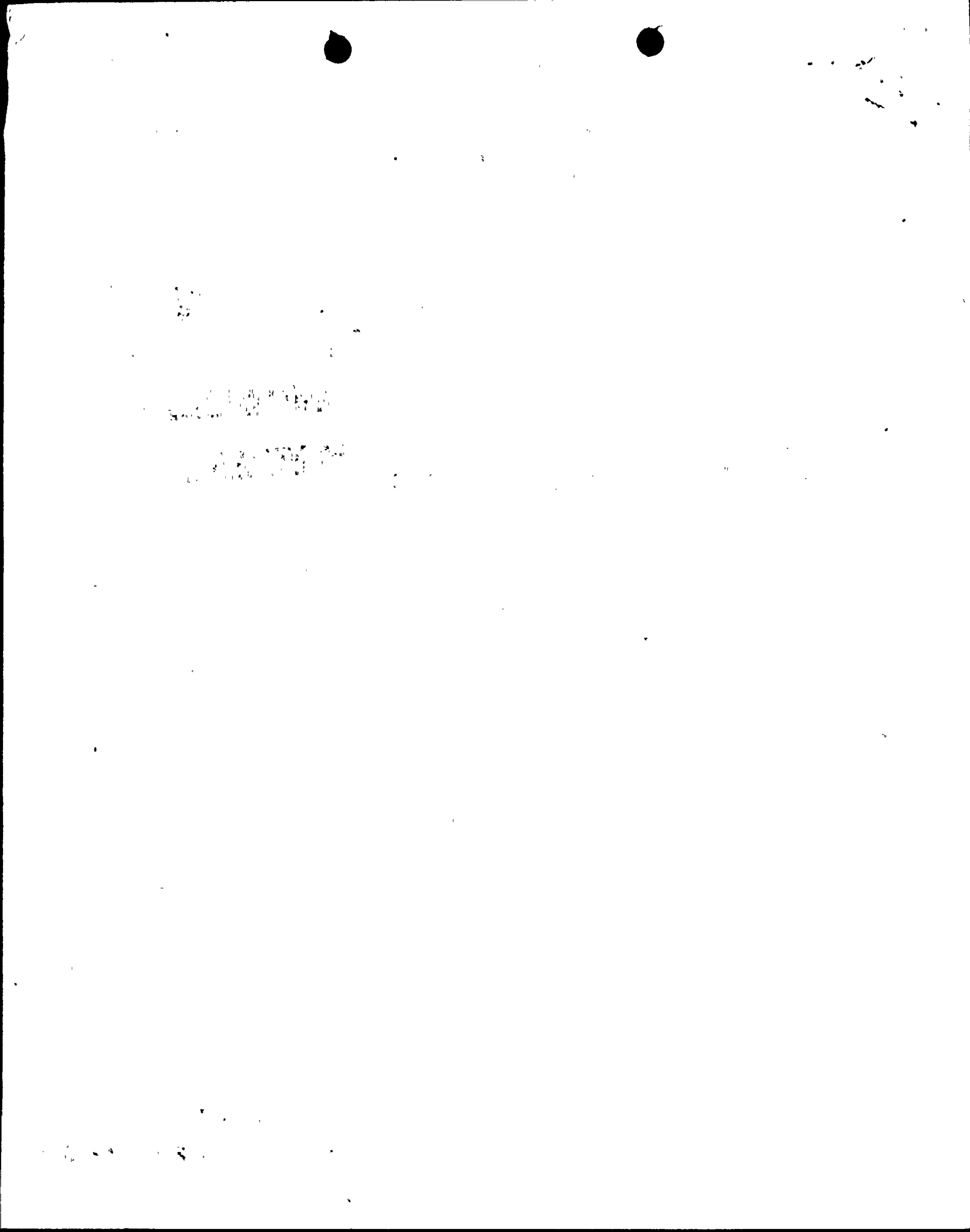
NSIC:

ACRS (16) SENT AS CAT. B

CONTROL NUMBER

772310087

Bz





TENNESSEE VALLEY AUTHORITY

CHATTANOOGA, TENNESSEE 37401



August 2, 1977

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

Regulatory

File Cyd

Dear Mr. Moseley:

TENNESSEE VALLEY AUTHORITY - BROWNS FERRY NUCLEAR PLANT UNIT 3 -
DOCKET NO. 50-296 - FACILITY OPERATING LICENSE DPR-68 - REPORTABLE
OCCURRENCE REPORT BFRO-50-296/7711.

The enclosed report provides details concerning a smoke detector in spreading room B which gave a false alarm due to increased detector sensitivity during routine startup operation. This report is submitted in accordance with Browns Ferry Technical Specifications Section 6. This event occurred on Browns Ferry unit 3.

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

Figure 1 is a scatter plot with 'Number of children in the household' on the horizontal axis (ranging from 0 to 10) and 'Number of children in the neighborhood' on the vertical axis (ranging from 0 to 10). There are 15 data points plotted. A solid regression line is drawn through the points, indicating a positive linear relationship. The points are distributed as follows (approximate coordinates): (0, 1), (1, 2), (1, 3), (2, 1), (2, 2), (2, 3), (2, 4), (3, 1), (3, 2), (3, 3), (3, 4), (4, 1), (4, 2), (4, 3), (5, 1), (5, 2), (5, 3), (5, 4), (6, 1), (6, 2), (6, 3), (6, 4), (7, 1), (7, 2), (7, 3), (7, 4), (8, 1), (8, 2), (8, 3), (8, 4), (9, 1), (9, 2), (9, 3), (9, 4), (10, 1), (10, 2), (10, 3), (10, 4).

[illegible][illegible][illegible]

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. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

LICENSEE EVENT REPORT

Regulatory

File Cy.

CONTROL BLOCK: 1 2 3 4 5 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------------|--|--|--|--|--------------------|--|--|--|--|----------------------------------|--|--|--|--|-------------------|--|--|--|--|-------------------------|--|--|--|--|-------------|--|--|--|--|
| LICENSEE NAME
01 A L B R F 3 | | | | | | | | | | | | | | LICENSE NUMBER
0 0 - 0 0 0 0 0 - 0 0 | | | | | | | | | | LICENSE TYPE
4 1 1 1 1 | | | | | EVENT TYPE
0 3 | | | | | | | | | | | | | | |
| CATEGORY
01 CONT | | | | | | | | | | | | | | REPORT TYPE
L | | | | | REPORT SOURCE
L | | | | | DOCKET NUMBER
0 5 0 - 0 2 9 6 | | | | | | | | | | EVENT DATE
0 7 1 1 7 | | | | | REPORT DATE | | | | |

EVENT DESCRIPTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 02 During routine startup operation, a smoke detector in spreading room B gave a false | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 alarm due to increased detector sensitivity. This is a repetitive occurrence which | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 is due to a normal failure rate in a system of about 400 detectors. The detector | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 was replaced. (BFRO-50-296/7711) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--------------------|--|-----------------|--|-------------------------------|--|--|--|--|-------------------------------|--|-----------------------------------|--|--|----------------|--|
| SYSTEM CODE
A B | | CAUSE CODE
E | | COMPONENT CODE
I N S T R U | | | | | PRIME COMPONENT SUPPLIER
L | | COMPONENT MANUFACTURER
K 1 2 0 | | | VIOLATION
N | |
|--------------------|--|-----------------|--|-------------------------------|--|--|--|--|-------------------------------|--|-----------------------------------|--|--|----------------|--|

CAUSE DESCRIPTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 08 The smoke detector, Kidde Model FT-200, became too sensitive and needed to be | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 replaced. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|--------------------------------|--|-------------------------|--|--------------------------|--|---------------------------|--|---------------------------------------------------------|--|
| FACILITY STATUS
C | | % POWER
0 0 3 | | OTHER STATUS
NA | | METHOD OF DISCOVERY
A | | DISCOVERY DESCRIPTION
Alarm received in control room | |
| FORM OF ACTIVITY RELEASED
3 | | CONTENT OF RELEASE
3 | | AMOUNT OF ACTIVITY
NA | | LOCATION OF RELEASE
NA | | | |

PERSONNEL EXPOSURES

| | | | | | |
|-----------------|--|-------------|--|-------------------|--|
| NUMBER
0 0 0 | | TYPE
-Z- | | DESCRIPTION
NA | |
|-----------------|--|-------------|--|-------------------|--|

PERSONNEL INJURIES

| | | | |
|-----------------|--|-------------------|--|
| NUMBER
0 0 0 | | DESCRIPTION
NA | |
|-----------------|--|-------------------|--|

OFFSITE CONSEQUENCES

| | |
|----|--|
| NA | |
|----|--|

LOSS OR DAMAGE TO FACILITY

| | | | |
|-----------|--|-------------------|--|
| TYPE
3 | | DESCRIPTION
NA | |
|-----------|--|-------------------|--|

PUBLICITY

| | |
|----|--|
| NA | |
|----|--|

ADDITIONAL FACTORS

| | |
|----|--|
| NA | |
|----|--|

| | |
|--|--|
| | |
|--|--|

NAME: _____ PHONE: _____

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