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REPORT SOURCE: L 6 0 5 0 - 0 3 4 6 7 0 7 0 5 7 9 8 0 8 0 1 7 5 9

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (9)

0 2 | At 0900 hours on July 5, 1979, a one half trip occurred on Channels 1 and 3 of the

0 3 | Steam and Feedwater Rupture Control System (SFRCS). This one half trip was due to the

0 4 | de-energization of half of Steam Generator Level Instrumentation Cabinet (SGLIC). As

0 5 | the unit was in Mode 4 throughout this occurrence, the action statement of T.S. 3.3.2.2

0 6 | was not applicable. This report is being submitted to document a component failure.

0 7 | There was no danger to the health and safety of the public or station personnel. SGLIC

0 8 | Channel 1 and consequently SFRCS Channel 1 actuated as designed. (NP-33-79-79)

SYSTEM CODE I E 11		CAUSE CODE E 12		CAUSE SUBCODE X 13		COMPONENT CODE I N S T R U 14				COMP. SUBCODE P 15		VALVE SUBCODE Z 16	
LER/RO REPORT NUMBER 17		EVENT YEAR 7 9 21 22		SEQUENTIAL REPORT NO. Ø 7 Ø 24 26		OCCURRENCE CODE Ø 3 28 29		REPORT TYPE L 30		REVISION NO. Ø 32			
ACTION TAKEN C 18	EFFECTIVE ACTION X 19	EFFECT ON PLANT Z 20	SHUTDOWN METHOD Z 21		HOURS Ø Ø Ø 22 32 40	ATTACHMENT SUBMITTED Y 23 41		NPRD-4 FORM SUB. y 24 42		PRIME COMP. SUPPLIER A 25 43		COMPONENT MANUFACTURER S 2 5 7 26 44 47	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 The cause was a failure of the +24 VDC power supply PS02 in SGLIC Channel 1. The

1 1 power supply vendor is investigating to determine the root cause. The defective power

1 2 supply was replaced under Maintenance Work Order (MWO) IC-333-79. On July 5, 1979,

1 3 SGLIC Channel 1 was declared operable after the performance of surveillance testing.

1 4 7 8 9 FACILITY STATUS 28 G 29 0 0 0 10 12 13 NA 30 OTHER STATUS 44

1 5 7 8 9 ACTIVITY CONTENT 31 A 32 Operator observation 45 46 80

1 6 7 8 9 RELEASED OF RELEASE 33 7 34 Z 35 NA 44

1 6 7 8 9 AMOUNT OF ACTIVITY 36 NA 45 46 80

1 6 7 8 9 LOCATION OF RELEASE 37 NA 45 46 80

PERSONNEL EXPOSURES									
NUMBER			TYPE	DESCRIPTION					
1	7	0	0	0	37	Z	38	NA	523 339

PERSONNEL INJURIES		DESCRIPTION	
NUMBER			
1	8	40	NA

LOSS OF OR DAMAGE TO FACILITY						(43)	7908 C70496
TYPE		DESCRIPTION					
1	9	Z	(42)	NA			

7 8 9 10

PUBLICITY DESCRIPTION (45)

ISSUED (41) NA

2 0

2 0

68 69 70

NRC USE ONLY

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NAME OF PREPARED Dean C. Hitchens PHONE 419-259-5000, Ext. 231

TOLEDO EDISON COMPANY
DAVIS-BESSE NUCLEAR POWER STATION UNIT ONE
SUPPLEMENTAL INFORMATION FOR LER NP-33-79-79

DATE OF EVENT: July 5, 1979

FACILITY: Davis-Besse Unit 1

IDENTIFICATION OF OCCURRENCE: Partial de-energization of Steam and Feedwater Rupture Control System (SFRCS) Channel 1

Conditions Prior to Occurrence: The unit was in Mode 4, with Power (MWT) = 0, and Load (Gross MWE) = 0.

Description of Occurrence: At 0900 hours on July 5, 1979, operations personnel received a one half trip on SFRCS Channels 1 and 3. This half trip was due to the de-energization of half of Steam Generator Level Instrumentation Cabinet (SGLIC) 1. Technical Specification 3.3.2.2 requires the SFRCS to be operable while the unit is in Modes 1 through 3. The station, at the time of occurrence, was in Mode 4, in which SFRCS is not required to be operable. This incident is being reported as documentation of a component failure.

Designation of Apparent Cause of Occurrence: The cause of this occurrence was a failure of the +24 VDC power supply PS02 in SGLIC Channel 1. The failed power supply has been returned to the manufacturer, Sorenson (a division of Kaytheon) for repair and analysis of the failure to determine the root cause of the event.

Analysis of Occurrence: There was no danger to the health and safety of the public or to station personnel. The SGLIC Channel 1, and consequently SFRCS Channel 1, actuated as designed when the power supply was lost. In addition, the unit was in Mode 4 throughout the occurrence during which SFRCS is not required.

Corrective Action: The defective power supply was replaced under Maintenance Work Order IC-333-79 on July 5, 1979. The SGLIC Channel 1 was declared operable after performance of ST 5099.01, "Miscellaneous Instrument Shift Check", the same day of the occurrence, July 5, 1979.

Failure Data: A +24 VDC power supply failure was previously reported in Licensee Event Report NP-33-77-24, however, that failure was due to a design deficiency which was corrected at Sorenson.