

LICENSEE EVENT REPORT

CONTROL BLOCK:

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

 (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 2 A B V S 1 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 5
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 31 CAT 32 33 34 35 36 37 38 39

CONT
0 1
7 8

REPORT SOURCE L 5 0 5 0 0 0 3 3 4 7 0 4 2 2 8 1 3 0 5 2 1 8 1 9
60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

On 4/22/81 with the plant at 99% power, all three chlorine detectors failed to meet the minimum electrolyte drip rate criteria specified in their surveillance test. At 1718 hours, all three detectors were declared inoperable and the control room ventilation system was subsequently placed on full recirculation flow as per Technical Specification 3.3.3.7. This is the nineteenth event involving chlorine detector failures.

| | | | | | | | | | | | | | | | | | |
|--|----|---------------|----|-----------------------|----|-----------------|----|----------------|----|----------------------|----|------------------|----|----------------------|----|------------------------|--|
| 0 8 | | SYSTEM CODE | | CAUSE CODE | | CAUSE SUBCODE | | COMPONENT CODE | | | | COMP. SUBCODE | | VALVE SUBCODE | | | |
| 0 | 8 | S | G | B | | B | | I | N | S | T | R | U | E | Z | | |
| 7 | 8 | 9 | 10 | 11 | 12 | 12 | 13 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | | |
| LER/RO REPORT NUMBER | | EVENT YEAR | | SEQUENTIAL REPORT NO. | | OCCURRENCE CODE | | REPORT TYPE | | REVISION NO. | | | | | | | |
| 17 | | 8 | 1 | 0 | 3 | 9 | 0 | 3 | L | 0 | | | | | | | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | | | | |
| ACTION TAKEN | | FUTURE ACTION | | EFFECT ON PLANT | | SHUTDOWN METHOD | | HOURS | | ATTACHMENT SUBMITTED | | NPRD-4 FORM SUB. | | PRIME COMP. SUPPLIER | | COMPONENT MANUFACTURER | |
| A | F | Z | | Z | | 0 | 0 | 0 | 0 | Y | N | A | W | 0 | 2 | 5 | |
| 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | | | |
| CAUSE DESCRIPTION AND CORRECTIVE ACTIONS | | | | | | | | | | | | | | | | | |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

| CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (2) | |
|--|---|
| 10 | The chlorine detectors were restored to service on 4/24/81 by replacing the wicks |
| 11 | and cleaning the glass orifices which were blocking the flow of electrolyte. |
| 12 | Testing of the detectors to improve their reliability is a continuing item. |
| 13 | Corrective actions initiated based on this testing will be included in a future |

1 4 | LER.

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|-------------------------------|---|----|---------------------|----|-----|--------------------|----|-----|---------------------|----|--|------------------------------|--|--|
| FACILITY STATUS | | | % POWER | | | OTHER STATUS | | | METHOD OF DISCOVERY | | | DISCOVERY DESCRIPTION | | |
| 1 | 5 | 28 | 0 | 9 | 9 | N/A | | | B | 31 | | Performing surveillance test | | |
| ACTIVITY CONTENT | | | RELEASED OF RELEASE | | | AMOUNT OF ACTIVITY | | | LOCATION OF RELEASE | | | | | |
| 1 | 6 | 33 | 2 | 34 | N/A | | | N/A | | | | | | |
| PERSONNEL EXPOSURES | | | NUMBER | | | TYPE | | | DESCRIPTION | | | | | |
| 1 | 7 | 37 | 0 | 0 | 0 | 2 | 38 | N/A | | | | | | |
| PERSONNEL INJURIES | | | NUMBER | | | DESCRIPTION | | | | | | | | |
| 1 | 3 | 40 | 0 | | | 0 | | | 0 | | | N/A | | |
| LOSS OF OR DAMAGE TO FACILITY | | | TYPE | | | DESCRIPTION | | | | | | | | |
| 1 | 9 | 42 | 3 | | | 43 | | | N/A | | | | | |
| PUBLICITY | | | ISSUED | | | DESCRIPTION | | | | | | NRC USE ONLY | | |
| 2 | 4 | 44 | N | | | 45 | | | N/A | | | | | |

81 05270144

W. S. Lacey

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Attachment To LER 81-39/03L
Beaver Valley Power Station
Duquesne Light Company
Docket No. 50-334

No further information is available or needed to satisfy the reporting requirement.