

LICENSEE EVENT REPORT

CONTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 A L B R F 1 2 0 0 - 0 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 5
7 8 14 15 25 26 30 37 CAT 38

CON'T
0 1 REPORT SOURCE L 6 0 5 0 0 0 2 5 9 7 0 4 2 3 8 1 8 0 5 2 2 8 1 9
7 8 60 61 68 69 74 75 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 On two separate occasions (4/23/81 and 4/24/81) during normal operation, the Athens
0 3 161 KV line and "D" cooling tower switchgear tripped. Units 1 and 2 diesel
0 4 generators were not demonstrated operable immediately as required. (T.S. 4.9.B.1)
0 5 There was no danger to the health or safety of the public. There were no redundant
0 6 systems. There were no previous similar events.

0 7
0 8
0 9
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP SUBCODE VALVE SUBCODE
Z Z 11 A 12 A 13 Z Z Z Z Z 14 Z 15 Z 16
9 10 11 12 13 14 15 16 17 18 19 20

17 LER/RO REPORT NUMBER 8 1
21 22
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NRC-4 FORM SUB PRIME COMP SUPPLIER COMPONENT MANUFACTURER
H 18 G 19 Z 20 Z 21 0 0 0 0 Y 23 N 24 Z 25 Z 9 9 9 26
33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 Personnel failed to recognize and comply with the requirements of T.S.4.9.B.1.
1 1 Recurrence control: Operators will review this incident during retraining. Form
1 2 BF-14 (Licensee Reportable Event Determination) will be revised to include a
1 3 signoff that applicable SI's are performed.

1 4
1 5 FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION
H 28 0 0 0 29 NA B 31 Operator observed
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

1 6 ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE
Z 33 Z 34 NA NA
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

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

1 8 PERSONNEL INJURIES NUMBER DESCRIPTION
0 0 0 40 NA
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

1 9 LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION
Z 42 NA
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

2 0 PUBLICITY NUMBER DESCRIPTION
N 44 NA
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

NAME OF PREPARER

PHONE

8105270300

LER SUPPLEMENTAL INFORMATION

BFRO-50- 259 / 81017 Technical Specification Involved 4.9.B.1

Reported Under Technical Specification 6.7.2.b (2)

Date of Occurrence 4/23/81 Time of Occurrence 1520 Unit 1 & 2

Identification and Description of Occurrence:

Personnel failed to run SI's when Athens 161 KV line tripped.

Conditions Prior to Occurrence:

Unit 1 refueling outage.

Unit 2 at 98%.

Unit 3 at 95%

Action specified in the Technical Specification Surveillance Requirements met due to inoperable equipment. Describe.

Required testing was not performed.

Apparent Cause of Occurrence:

Personnel failed to recognize the requirements of T.S. 4.9.B.1.

Analysis of Occurrence:

There was no danger to the health or safety of the public, no release of activity, no damage to plant or equipment, and no resulting significant chain of events.

Corrective Action:

Reinstructed personnel through retraining. Form BF 14 will be revised to include a signoff that applicable SI's are performed.

Failure Data:

None

*Retention: Period - Lifetime; Responsibility - Document Control Supervisor

*Revision: