U.S. NUCLEAR REGULATORY COMMISSION

LICENSEE EVENT REPORT

CONTROL BLOCK / / / / / / / (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

/0/1/ /V/A/N/A/S/1/ (2) /0/0/-/0/0/0/0/0/-/0/0/ (3) /4/1/1/1/1/ (4) / / / (5)
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT

/0/1/ REPORT SOURCE /L/ (6) /0/5/0/0/0/3/5/8/ (7) /0/4/0/8/8/1/ (8) /0/5/0/7/8/1/ (9)
DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

/0/2/ / On April 8, 1981, while performing a reactor startup physics testing, the rod /
/0/3/ / position indicators showed that two control rods in D Bank were greater than 12/
/0/4/ / steps from demand position. After verifying that both control rods position /
/0/5/ / indicators showed more than 12 steps from demand position as per T.S. 3.1.3.2, /
/0/6/ / the unit was shutdown to hot standby within 1 hour. Therefore, the health and /
/0/7/ / safety of the public were not affected. This item is reportable pursuant to /
/0/8/ / T.S. 6.9.1.9.b. /

	SYSTEM CODE	CAUSE CODE	CAUSE SUBCODE	COMPONENT CODE	COMP. SUBCODE	VALVE SUBCODE
/0/9/	/I/F/ (11)	/X/ (12)	/X/ (13)	/I/N/S/T/R/U/ (14)	/I/ (15)	/Z/ (16)

	LER/RO REPORT NUMBER	EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE	REPORT TYPE		REVISION NO.
(17)		/8/1/	/-/	/0/2/1/	/ \ /	/0/3/	/L/	/-/	/0/

ACTION TAKEN	FUTURE ACTION	EFFECT ON PLANT	SHUTDOWN METHOD	HOURS	ATTACHMENT SUBMITTED	NPRD-4 FORM SUB.	PRIME COMP. SUPPLIER	COMPONENT MANUFACTURER
/X/ (18)	/Z/ (19)	/B/ (20)	/A/ (21)	/0/0/0/0/ (22)	/Y/ (23)	/N/ (24)	/N/ (25)	/W/1/2/0/ (26)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

/1/0/ / The cause of the error in the position of 2 control rods in one bank cannot be /
/1/1/ / identified. The calibration of the rod position indicators was checked with no/
/1/2/ / affect on displayed position. Therefore, the reactor was immediately shut down/
/1/3/ / and the reactor trip breakers opened. /
/1/4/ / /

	FACILITY STATUS	%POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION (32)
/1/5/	/C/ (28)	/0/0/ (29)	/ NA / (30)	/A/ (31)	/ OPERATOR OBSERVATION /

	ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY (35)	LOCATION OF RELEASE (36)
/1/6/	/Z/ (33)	/Z/ (34)	/ NA /	/ NA /

	PERSONNEL EXPOSURES NUMBER	TYPE	DESCRIPTION (39)
/1/7/	/0/0/0/ (37)	/Z/ (38)	/ NA /

	PERSONNEL INJURIES NUMBER	DESCRIPTION (41)
/1/8/	/0/0/0/ (40)	/ NA /

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

	PUBLICITY ISSUED	DESCRIPTION (45)	NRC USE ONLY
/2/0/	/N/ (44)	/ NA /	/ / / / / / / / / / / / /

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8106040299

Virginia Electric and Power Company
North Anna Power Station, Unit #1
Docket No. 50-338
Report No. LER 81-021/03L-0

Description of Event

On April 8, 1981, while performing reactor physics testing, control rods P8 in D Bank (group 1) and F6 in D Bank (group 2) indicated greater than 12 steps from the group demand position. When this error was noticed, an immediate calibration check of the rod position indication channels was performed. This action was taken since previous experience with indicated rod misalignment had shown the problem was actually due to instrument error. However, the calibration check did not provide confidence that the rods were in the position indicated. This indicated position was greater than 12 steps from the group demand position for 2 control rods.

Probable Consequences of Occurrence

Operability of the position indication system is required to determine control rod position and thereby ensure compliance with the control rod alignment and insertion limits. When actual rod position could not be verified, the reactor was immediately shut down and the reactor trip breakers opened. Therefore, the health and safety of the public were not affected.

Cause of Event

The exact cause of the error in rod position indication cannot be determined. This misalignment did not reappear during the subsequent reactor start-up.

Immediate Corrective Action

The reactor was shut down immediately and the trip breakers were opened to ensure that there was no actual misalignment of control rods. The rod position indicators were recalibrated and the reactor subsequently started up. All indicators and critical boron calculations verified the effectiveness of this corrective action.

Scheduled Corrective Action

No further corrective action is scheduled.

Actions Taken to Prevent Recurrence

No further actions are necessary.

Generic Implications

There are no generic implications for this event.