

LICENSEE EVENT REPORT

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

CONT

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2	3

REPORT SOURCE

L	6	0	5	0	-	0	3	4	6	7	0	1	0	7	8	0	6	0	8	0	4	8	1	0
60	61	DOCKET NUMBER					62	63	EVENT DATE					64	65	REPORT DATE					66			

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

On January 7, 1980 at 2115 hours Control Rod 5-11 absolute position indication (API) was declared inoperable due to fluctuating signals which caused numerous "asymmetric rod" alarms. This placed the unit in the action statement of T.S. 3.1.3.3 which required the position of the control rod to be verified by actuating one of its zone reference indicators. The rod was verified at its 100% withdrawn position, and the position indication placed in asymmetric bypass. There was no danger to the public or station personnel. The control rod never deviated from its intended position.

(NP-33-80-07)

SYSTEM CODE I E 11		CAUSE CODE D 12		CAUSE SUBCODE Z 13		COMPONENT CODE I N S T R U 14				COMP. SUBCODE E 15		VALVE SUBCODE Z 16	
EVENT YEAR 8 0 21 22		SEQUENTIAL REPORT NO. 0 0 4 24 26		OCCURRENCE CODE 0 3 28 29		REPORT TYPE X 30		REVISION NO. 1 32					
ACTION FUTURE X 18 X 19		EFFECT ON PLANT Z 20		SHUTDOWN METHOD Z 21		HOURS 0 0 0 0 22		ATTACHMENT SUBMITTED Y 23		PRIME COMP. SUPPLIER N 25		COMPONENT MANUFACTURER D 1 5 0 26	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)	
1 0	The apparent cause has been determined to be defective API reed switch assemblies. A
1 1	major contributing cause to this failure is the excessive temperatures to which the
1 2	assemblies and their cables were subjected due to a procedure deficiency. Under FCR
1 3	79-413, a new "RC4" API system with built-in channel redundancy and high temperature
1 4	API cables was installed.

FACILITY STATUS		% POWER			OTHER STATUS		METHOD OF DISCOVERY		DISCOVERY DESCRIPTION	
1	5	E	2	3	NA	A	operator observation			
7	8	9	10	11	12	13	14	15	16	17
ACTIVITY CONTENT		RELEASED OF RELEASE			AMOUNT OF ACTIVITY		LOCATION OF RELEASE			
1	6	Z	Z	NA	NA					
7	8	9	10	11	12	13	14	15	16	17
PERSONNEL EXPOSURES		NUMBER		TYPE		DESCRIPTION				
1	7	0	0	0	Z	NA				
7	8	9	10	11	12	13	14	15	16	17
PERSONNEL INJURIES		NUMBER		DESCRIPTION						
1	8	0	0	0	NA					
7	8	9	10	11	12	13	14	15	16	17
LOSS OF OR DAMAGE TO FACILITY		TYPE		DESCRIPTION						
1	9	Z	NA							
7	8	9	10	11	12	13	14	15	16	17

NRC USE ONLY

ISSUED		DESCRIPTION		(15)
2	0	1	1	1

419-259-5000, Ext. 231

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PDR ADOCK 05000346 John Werner
DVR & S PDR

PHONE:

TOLEDO EDISON COMPANY
DAVIS-BESSE NUCLEAR POWER STATION UNIT ONE
SUPPLEMENTAL INFORMATION FOR LER NP-33-80-07

DATE OF EVENT: January 7, 1980

FACILITY: Davis-Besse Unit 1

IDENTIFICATION OF OCCURRENCE: Control Rod 5-11 Absolute Position Indication (API) fluctuations

Conditions Prior to Occurrence: The unit was in Mode 1, with Power (MWT) = 637, and Load (Gross MWE) = 212.

Description of Occurrence: On January 7, 1980, at 2115 hours Control Rod 5-11 API was declared inoperable due to fluctuating signals which caused numerous "asymmetric rod" alarms. All API channels are required to be operable and capable of determining control rod position within $\pm 6.5\%$ in Modes 1 and 2. This placed the unit in the action statement of Technical Specification 3.1.3.3 which required the position of the control rod to be verified by actuating one of its zone reference indicators. The rod position was verified at its 100% withdrawn position, and the rod position indication was placed in asymmetric bypass.

1 | Designation of Apparent Cause of Occurrence: After several months of collecting data on Control Rod 5-11, the apparent cause has been determined to be defective API reed switch assemblies. A major contributing cause to this failure is the excessive temperatures to which the assemblies and their cables were subjected. This occurred during several months of operation in which the head assembly cooling fans were not in operation due to a deficient procedure which allowed restart following the 1978 outage without reconnecting the cooling fan power cables. The Reactor Vessel Closure Head Removal and Replacement Procedure, SP 1504.01, was corrected.

Analysis of Occurrence: There was no danger to the health and safety of the public or to station personnel. The control rod never deviated from its intended position, only the API was faulty.

Corrective Action: During the last shutdown in December, 1979, and with vendor assistance, a test connection under Facility Change Request 79-424 was placed between the position indication (PI) assembly and its associated cabling to monitor the various voltages at that point. This was done as a corrective action to the same type of occurrence reported under Licensee Event Report NP-33-79-141.

1 | Under Facility Change Request 79-413 a new "R4C" API system was installed. This system features built-in channel redundancy and high temperature API cables.

Failure Data: There have been previous failures of control rod API's. Control Rod 5-11's current symptoms were previously reported in Licensee Event Report NP-33-79-141.