

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0	9	R	B	A	B	V	A	L	V	F	X	A	D
7	8	9	10	11	12	13	14	15	16	17	18	19	20
LER/RO REPORT NUMBER		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.			
17		18		19		20		21		22			
23		24		25		26		27		28			
ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED			
29		30		31		32		33		34			
35		36		37		38		39		40			
41		42		43		44		45		46			
47		48		49		50		51		52			
53		54		55		56		57		58			
59		60		61		62		63		64			
65		66		67		68		69		70			
71		72		73		74		75		76			
77		78		79		80		81		82			
83		84		85		86		87		88			
89		90		91		92		93		94			
95		96		97		98		99		100			

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

PUBLICITY
ISSUED DESCRIPTION (45) NA *St. Louis*

NRC USE ONLY

PHONE 714/492-7700

ATTACHMENT I TO LER 83-071
SOUTHERN CALIFORNIA EDISON COMPANY
SAN ONOFRE NUCLEAR GENERATING STATION
UNIT NO. 2, DOCKET NO. 50-361

The following information is provided in accordance with Surveillance Requirement 4.8.1.1.3 and Regulatory Position C.3.b of Regulatory Guide 1.108:

1. The diesel generator involved was 2G002.
2. This was not considered a failure of a valid test since it was attributed to personnel error associated with performance of the test. Therefore, the number of failures in the last 100 valid tests remains at 2.
3. The diesel generator is started by eight air-start motors, arranged in two trains, with an isolation valve in the air supply to pairs of motors. Thus, there is a total of four isolation valves; two in each train. In accordance with Procedure SO23-3-3.23, at the beginning of the test, Train B was removed from service by closure of two of the four isolation valves. The diesel generator should have started successfully on the four Train A motors. When it did not, investigation disclosed that two of the Train A air-start motors were isolated by inadvertent closure of isolation valve MU082. Valve MU082 was opened, and the diesel generator was successfully started on the Train A air-start motors.

Following the previous surveillance test on June 9, 1983, all four isolation valves supplying the eight air-start motors were verified to be open. This verification consisted of an independent second line-up verification in accordance with Procedure SO23-3-3.23. A review of Equipment Control work history files revealed that no work had been performed on 2G002 from June 9 to June 21, 1983. It is considered most likely that MU082 was inadvertently closed during the line-up to conduct the test on June 21 as similar valves in Train A were then deliberately closed.

4. As there is also the possibility of an unauthorized manipulation of MU082 between June 9 and June 21, 1983, the seriousness of unauthorized valve manipulations has been re-emphasized to operating personnel. Also, Special Order 83-39, which responds to IE Bulletin 83-27 and details action to be taken when misalignment of a system is discovered, was implemented. No other misalignments were noted.

ATTACHMENT I TO LER 83-071
SOUTHERN CALIFORNIA EDISON COMPANY
SAN ONOFRE NUCLEAR GENERATING STATION
UNIT NO. 2, DOCKET NO. 50-361
(Continued)

5. It is noted that prior to the beginning of the test, Train A air-start motors were in service, and the diesel generator would, therefore, have started if required. Diesel generator 2G002 was unavailable during the test for one hour and fifty-four minutes (1009 to 1203) on June 21, 1983.
6. This current test interval is 14 days, in accordance with Table 4.8-1 of the Technical Specifications.
7. This test interval is in conformance with the schedule of Regulatory Position C.2.d of Regulatory Guide 1.108.

ATTACHMENT II TO LER 83-071
SOUTHERN CALIFORNIA EDISON COMPANY
SAN ONCFRE NUCLEAR GENERATING STATION
UNIT NO. 2, DOCKET NO. 50-361

SUPPLEMENTAL INFORMATION FOR CAUSE DESCRIPTION AND CORRECTIVE
ACTIONS

It is considered most likely that MU082 was inadvertently closed during the lineup to conduct the surveillance test on June 21. At that time, similar valves in Train A were deliberately closed. All air start system valves were verified to be open after the performance of the last surveillance test on June 9, 1983. This verification consisted of an initial system alignment followed by an independent second lineup verification per S023-3-3.23. A review of the Equipment Control work history files revealed that no work had been performed on 2G002 from June 9 to June 21, 1983. After opening MU082, 2G002 was successfully started at 1203 using the Train A air start system only. 2G002 was declared operable in accordance with Procedure S023-3-3.23 at 1340 on June 21, 1983. The required boration flow path was established at 1052 on June 21, 1983, by aligning Charging Pump 2P191 to Train B Diesel Generator 2G003 and restoring its DC control power.

As there is also the possibility of an unauthorized manipulation of MU082 between June 9 and June 21, 1983, the seriousness of unauthorized valve manipulations has been re-emphasized to operating personnel. Also, Special Order 83-39, which responds to IE Bulletin 83-27 and details action to be taken when misalignment of a system is discovered, was implemented. No other misalignments were noted.

Southern California Edison Company

SAN ONOFRE NUCLEAR GENERATING STATION

P.O. BOX 128

SAN CLEMENTE, CALIFORNIA 92672

H. B. RAY

STATION MANAGER

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REGION V

TELEPHONE
(714) 492-7700

July 21, 1983

U.S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region V
1450 Maria Lane, Suite 210
Walnut Creek, California 94596-5368

Attention: Mr. J.B. Martin, Regional Administrator

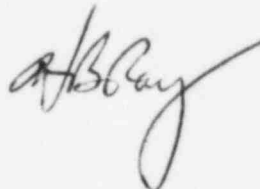
Dear Sir:

Subject: Docket No. 50-361
30-Day Report
Licensee Event Report No. 83-071
San Onofre Nuclear Generating Station, Unit 2

Pursuant to Sections 6.9.1.13.b and 6.9.2 of Appendix A, Technical Specifications to Facility Operating License NPF-10 for San Onofre Unit 2, this submittal provides the required 30-day written report and a copy of the Licensee Event Report (LER) form for an occurrence involving Limiting Condition for Operation (LCO) 3.1.2.1 associated with the Reactivity Control Systems. Additionally, this submittal includes the information required by Surveillance Requirement 4.8.1.1.3 for a diesel generator failure as determined by Regulatory Position C.2.e of Regulatory Guide 1.108.

If there are any questions regarding the above, please contact me.

Sincerely,



Enclosure: LER No. 83-071

IE-22

July 21, 1983

cc: A.E. Chaffee (USNRC Resident Inspector, Units 2 and 3)
J.P. Stewart (USNRC Resident Inspector, Units 2 and 3)

U.S. Nuclear Regulatory Commission
Office of Inspection and Enforcement

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