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October 7, 1994

U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

Subject: River Bend Station - Unit 1
Docket No. 50-458
License No. NPF-47
Licensee Event Report 50-458/94-022-00
File No.: G9.5, G9.25.1.3

RBG-40936
RBF1-94-0068

Gentlemen:

In accordance with 10CFR50.73, enclosed is a Licensee Event Report.

Sincerely,

JJF/jr
enclosure

xc: U. S. Nuclear Regulatory Commission, Region IV
NRC Sr. Resident Inspector
INPO Records Center
Mr. C. R. Oberg
Louisiana Department of Environmental Quality, Radiation Protection Division

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NRC FORM 366 (5-92)		U.S. NUCLEAR REGULATORY COMMISSION			APPROVED BY OMB NO. 3150-0104 EXPIRES 5/31/95				
LICENSEE EVENT REPORT (LER)					ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNBB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503				
FACILITY NAME (1) River Bend Station					DOCKET NUMBER (2) 05000-458		PAGE (3) 1 of 3		
TITLE (4) VIOLATION OF TECHNICAL SPECIFICATIONS DUE TO INADEQUATE FIRE WATCH									
EVENT DATE (5)			LER NUMBER (6)		REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)	
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAME
09	07	94	94	022	00	10	07	94	N/A
							DOCKET NUMBER		
							05000		
							FACILITY NAME		
							N/A		
							DOCKET NUMBER		
							05000		
OPERATING MODE (9)		THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR § (Check one or more (11))							
1		20.402(b)		20.405(c)		50.73(a)(2)(iv)		73.71(b)	
POWER LEVEL (16)		20.405(a)(1)(i)		50.36(c)(1)		50.73(a)(2)(v)		73.71(c)	
100		20.405(a)(1)(ii)		50.36(c)(2)		50.73(a)(2)(vii)		OTHER	
		20.405(a)(1)(iii)		X 50.73(a)(2)(i)		50.73(a)(2)(viii)(A)		(Specify in abstract below and in text, NRC Form 366A)	
		20.405(a)(1)(iv)		50.73(a)(2)(ii)		50.73(a)(2)(viii)(B)			
		20.405(a)(1)(v)		50.73(a)(2)(iii)		50.73(a)(2)(x)			
LICENSEE CONTACT FOR THIS LER (12)									
NAME T.W. Gates, Supervisor - Nuclear Licensing					TELEPHONE NUMBER (Include Area Code) 504-381-4866				
COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)									
CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS
SUPPLEMENTAL REPORT EXPECTED (14)					EXPECTED SUBMISSION DATE (15)		MONTH	DAY	YEAR
YES (If yes, complete EXPECTED SUBMISSION DATE)		X NO							
ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines) (16)									
<p>At 1732 hours on September 7, 1994 with the reactor in Operational Condition 1 (Power Operation), during restoration of a portion of the fire protection system, operations personnel identified that a continuous fire watch was not properly implemented in accordance with RBS Technical Specifications Section 3.7.6.2.c. The subsequent investigation revealed that the responsible individual left the assigned area approximately twenty-one (21) minutes prior to the sprinkler system being returned to an operable status. The system was returned to service at approximately 1730 hours.</p> <p>The root cause of this event was attributed to a failure to ensure that the fire watch was maintained during system inoperability. Contract personnel failed to comply with requirements that the fire watch be maintained until the system had been properly restored. Corrective actions included disciplinary actions for the responsible individuals and retraining of personnel associated with painting activities.</p> <p>The area was without coverage for approximately 21 minutes. During this time, automatic sprinkler system AS-12 was operable for fire suppression. The area in the vicinity of the water curtain does not contain equipment which requires the storage of combustible materials for maintenance. Therefore, there was a low probability of a fire occurring in that area during the time of inadequate coverage. Due to other fire protection deficiencies, the Auxiliary Building was also being patrolled by hourly roving fire watch personnel. The health and safety of the public was not compromised as a result of this condition.</p>									

NRC FORM 366A (5-92)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY OMB NO. 3150-0104 EXPIRES 5/31/95	
<p align="center">LICENSEE EVENT REPORT (LER) TEXT CONTINUATION</p>		<p>ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 50.0 HRS. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (MNB 7714), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0104), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503</p>	
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TEXT (If more space is required, use additional copies of NRC Form 366A) (17)

REPORTED CONDITION

Plant personnel had removed a portion of the fire protection system from service. Water sprinkler WS-20 had been isolated to prevent inadvertent actuation due to paint vapors in the area of the fire detectors. As a result of the inoperability of WS-20, TS action 3.7.6.2.c was appropriately implemented within the times specified by TS. However, prior to the system being returned to the operable status, fire watch personnel exited the area. This resulted in the affected area being without fire watch coverage for approximately 21 minutes. Even though the appropriate actions were taken, they were not properly maintained to ensure full compliance with RBS TS. This report is submitted pursuant to 10CFR50.73(a)2(i)(b) as an operation prohibited by the Technical Specifications.

INVESTIGATION

RBS TS Section 3.7.6 2.c requires Auxiliary Building fire protection sprinkler system (*KP*) WS-20 to be operable whenever the protected equipment is required to be operable. In the event of inoperability, the TS requires personnel to establish a continuous fire watch with backup fire suppression equipment for those areas in which redundant systems or components could be damaged. Sprinkler WS-20 provides a three hour protective fire barrier (water curtain) for redundant unit coolers (*VF*). Therefore, a continuous fire watch was necessary.

On September 7, 1994 at 0700 hours, contract personnel were assigned to spray paint piping and structures in the Auxiliary Building on elevation 141'. As a precautionary measure, plant operations personnel isolated WS-20 in accordance with plant tagout procedures to prevent inadvertent actuation of the system due to airborne paint vapors in the vicinity of area fire detectors. At the time of system impairment, a fire watch was established under the direction of the contract foreman. The painting activities were concluded at approximately 1709 hours. Prior to restoration of WS-20, the contract foreman released fire watch personnel from the continuous fire watch assignment.

Subsequent interviews with involved personnel revealed that the contract foreman released the fire watch following notification to the plant operations control operating foreman that painting had been completed and the system tagout could be released. However, involved contract personnel did not recognize that the fire watch would be required in the area until the system was restored. The interviews revealed that the contract foreman was aware of this requirement; however, at the time of occurrence, there was a lack of concentration on the requirements for the fire watch assignment by the contract foreman.

When operations personnel arrived to restore the system at 1730 hours, it was recognized that the fire watch was not at the assigned location. The Shift Superintendent was notified at 1732 hours of the non-compliance.

ROOT CAUSE

A task analysis and interviews with the responsible personnel revealed that the failure to comply with the fire watch duty requirements was caused by inattention to responsibility and details. The fire watch personnel are specifically trained and qualified at RBS by classroom participation and exam.

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The contract foreman and fire watch were qualified and should have been cognizant of the requirements to remain at the assigned location until verification by operations personnel that the system had been restored. This is included in the classroom instruction. The decision by the foreman to release the fire watch at the time of notification to operations personnel was considered to be the primary causal factor for this event.

CORRECTIVE ACTIONS

The contract foreman was terminated for failure to comply with established requirements and the responsible individual assigned as fire watch received disciplinary action.

All appropriate personnel working for the painting contractor, including the responsible fire watch, were trained at the weekly safety meeting on fire watch duties and responsibilities.

SAFETY ASSESSMENT

The fire protection system is designed to detect and suppress fires which may occur in plant areas. WS-20 supplies a water curtain to separate redundant safety related equipment located on elevation 141' of the Auxiliary Building. The purpose for having a continuous fire watch is to ensure that an immediate backup means for fire detection, protection and notification is established in safety related areas of the plant when permanent fire protection systems are unavailable.

The area was without coverage for approximately 21 minutes. During this time, automatic sprinkler system AS-12 was operable for fire suppression. The area in the vicinity of the water curtain does not contain equipment which requires the storage of combustible materials for maintenance. Therefore, there was a low probability of a fire occurring in that area during the time of inadequate coverage. Due to other fire protection deficiencies, the Auxiliary Building was also being patrolled by hourly roving fire watch personnel. The inoperability of WS-20 did not adversely affect the operation of the fire detection system in this area. Consequently, control room annunciation was available during the time of this condition. In the event of a fire in the area, the fire brigade was available and would have been activated. No fires occurred during the time of the non-compliance. Therefore, the health and safety of the public were not adversely affected as a result of this incident.

ADDITIONAL INFORMATION

A review of previous LERs which were associated with fire watches was performed to identify any similar events. None were found.

Note: Energy Industry Identification System (EIIS) Codes are identified in the text as (*XX*).