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/2/ (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) /0/5/0/0/0/3/3/9/ (7) /0/9/0/5/8/2/ (8) /0/9/3/0/8/2/ (9)

DOCKET NUMBER — EVENT DATE — REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

/0/2/ / On September 5, 1982 during Mode 1 operation, the Low Head Safety Injection Pump /

/0/3/ (2-SI-P-1A) containment sump suction valve MOV-2860A failed to open during the /

/0/4/ / periodic surveillance test contrary to T.S. 3.5.2.c. Since the redundant ECCS /

/0/5/ / subsystem remained operable and the valve was returned to operable status within /

/0/6/ / the requirements of the action statement, the health and safety of the public /

/0/7/ / were not affected. This event is reportable pursuant to T.S. 6.9.1.9.b. /

/0/8/ / /

	SYSTEM CODE	CAUSE CODE	CAUSE SUBCODE	COMPONENT CODE	COMP. SUBCODE	VALVE SUBCODE
/0/9/	/S/F/ (11)	/A/ (12)	/C/ (13)	/V/A/L/V/E/X/ (14)	/E/ (15)	/D/ (16)

	LER/RO REPORT NUMBER	EVENT YEAR	SEQUENTIAL REPORT NO.	OCCURRENCE CODE	REPORT TYPE	REVISION NO.
(17)		/8/2/	/-/ /0/6/1/	/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)	/Z/ (20)	/Z/ (21)	/0/0/0/0/ (22)	/Y/ (23)	/N/ (24)	/N/ (25)	/A/2/0/0/ (26)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

/1/0/ / This event was caused by a power cord wrapped around the valve operator flexible /

/1/1/ / extension. This prevented rotation of the flexible extension and would not allow/

/1/2/ / the valve to open. The power cord was removed and the valve tested satisfac- /

/1/3/ / torily. /

/1/4/ / /

	FACILITY STATUS	%POWER	OTHER STATUS (30)	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION (32)
/1/5/	/E/ (28)	/1/0/0/ (29)	/ NA /	/B/ (31)	/ Routine Test /

	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 /	/ / / / / / / / / / / / / /

NAME OF PREPARER W. R. CARTWRIGHT PHONE (703) 894-5151

Virginia Electric and Power Company
North Anna Power Station, Unit No. 2 Attachment: 1 of 1
Docket No. 50-339
Attachment to LER 82-061/03L-0

Description of Event

On September 5, 1982 during routine surveillance testing of the 1A LHSI pump containment sump suction valve, it was observed that the suction valve would not open when actuated from the Control Room. Operations personnel were immediately dispatched to the area to manually stroke the valve. The valve handwheel, which is connected to the valve with a flexible extension from the first level of the safeguards area to the bottom of the valve pit, could not be moved. The valve was declared inoperable and the T.S. 3.5.2.c action statement was entered. This event is reportable pursuant to T.S. 6.9.1.9.b.

Probable Consequences of Occurrence

This suction valve from the containment sump provides long term core cooling capability in the recirculation mode during the design basis accident recovery period. Each ECCS subsystem has sufficient cooling capacity for fulfilling the analyzed mitigation requirements. Since the redundant ECCS subsystem remained operable and the affected subsystem was returned to service within the time frame of the T.S. 3.5.2 action statement, the health and safety of the public were not affected.

Cause of Event

The failure of the suction valve to reposition was due to the binding of the flexible extension. The extension was wrapped with a power cord by maintenance personnel that prevented it's rotation. The binding of the extension was not immediately apparent since the power cord was wrapped around the extension on the second level in the safeguards area. This is the area below the valves motor operator.

Immediate Corrective Action

The power cord was removed and the valve tested satisfactorily. Operations personnel were instructed to look for any obstructions or interferences that may prevent the proper operation of equipment.

Scheduled Corrective Action

No further corrective actions are necessary.

Action Taken To Prevent Recurrence

Maintenance personnel will be instructed to ensure that any ropes or cords are not attached to valve handwheels, handwheel extensions or other vital equipment.

Generic Implications

This is considered to be an isolated event.