



PSEG

Public Service Electric and Gas Company P.O. Box E Hancocks Bridge, New Jersey 08038

Salem Generating Station

April 28, 1983

Mr. J. Allan
Acting Regional Administrator
USNRC
Region 1
631 Park Avenue
King of Prussia, Pennsylvania 19406

Dear Mr. Allan

LICENSE NO. DPR-70
DOCKET NO. 50-272
REPORTABLE OCCURRENCE 83-009/99X-0

Pursuant to the requirements of Salem Generating Station
Unit No. 1, Technical Specifications, Section 6.9.2,
we are submitting Licensee Event Report for Reportable
Occurrence 83-009/99X-0. This report is required within
ninety (90) days of the occurrence.

Sincerely yours,

J. M. Zupko, Jr.
General Manager -
Salem Operations

RF:ks

CC: Distribution

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PDR ADOCK 05000272
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APPARENT CAUSE OF OCCURRENCE: (cont'd)

parallel indications of important parameters and the need to maintain a broad perspective during performance of an evolution. The event was assumed to be isolated in nature.

ANALYSIS OF OCCURRENCE:

Technical Specification Action Statement 3.5.2b requires:

In the event the ECCS is actuated and injects water into the RCS, a Special Report shall be prepared and submitted to the Commission pursuant to Specification 6.9.2 within 90 days describing the circumstances of the actuation and the total accumulated actuation cycles to date.

As noted, all safety equipment functioned as designed. The overall transient was within the bounds of the limiting case analyzed in the FSAR. The design basis of the RCS allows a total of 50 safety injection events. The incident therefore involved no risk to the health and safety of the public, and continued safe operation is assured.

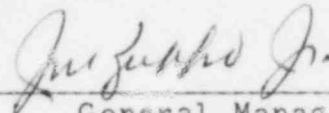
CORRECTIVE ACTION:

The incident was addressed in a weekly Operations Department information directive. The occurrence will be reviewed for input into the operator training program as an example of the importance of using safety related indication, checking between related instrumentation, and maintaining a broad view as an evolution progresses. The operator involved was counseled concerning the incident and the safe operating practices involved.

FAILURE DATA:

Not Applicable

Prepared By R. Frahm



General Manager -
Salem Operations

SGRC Meeting No. 83-051

Report Number: 83-009/99X-0
Report Date: 04-20-83
Occurrence Date: 01-30-83
Facility: Salem Generating Station Unit 1
Public Service Electric & Gas Company
Hancock's Bridge, New Jersey 08038

IDENTIFICATION OF OCCURRENCE:

Emergency Core Cooling Systems - Inadvertent Safety Injection Actuation.

This report was initiated by Incident Report 83-032.

CONDITIONS PRIOR TO OCCURRENCE:

Mode 3 - RX Power 0 % - Unit Load 0 MWe.

DESCRIPTION OF OCCURRENCE:

At 1750 hours, January 30, 1983, during a routine plant cooldown, an automatic Safety Injection signal was received due to low Pressurizer Pressure. The Control Room Operator had become occupied with plotting the cooldown rate, and inadvertently allowed the RCS pressure to decrease below the Safety Injection actuation setpoint (1765 PSIG). All Emergency Core Cooling System (ECCS) pumps started; the Boron Injection Tank was discharged into the Reactor Coolant System (RCS) by centrifugal charging pump flow. No safety injection pump or residual heat removal pump flow occurred as the RCS pressure remained above the maximum discharge pressure of the pumps.

All safety related equipment functioned as designed, and the plant was immediately restored to a stable configuration in accordance with operating procedures. The cooldown was maintained within limits throughout the occurrence. Attachment 1 summarizes the post Safety Injection data, including the accumulated cycles to date (16).

APPARENT CAUSE OF OCCURRENCE:

The operator was using process computer indications for plotting the plant cooldown. Manual pressurizer spray had been initiated to commence cooldown of the pressurizer, in accordance with the plant cooldown procedure. Due to a delay in updating of process information, the computer values were not consistent with the expected rate of cooldown. Because of the computer problems, the operator started to track the cooldown evolution on the console wide range temperature indication. Meanwhile, due to cooldown of the pressurizer by the spray flow, RCS pressure decreased below the Safety Injection actuation setpoint (1765 PSIG), and the Safety Injection occurred.

A review of the procedural controls involved revealed no inadequacies which reasonably could have contributed to the occurrence. The event was attributed to oversight of the continual need to monitor important plant parameters. Other operating practices overlooked included using

ATTACHMENT 1

POST SAFETY INJECTION DATA

Initial Pressurizer Level	34%
Final Pressurizer Level	62%
Initial Pressurizer Pressure	1765psig
Final Pressurizer Pressure	2100psig
Initial Tavg	485°F
Final Tavg	505°F
RWST Temperature	73°F
Duration of Safety Injection	4 min.
Accumulated No. of Cycles	16