

CONTROL BLOCK: 

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 ① (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

CGN'T

0	1
7	8

REPORT SOURCE

L	6	0	5	0	0	0	3	4	6	7	0	9	0	4	8	2	8	1	2	2	9	8	3	9	
60	61								68	69						74		75							80
DOCKET NUMBER										EVENT DATE					REPORT DATE										

02 (NP-33-82-49) On 9/4/82 at 0945 hours, a Control Room operator observed Auxiliary  
03 Feedwater (AFW) Pump 1-1 Suction Valve FW786 close for no apparent reason without an  
04 operator touching the close button. On 12/3/82 at 1720 hours, a Control Room operator  
05 found FW786 closed. On both occurrences, the station entered the action statement of  
06 Tech Spec 3.7.1.2. There was no danger to the health and safety of the public or  
07 station personnel. AFW Train 2 was operable during each occurrence.

08		99		SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE				COMP. SUBCODE		VALVE SUBCODE	
7	8	9	9	C	H	X		Z		V	A	L	V	E	X	X	G
09		8		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.					
7	8	2	17	8	2		0	4	5		0	3	X				
ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED		NPRD-4 FORM SUB.		PRIME COMP. SUPPLIER		COMPONENT MANUFACTURER	
X	18	X	19	Z	20	Z	21	0	0	0	0	Y	23	N	24	N	25
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

1 0 The cause of these occurrences remains unknown. Maintenance Work Orders 82-2334,  
1 1 82-2929, and 82-2974 were performed on 9/28/82, 12/10/82, and 12/15/82, respectively.  
1 2 to investigate the control circuit, however, no cause was found as to why the valve  
1 3 went closed. FW786 was immediately reopened upon discovery of each occurrence, re-  
1 4 moving the unit from the action statement.

8 9  
FACILITY STATUS  
1 5 E (28)  
7 8 9  
% POWER  
0 2 5 (29)  
10 11 12 13  
OTHER STATUS (30) NA  
METHOD OF DISCOVERY  
A (31)  
45 46  
DISCOVERY DESCRIPTION (32) Operator observation  
80

ACTIVITY CONTENT  
RELEASED OF RELEASE

1 6 2 33 34 NA

7 8 9 10 11 44

AMOUNT OF ACTIVITY (35)

LOCATION OF RELEASE (36)

NA

45 80

PERSONNEL EXPOSURES									
NUMBER		TYPE		DESCRIPTION		(39)			
1	7	0	0	0	(37)	Z	(38)	NA	

7	8	9	11	12	13	80
PERSONNEL INJURIES						
NUMBER			DESCRIPTION (41)			
			72			

NUMBER		DESCRIPTION
1	8	NA

1 9		Z (42)		NA	
TYPE		DESCRIPTION		(43)	
LOSS OF OR DAMAGE TO FACILITY					

PUBLICITY  
 ISSUED DESCRIPTION (45)  
 2 0 N (44) NA  
 8401160259 831229  
 PDR ADOCK 05000346  
 S PDR  
 NRC USE ONLY

TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR POWER STATION UNIT ONE  
SUPPLEMENTAL INFORMATION FOR LER NP-33-82-49

DATE OF EVENT: September 4, 1982 and December 3, 1982

FACILITY: Davis-Besse Unit 1

IDENTIFICATION OF OCCURRENCE: FW786 went closed for no apparent reason

Conditions Prior to Occurrence: The unit was in Mode 1, with Power (MWT) = 693 and Load (Gross MWE) = 130. On December 3, 1982, the unit was in Mode 1 with Power (MWT) = 2745 and Load (Gross MWE) = 908.

Description of Occurrence: On September 4, 1982 at 0945 hours, a Control Room operator observed Auxiliary Feedwater Pump (AFP) 1-1 suction valve, FW786, go from open to close without an operator touching the close button. On December 3, 1982, at 1720 hours, a Control Room operator found FW786 closed. On both occurrences, the station entered the action statement of Technical Specification 3.7.1.2. The valve was immediately reopened upon discovery of each occurrence, removing the unit from the action statement.

Designation of Apparent Cause of Occurrence: The cause of these occurrences remains unknown. Maintenance Work Order 82-2334 was performed on September 28, 1982 to thoroughly investigate the control circuit, however, no cause was found as to why the valve went closed. FW786 is a locked valve; as such its local controller is locked and the manual valve handwheel on the limitorque operator was locked in the open position. This and the fact that the security computer did not show personnel in the room indicates that the valve was not intentionally closed.

Maintenance Work Order 82-2929 was performed on December 10, 1982 to thoroughly investigate the control circuit, however, no cause was found as to why the valve went closed. Maintenance Work Order 82-2974 was performed on December 15, 1982 to further investigate the control circuit. No abnormal conditions were noted.

Analysis of Occurrence: There was no danger to the health and safety of the public or station personnel. Auxiliary Feedwater Train 2 was operable during the time of each occurrence.

Corrective Action: The Control Room operator verified that SW1382, the Service Water System to Auxiliary Feed Pump 1-1 Isolation Valve, did not open, and the auxiliary feedwater pump trouble alarm did not actuate which indicates it was not the low pressure switch interlock causing the closure. FW786 was reopened, and the applicable portion of Surveillance Test ST 5071.04 was performed to prove operability. Repeated attempts were made to duplicate the initial conditions of the event without success. Relay checks and electrical inspections under Maintenance Work Order 82-2334 did not reveal subsequent problems.

TOLEDO EDISON COMPANY  
DAVIS-BESSE NUCLEAR POWER STATION UNIT ONE  
SUPPLEMENTAL INFORMATION FOR LER NP-33-82-49  
PAGE 2

On December 4, 1982, the reactor operator verified that SW1382 did not open. FW786 was reopened. Relay checks and electrical inspections were performed under Maintenance Work Order 82-2929 and revealed no problems. The valve was cycled from the Control Room and the local controller with no problems noted. The computer alarm was received when FW786 left its open position per the alarm scheme. The applicable portion of Surveillance Test ST 5071.04 was performed to prove operability.

Under Facility Change Request 82-174, guards have been installed on the control switches for FW786 and also FW790, Auxiliary Feedwater Pump 1-2 suction valve from the Condensate Storage Tank. There have been no further random closures of FW786 since the last occurrence on December 3, 1983.

Failure Data: In Licensee Event Report NP-33-82-19 (82-017), FW786 was reported as being found out of its normal position and not logged in the Locked Valve Log. This occurrence was attributed to personnel error but it was undetermined from which person(s) this occurrence originated. However, there were no plant operations which required the repositioning of FW786 prior to the identification of this occurrence.

LER #82-045



December 29, 1983

Log No. K83-1772  
File: RR 2 (NP-33-82-49)

Docket No. 50-346  
License No. NPF-3

Mr. James G. Keppler  
Regional Administrator, Region III  
Office of Inspection and Enforcement  
U. S. Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Dear Mr. Keppler:

Enclosed are three copies of Revision 2 to Licensee Event Report 82-045, including revised supplemental information sheets. The revisions to the report are indicated by a "2" in the left margin of each page.

Please destroy your previous copies of this report and replace with the attached revision.

Yours truly,

*Terry D. Murray*

Terry D. Murray  
Station Superintendent  
Davis-Besse Nuclear Power Station

TDM/ljk

Enclosure

cc: Mr. Richard DeYoung, Director  
Office of Inspection and Enforcement  
Encl: 30 copies

Mr. Norman Haller, Director  
Office of Management and Program Analysis  
Encl: 3 copies

Mr. Walt Rogers  
NRC Resident Inspector  
Encl: 1 copy

JAN 11 1984  
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