TENNESSEE VALLEY AUTHORITY
CHATTANOOGA, TENNESSEE 37401

October 10, 1975

Mr. Benard C. Rusche
Director of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, DC 20555

Dear Mr. Rusche:

TENNESSEE VALLEY AUTHORITY - BROWNS FERRY NUCLEAR PLANT UNIT 1 - DOCKET NO. 50-259 - FACILITY OPERATING LICENSE DPR-33 - ABNORMAL OCCURRENCE REPORT BFAO-50-259/7510W

The enclosed report is to provide details concerning the RHRSW pump which did not have a diesel generator power supply available automatically and is submitted in accordance with Appendix A to Regulatory Guide 1.16, Revision 1, October 1973. This event occurred on Browns Ferry Nuclear Plant units 1 and 2.

Very truly yours,

TENNESSEE VALLEY AUTHORITY

for E. F. Thomas
Director of Power Production

Enclosure
CC (Enclosure):
Mr. Norman C. Moseley, Director
U.S. Nuclear Regulatory Commission
Regional Office
230 Peachtree Street, NW., Suite 818
Atlanta, Georgia 30303

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ABNORMAL OCCURRENCE REPORT

Report Number : BFAO-50-259/7510W

Report Date : October 10, 1975

Occurrence Date: October 1, 1975

Facility : Browns Ferry Nuclear Plant units 1 and 2

Identification of Occurrence

The RHRSW pump running continuously to supply water to the north emergency equipment cooling water header (EECW) did not have a diesel generator power supply available automatically as required by the technical specifications.

Conditions Prior to Occurrence

The fuel for units 1 and 2 was removed from the reactor vessels and stored in the spent fuel pools. Plant maintenance, modifications, and fire restoration work were in progress.

Description of Occurrence

On September 28, 1975, the RHRSW pump supplying water to the north EECW header was removed from service and an alternate RHRSW pump was placed in operation to provide this service. It was not recognized until October 1, 1975, that the alternate pump in service did not have a diesel power supply available automatically.

Designation of Apparent Cause of Occurrence

Plant modifications had been authorized which involved changing the control and power supplies to the RHRSW pumps. The work instructions specified that the work to be performed in one phase of the activity had to be completed and tested before proceeding to the next work phase. On Sunday, September 28, 1975, work instructions were violated when the second work phase was commenced before testing had been completed on the preceding work phase.

This resulted in a pump being in service without the necessary diesel generator power supply available automatically. The occurrence was caused by personnel performing plant modification work not observing the restrictions contained in the work instructions.

Analysis of Occurrence

There was no damage to the plant equipment and there were no plant personnel injuries or consequences to the public health and safety as a result of this occurrence. The south EECW header was in service and capable of being supplied by a diesel generator. The north EECW header remained in service, and in the event of loss of normal power it could have been returned to service by manual operation.

Corrective Action

Immediately upon discovery of the occurrence, action was initiated to place a pump in service which would comply with the technical specifications. Personnel authorized to initiate work activities have been required to attend retraining classes stressing the importance of observing all precautions and requirements contained within work instructions using the events leading to and resulting in this abnormal occurrence as an example. This retraining which began immediately will be completed before October 16, 1975.

Failure Data

There were no equipment failures associated with this occurrence.