

ABNORMAL OCCURRENCE REPORT

Report No.: BFAO-50-260/74274
Report Date: November 27, 1974
Occurrence Date: November 21, 1974
Facility: Browns Ferry Nuclear Plant unit 2

Identification of Occurrence

Failure of unit 2 core spray injection valve 2-FCV-75-53 to open.

Conditions Prior to Occurrence

Unit 2 was operating at approximately 50-percent power during startup testing. The HPCI was inoperable at this time.

Description of Occurrence

At 0255 hours on November 21 during 100V operability surveillance testing due to HPCI being inoperable, unit 2 CSS loop II inboard injection valve 2-FCV-75-53 would not open. Maintenance forces were notified and a controlled shutdown of the reactor was initiated.

Designation of Apparent Cause of Occurrence

Investigation indicated that the valve was jammed in the closed position. The apparent cause of this condition was a misadjustment of the closing limit switch on the valve operator. The limit switch contacts were found to open simultaneously with the opening of the closing torque switch contacts.

Analysis of Occurrence

Loss of this CSS loop created no hazard to the safe operation of the reactor since all of the other reactor coolant systems except HPCI were operable. No condition developed during the period of inoperability requiring automatic actuation of this system. This failure caused no damage to any systems, structures, or components. There were no adverse effects on the health and safety of the public, and there were no personnel injuries or exposures due to this occurrence.

Corrective Action

The valve was manually opened from its jammed condition. The torque switch operation and setting were checked and found to be satisfactory. The valve opening and closing limit switches were checked and adjusted in accordance with electrical maintenance instructions. The valve was satisfactorily tested after maintenance was completed.

Failure Data

The limit switch is manufactured by Limitorque for a SMB-2 operator.

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November 29, 1974

Mr. Edson G. Case
Acting Director of Licensing
Office of Regulation
U.S. Atomic Energy Commission
Washington, DC 20545

Dear Mr. Case:

TENNESSEE VALLEY AUTHORITY - BROWNS FERRY NUCLEAR PLANT UNIT 2 -
DOCKET NO. 50-260 - FACILITY OPERATING LICENSE DPR-52 - ABNORMAL
OCCURRENCE REPORT BPAO-50-260/7427W

The enclosed report is to provide details concerning failure of
unit 2 core spray injection valve 2-FCV-75-53 to open 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 unit 2 on November 21, 1974.

Very truly yours,

TENNESSEE VALLEY AUTHORITY

E. F. Thomas
E. F. Thomas
Director of Power Production



Enclosure

CC (Enclosure):

Mr. Norman C. Moseley, Director
Region II Regulatory Operations Office, USAEC
230 Peachtree Street, NW., Suite 818
Atlanta, Georgia 30303

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