



Wisconsin Electric POWER COMPANY
231 WEST MICHIGAN, MILWAUKEE, WISCONSIN 53201



June 9, 1975

Mr. Benard G. Rusche, Director
Office of Nuclear Reactor Regulation
U. S. NUCLEAR REGULATORY COMMISSION
Washington, D. C. 20555

Dear Mr. Rusche:

LICENSEE EVENT REPORT NO. 50-266/75-8
LOSS OF REDUNDANCY OF CHANNEL P36
BORIC ACID HEAT TRACING
POINT BEACH NUCLEAR PLANT, UNIT 1

This letter is to report the details of an abnormal occurrence at Point Beach Nuclear Plant, Unit 1, Facility Operating License No. DPR-24, as defined by Section 15.1.a.B of the Technical Specifications. This written ten-day report is submitted in accordance with Section 15.6.6.A.2 of the Technical Specifications and follows a telephone report on the incident to Mr. D. C. Boyd, Region III, Directorate of Regulatory Operations, on June 2, 1975, as required by Section 15.6.6.A.1 of the Technical Specifications.

At approximately 8:30 a.m. on June 2, 1975, while reviewing the PC-25 boric acid heat tracing periodic test data taken on May 28, 1975, the Operations Superintendent observed that the Unit 1 P36 boric acid heat tracing channel test results indicated that the channel was not functional. Channel P36 heat traces the piping between Valves 1-826B and C and 1-826A, a section of the boric acid storage tank to safety injection pump suction line piping. After verifying that the P36 channel was a heat tracing channel required to be operable per the Technical Specifications, and recognizing that the channel had apparently been out of service for more than 48 hours, it was concluded that unit operation was in violation of Technical Specification 15.3.2.D.3. An immediate shutdown of Unit 1 was commenced at 8:48 a.m.

8403260095 750609
PDR ADOCK 05000266
S PDR

6384

June 9, 1975

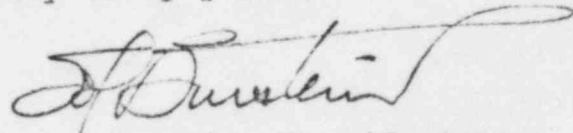
At 9:14 a.m., the P36 channel repair was completed and the shutdown was terminated. The cause of channel failure was found to have been a loose connection on a fuse holder.

This event was the result of personnel error on the part of operating personnel who performed the test and its initial review and who failed to recognize the channel's failure as one requiring early correction in order to prevent a Technical Specification violation.

To prevent recurrence of this or a similar occurrence, PC-25, the boric acid heat tracing periodic test, will be revised to highlight all of the essential heat tracing channels, as described by the Technical Specifications. All operating personnel will be cautioned to pay special attention in the future to possible non-functioning of these essential channels.

Since the back-up redundant S-36 boric acid heat tracing channel was fully operational during the above event, and since in the unlikely event of an accident, the malfunction of one channel of the two channels of heat tracing on the piping would not have prevented the satisfactory functioning of the safety injection system, it is concluded that this event did not pose a threat to the health and safety of the public.

Very truly yours,



Executive Vice President

Sol Burstein

Copy to Mr. James G. Keppler, Region III