

## LICENSEE EVENT REPORT (LER)

|  |           |   |                |                   |                 |                  |                 |           |                |   |  |  |       |  |           |  |  |  |  |                      |  |
|--|-----------|---|----------------|-------------------|-----------------|------------------|-----------------|-----------|----------------|---|--|--|-------|--|-----------|--|--|--|--|----------------------|--|
| FACILITY NAME (1)<br>Washington Nuclear Plant - Unit 2                                 |           |   |                |                   |                 |                  |                 |           |                | DOCKET NUMBER (2)<br>0 5 0 0 0 3 9 7 1 OF 0 2       |  |  |       |  |           |  |  |  |  | PAGE (3)<br>1 OF 0 2 |  |
| TITLE (4)<br>Auto Start of the Control Room Emergency Filtration System on Hi Chlorine |           |   |                |                   |                 |                  |                 |           |                |   |  |  |       |  |           |  |  |  |  |                      |  |
| EVENT DATE (5)   |           |   | LER NUMBER (6) |                   |                 |                  | REPORT DATE (7) |           |                | OTHER FACILITIES INVOLVED (8)                       |  |  |       |  |           |  |  |  |  |                      |  |
| MONTH  | DAY       | YEAR  | YEAR           | SEQUENTIAL NUMBER | REVISION NUMBER | MONTH            | DAY             | YEAR      | FACILITY NAMES |   |  |  |       | DOCKET NUMBER(S)   |           |  |  |  |  |                      |  |
| 0 6  | 0 5       | 8 4   |                |                   |                 |                  |                 |           |                |   |  |  |       | 0 5 0 0 0  |           |  |  |  |  |                      |  |
| 0 6  | 1 2       | 8 4   | 8 4            | 0 5               | 7               | 0 0              | 0 6             | 2 8       | 8 4            |   |  |  |       |  | 0 5 0 0 0 |  |  |  |  |                      |  |
| OPERATING MODE (9)   |           | THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 50. (Check one or more of the following) (11) |                |                   |                 |                  |                 |           |                |   |  |  |       |  |           |  |  |  |  |                      |  |
| 2  |           | 20.402(b)   |                |                   |                 | 20.406(e)        |                 |           |                | <input checked="" type="checkbox"/> 50.73(a)(2)(iv) |  |  |       | 73.71(b)   |           |  |  |  |  |                      |  |
| POWER LEVEL (10)   |           | 0 0 3   |                |                   |                 | 20.408(a)(1)(i)  |                 |           |                | 50.73(a)(2)(v)                                      |  |  |       | 73.71(c)   |           |  |  |  |  |                      |  |
|  |           | 20.408(a)(1)(ii)  |                |                   |                 | 50.73(a)(2)      |                 |           |                | 50.73(a)(2)(vi)                                     |  |  |       | <input checked="" type="checkbox"/> OTHER (Specify in Abstract below and in Text, NRC Form 365A) |           |  |  |  |  |                      |  |
|  |           | 20.408(a)(1)(iii)   |                |                   |                 | 50.73(a)(2)(i)   |                 |           |                | 50.73(a)(2)(vii)(A)                                 |  |  |       | 50.72(b)(2)(ii)  |           |  |  |  |  |                      |  |
|  |           | 20.408(a)(1)(iv)  |                |                   |                 | 50.73(a)(2)(ii)  |                 |           |                | 50.73(a)(2)(viii)(B)                                |  |  |       |  |           |  |  |  |  |                      |  |
|  |           | 20.408(a)(1)(v)   |                |                   |                 | 50.73(a)(2)(iii) |                 |           |                | 50.73(a)(2)(ix)                                     |  |  |       |  |           |  |  |  |  |                      |  |
| LICENSEE CONTACT FOR THIS LER (12)   |           |   |                |                   |                 |                  |                 |           |                |   |  |  |       |  |           |  |  |  |  |                      |  |
| NAME<br>C.M. Powers, Reactor Engineering Supervisor                                    |           |   |                |                   |                 |                  |                 |           |                | TELEPHONE NUMBER<br>5 0 9 3 7 7 - 1 2 5 0 1 1       |  |  |       |  |           |  |  |  |  |                      |  |
| COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13) Ext. 2996   |           |   |                |                   |                 |                  |                 |           |                |   |  |  |       |  |           |  |  |  |  |                      |  |
| CAUSE  | SYSTEM    | COMPONENT   | MANUFACTURER   | REPORTABLE TO NRC |                 | CAUSE            | SYSTEM          | COMPONENT | MANUFACTURER   | REPORTABLE TO NRC                                   |  |  |       |  |           |  |  |  |  |                      |  |
| A  | K N D E T | M O 2 B   | N              |                   |                 |                  |                 |           |                |   |  |  |       |  |           |  |  |  |  |                      |  |
|  |           |   |                |                   |                 |                  |                 |           |                |   |  |  |       |  |           |  |  |  |  |                      |  |
| SUPPLEMENTAL REPORT EXPECTED (14)  |           |   |                |                   |                 |                  |                 |           |                |   | EXPECTED SUBMISSION DATE (15)          |  | MONTH | DAY  | YEAR      |  |  |  |  |                      |  |
| <input type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)               |           |   |                |                   |                 |                  |                 |           |                |   | <input checked="" type="checkbox"/> NO |  |       |  |           |  |  |  |  |                      |  |

ABSTRACT (Limit to 1400 spaces - a space is every fifteen single-space typewritten lines) (16)

A false high chlorine signal from the ventilation chlorine detector, on sample rack WOA-SR-15, started the Control Room Emergency Filtration System. The false chlorine signal was a result of depletion of chlorine sensitive paper tape which discolours on contact with chlorine or extended exposure to moisture.

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## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

| FACILITY NAME (1)                 | DOCKET NUMBER (2) | LER NUMBER (8) |                   |                 | PAGE (3) |       |
|-----------------------------------|-------------------|----------------|-------------------|-----------------|----------|-------|
|                                   |                   | YEAR           | SEQUENTIAL NUMBER | REVISION NUMBER |          |       |
| Washington Nuclear Plant - Unit 2 | 0500039784-       | 05             | 7                 | 0               | 02       | OF 02 |

TEXT (If more space is required, use additional NRC Form 388A's) (17)

Plant ConditionsEvent 1Event 2

- a) Rx Power                      0%                      3%  
b) Mode Switch                4 - Refueling    2 - Startup

Event

1. On 6-5-84 WOA-SR-15, the Chlorine Detector on the inlet for the Control Room ventilation, ran out of tape. This tape is chemically treated to produce a color change when exposed to chlorine in the air stream. The resulting color change is measured by an optics block and converted to a signal proportional to ppm chlorine present in the influent. When the tape in the detector ran out the last portion was left in front of the optics block and began to discolor as dirt and moisture accumulated. This discoloration was sensed as increasing chlorine, eventually causing a hi alarm which started the Control Room Emergency Filtration System. A fresh roll of paper tape will run for approximately 7 days.
2. On 6-12-84 WOA-SR-15 again ran out of tape with the same consequences listed above.

Immediate Corrective Action

In both cases the tape was replaced in WOA-SR-15, the alarm reset, and the Emergency Filtration System returned to its normal standby configuration.

Future Long Term Corrective Action

Daily checks of this sample rack are provided in plant procedure PPM 10.24.166, PM Daily Check of WOA-SR-15 & 16 Chlorine Monitors. The importance of implementing the directions contained in this procedure has been re-emphasized to the maintenance organization. In response to this, the Instrument and Controls group has developed a checklist of required daily actions to ensure the chlorine detectors are properly serviced.

Safety Significance

This event carries no safety significance as all equipment operated correctly to place the Control Room Ventilation System in an isolation configuration.

## Washington Public Power Supply System

P.O. Box 968 3000 George Washington Way Richland, Washington 99352 (509) 372-5000

Docket No. 50-397

June 28, 1984

Document Control Desk  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Subject: NUCLEAR PLANT NO. 2  
LICENSEE EVENT REPORT NO. 84-057

Dear Sir:

Transmitted herewith is Licensee Event Report No. 84-057 for WNP-2 Plant. This report is submitted in response to the report requirements of Technical Specification Section 6.9.1.7 and discusses the item of reportability, corrective action taken, and action taken to preclude recurrence.

This is the follow-up report to the verbal notification given at 0215 & 1655 hours on June 5 & June 12, 1984 respectively.

Very truly yours,

*J. D. Martin*  
J. D. Martin (M/D 927M)  
WNP-2 Plant Manager

JDM:mmm

Enclosure:

Licensee Event Report No. 84-057

cc: Mr. John B. Martin, Administrator  
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