

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) Monticello DOCKET NUMBER (2) 0 5 0 0 0 2 6 3 PAGE (3) 1 OF 0 2

TITLE (4) Reactor Building Isolation by Wide Range Gas Monitors Power Loss

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	2 7	8 4	8 4	0 2 4	0 0 0	7 2	7 8	4			0 5 0 0 0

OPERATING MODE (9)		THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 8: (Check one or more of the following) (11)									
POWER LEVEL (10)	0 0 0	20.402(b)	20.406(c)	X	50.73(a)(2)(iv)	73.71(b)					
		20.405(a)(1)(i)	50.36(c)(1)		50.73(a)(2)(v)	73.71(c)					
		20.406(a)(1)(ii)	50.36(c)(2)		50.73(a)(2)(vii)	OTHER (Specify in Abstract below and in Text, NRC Form 365A)					
		20.406(a)(1)(iii)	50.73(a)(2)(ii)		50.73(a)(2)(viii)(A)						
		20.406(a)(1)(iv)	50.73(a)(2)(iii)		50.73(a)(2)(viii)(B)						
		20.406(a)(1)(v)	50.73(a)(2)(iii)		50.73(a)(2)(ix)						

LICENSEE CONTACT FOR THIS LER (12)

NAME Daniel E. Larson, Engineer TELEPHONE NUMBER 6 1 2 2 9 5 - 5 1 5 1

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)

CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NRC	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NRC
A									

SUPPLEMENTAL REPORT EXPECTED (14)

YES (If yes, complete EXPECTED SUBMISSION DATE) NO EXPECTED SUBMISSION DATE (15) MONTH DAY YEAR

ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)

The Channel A Reactor Building Vent Wide Range Gas Monitor isolated the Reactor Building ventilation and started the Standby Gas Treatment system when the main power to the monitor was mistakenly turned off. Power was restored and trips were subsequently reset. The main power switch was relabeled to clarify its purpose.

8408080099 840727
PDR ADOCK 05000263
S PDRIF 22
11

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

APPROVED OMB NO. 3150-0104

EXPIRES: 8/31/85

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
Monticello	0 5 0 0 0 2 6 3 8 4	—	0 2 4	—	0 0	0 2	OF 0 2

TEXT (If more space is required, use additional NRC Form 366A's) (17)

During cold shutdown on June 27, 1984 at 1350, a Reactor Building Ventilation isolation (VA) and Standby Gas Treatment System (BH) initiation occurred. This was caused by personnel error that deenergized the channel A Reactor Building Vent Wide Range Gas Monitor (IL).

During replacement of a defective flow monitoring probe (TD) on the channel A Reactor Building Vent Wide Range Gas Monitor a utility engineer and technician were replacing an associated circuit board. To maintain personnel safety, the power switch (JS) to the circuit board was to be opened. The initial search for the switch to deenergize the circuit board revealed only the main power switch. The engineer assumed this was the correct switch and opened it. The switch opening deenergized the monitor including normally energized trip relays (RL). A reactor building ventilation isolation occurred and the standby gas treatment system started. After the engineer realized the monitor was deenergized (about 30 seconds), he turned the switch back on. The isolation was subsequently reset. The correct switch was then located and opened.

The event was caused by personnel error. The utility engineer supervising the repair of the defective flow circuit failed to realize that there were two power switches in the panel being worked on, and opened the wrong switch. The work was controlled by a corrective maintenance work order, but it did not specify step by step instructions for repair.

There were no unusual characteristics of the work location that directly contributed to the error.

This event had no effect on public health and safety. The fail safe relays initiated the appropriate protective actions when the Channel A radiation monitor was deenergized. The redundant Channel B monitor was operable at the time of the event.

The switches for both Reactor Building Vent Wide Range Gas Monitors have been marked so that personnel will be aware of the consequences of switch operation.

There have been no previous similar occurrences.



Northern States Power Company

414 Nicollet Mall
Minneapolis, Minnesota 55401
Telephone (612) 330-5500

July 27, 1984

U S Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

MONTICELLO NUCLEAR GENERATING PLANT
Docket No. 50-263 License No. DPR-22

Reactor Building Isolation by
Wide Range Gas Monitors Power Loss

The License Event Report for this occurrence is attached.

This event was reported via Emergency Notification System per 10 CFR Part 72
on June 27, 1984.

for *M.M. Vick*
David Musolf
Manager - Nuclear Support Services

DMM/MMV/bd

c: Regional Administrator-III, NRC
NRR Project Manager, NRC
Resident Inspector, NRC
MPCA

Attn: J W Ferman

Attachment

IE 22
1/1