

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) LaSalle County Station Unit 2						DOCKET NUMBER (2) 0 5 0 0 0 3 7 4				PAGE (3) 1 OF 02	
--	--	--	--	--	--	--------------------------------------	--	--	--	---------------------	--

TITLE (4)
Missed Hydrogen Sample of Off-Gas

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)	
08	16	84	84	053	00	09	14	84		0 5 0 0 0	

OPERATING MODE (9) 1		THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5: (Check one or more of the following) (11)									
POWER LEVEL (10) 0.15	30.402(a)	30.408(a)	30.73(a)(2)(iv)	73.71(b)							
	30.408(a)(1)(i)	30.38(a)(1)	30.73(a)(2)(v)	73.71(c)							
	30.408(a)(1)(ii)	30.38(a)(2)	30.73(a)(2)(vi)	OTHER (Specify in Abstract below and in Test, NRC Form 308A)							
	30.408(a)(1)(iii)	X 30.73(a)(2)(i)	30.73(a)(2)(vii)(A)								
	30.408(a)(1)(iv)	30.73(a)(2)(ii)	30.73(a)(2)(vii)(B)								
	30.408(a)(1)(v)	30.73(a)(2)(iii)	30.73(a)(2)(x)								

LICENSEE CONTACT FOR THIS LER (12)						TELEPHONE NUMBER					
NAME Wayne R. Luett, extension 503						AREA CODE 815 315171-16171611					

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	W/F	Z/Z/Z/Z	Z/Z/Z/Z	N							

SUPPLEMENTAL REPORT EXPECTED (14)						EXPECTED SUBMISSION DATE (15)		MONTH	DAY	YEAR
YES (If you complete EXPECTED SUBMISSION DATE)						X NO				

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

A hydrogen sample on the Off-Gas sample was missed during a unit startup. The status of equipment was apparently not communicated between departments. The oversight was noted approximately 7 hours after the Off-Gas system was started. Rad/Chem was contacted and sampling did not indicate any hydrogen in the system. This was an isolated incident. No further action is required.

9409260214 840914
PDR ADDCK 05000374
PDR
S

IE 22
11

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

APPROVED OMS NO. 3150-0104

EXPIRES: 8/31/86

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)	
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER		
LaSalle County Station Unit 2	05000374	84	053	00	02	OF 02

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

I. EVENT DESCRIPTION

Unit 2 Off-Gas system (WF), was placed in service at 1650 on August 15, 1984 during a normal unit startup. At 0005 on August 16, 1984, it was noted that neither hydrogen analyzer for the Off-Gas system was in service. Rad/Chem was notified to commence sampling every four hours. The first sample was completed at 0045 hours on the 16th. One sample was missed during the event. This is a violation of Technical Specification 3.3.7.4 which requires a sample every 4 hours during thermal power changes with both hydrogen analyzers inoperative.

II. CAUSE

The previous operating shift notified the Instrument Mechanics to place the hydrogen analyzers in service at the time the Off-Gas system was being started. Due to an apparent communication problem, the shift was not aware that they could not return the analyzers to service. At 0005, operating noticed the inoperative condition on a panel check and contacted the Rad/Chem Department for sampling.

III. PROBABLE CONSEQUENCES

Samples taken during the event did not show any hydrogen. The Off-Gas system operated as designed during the event. The analyzers were returned to operation at 0900 on August 16, 1984.

IV. CORRECTIVE ACTION

This is the first missed sample on a startup. This is an isolated incident, therefore no further action is required. This LER will be reviewed by the Operating and Instrument Maintenance Departments to emphasize the need for better communication. (AIR's 1-84-67135 and 1-84-67136)

V. PREVIOUS EVENTS

None on a startup.

VI. NAME AND TELEPHONE NUMBER OF PREPARER

Wayne R. Luett, 815/357-6761, extension 503.



Commonwealth Edison
LaSalle County Nuclear Station
Rural Route #1, Box 220
Marseilles, Illinois 61341
Telephone 815/357-6761

September 14, 1984

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

Dear Sir:

Reportable Occurrence Report #84-053-00, Docket #050-374 is being submitted to your office in accordance with 10CFR 50.73.

CE Sargent

for G. J. Diederich
Superintendent
LaSalle County Station

GJD/MLD/kg

Enclosure

XC: NRC, Regional Director
INPO - Records Center
File/NRC

IE 22
11