

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) Fermi 2	DOCKET NUMBER (2) 0 5 0 0 0 3 4 1	PAGE (3) 1 OF 0 2
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TITLE (4)

IRM Scram While Restoring Division II 24 VDC Battery Charger B-1

EVENT DATE (5)			LER NUMBER (6)			REPORT DATE (7)			OTHER FACILITIES INVOLVED (8)							
MONTH	DAY	YEAR	SEAF	SEQUENTIAL NUMBER	REVISION NUMBER	MONTH	DAY	YEAR	FACILITY NAMES		DOCKET NUMBER(S)					
0	4	0	3	8	5	8	5	0	0	3	0	0	0	0	0	0

OPERATING MODE (9) 5	THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5: (Check one or more of the following) (11)										
	20.402(b)			20.405(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)	
	20.405(a)(1)(ii)			50.36(c)(2)			50.73(a)(2)(vii)			OTHER (Specify in Abstract below and in Text, NRC Form 366A)	
	20.405(a)(1)(iii)			50.73(a)(2)(i)			50.73(a)(2)(viii)(A)				
	20.405(a)(1)(iv)			50.73(a)(2)(ii)			50.73(a)(2)(viii)(B)				
20.405(a)(1)(v)			50.73(a)(2)(iii)			50.73(a)(2)(x)					

LICENSEE CONTACT FOR THIS LER (12)

NAME A.E. Wegele, Compliance Engineer	TELEPHONE NUMBER	
	AREA CODE 3 1 1 3	5 8 1 6 - 1 5 1 3 1 1 3

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

CAUSE	SYSTEM	COMPONENT	MANUF. TURER	REPORTABLE TO NPDOS	CAUSE	SYSTEM	COMPONENT	MANUF. TURER	REPORTABLE TO NPDOS
X	E I	B Y C	C 1 7 3	Y					

SUPPLEMENTAL REPORT EXPECTED (14)

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

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

On April 2, 1985, at approximately 2300 hours, a calibration of the Division II 48/24 VDC Battery Charger B-1 was initiated. This charger/battery supplies DC power to Source Range and Intermediate Range Neutron Monitors. After performing a portion of the calibration, the technician observed the charger was producing no output current.

At about 0300 hours on April 3, 1985, the technician notified the Nuclear Shift Supervisor of the malfunction. A non-licensed operator was sent to investigate the problem and erroneously reported to the Nuclear Shift Supervisor that the problem involved the spare charger. The Nuclear Shift Supervisor prepared a work order to troubleshoot the charger.

At 1110 hours on April 3, the neutron monitoring instrumentation began to drift. Core alterations were suspended and personnel were sent to investigate the B-1 battery charger. The operator investigating the charger malfunction tapped the high voltage shutdown relay which caused the charger to begin functioning. A scram from the neutron monitoring instrumentation followed.

Subsequent testing failed to identify the cause of the charger malfunction. The personnel involved were counseled concerning the need for accurate communication and alarm response.

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

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		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			

TEXT (If more space is required, use additional NRC Form 368A's) (17)

On April 2, 1985, at approximately 2300 hours, while initial fuel loading was in progress, the Division II 48/24 VDC Battery Charger B-1 was deenergized for calibration. The charger/battery supplies DC power to the Source Range and Intermediate Range Neutron Monitors and other Process Radiation Monitors. After calibration of the panel-mounted instruments the technician reenergized the charger but observed no output current. The technician attempted to determine the cause of the charger malfunction but was unsuccessful.

At approximately 0300 hours on April 3, 1985, the technician notified the Nuclear Shift Supervisor that the charger was not functioning. A non-licensed operator was sent to investigate the problem and erroneously reported to the Nuclear Shift Supervisor that the problem involved the spare charger. The Nuclear Shift Supervisor thus did not recognize that the battery was continuing to discharge. The shift supervisor prepared a work order to troubleshoot the charger and submitted it to be worked on the following shift. This erroneous information was communicated to the following shift on the shift turnover checklist.

During the post event analysis it was noted that the Sequence of Events Recorder printout indicated a low voltage alarm signal from the 21B battery (23 VDC) was received at 0805 hours on April 3. This would have caused an alarm window to light up in the control room. This alarm was not properly responded to because the control room personnel thought the alarm was associated with calibration of the spare charger.

At about 1110 hours on April 3, 1985, the control room operator observed that Division II IRM indications were increasing and SRM's were decreasing. Core alterations were halted and the Nuclear Assistant Shift Supervisor (NASS) and an electrical technician were sent to check the Division II battery charger. They performed fuse checks and reset the high voltage relay with no success. They reported at 1140 hours that the battery voltage was 17 VDC. Subsequently, the NASS tapped the high voltage shutdown relay. The charger immediately began to function and voltage increased to 26 VDC. At about the same time, IRM "F" exceeded its upscale trip setpoint and generated a full scram signal because the Reactor Protection System shorting links were removed. All control rods were already in the fully inserted position. The scram was reset.

Subsequent trouble shooting failed to identify any reason for the charger malfunction. It has functioned normally since the event.

The cause of the event was attributed to improper communication which led the control room operators to believe the battery charger being calibrated was a spare and subsequently to ignore the low voltage alarm. The incident was discussed with control room personnel. The need to communicate correct information and to properly respond to all alarms was emphasized.

The appropriate alarm response procedure, abnormal operating procedure and system operating procedure are being revised to clarify actions when responding to a low voltage alarm including directions on connecting the spare battery charger.

**Detroit
Edison**

2000 Second Avenue
Detroit, Michigan 48226
(313) 237-8000

May 3, 1985
NP-85-423

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

Gentlemen:

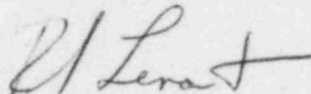
Reference: Fermi 2
NRC Operating License No. NPF-33

Subject: Transmittal of Licensee Event Report
No. 85-003

Please find enclosed LER No.85-003-00, dated May 3, 1985,
for a reportable event which occurred on April 3, 1985.
As indicated below, a copy of this LER is being sent to
the Region III office.

If you have any questions, please contact us.

Sincerely,



R. S. Lenart
Superintendent
Nuclear Production

Enclosure: NRC Forms 366, 366A

cc: Mr. P.M. Byron

Regional Administrator
USNRC Region III
799 Roosevelt Rd.
Glen Ellyn, IL 60137

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