

**LICENSEE EVENT REPORT (LER)**

FACILITY NAME (1) McGuire Nuclear Station - Unit 1										DOCKET NUMBER (2) 0   5   0   0   0   3   6   9   1   OF   4										PAGE (3) 1												
TITLE (4) Missed Daily Fire Door Inspections																																
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	4	1	6	8	5	8	5	-	0	1	2	-	0	0	0	5	1	6	8	5	McGuire Unit 2					0   5   0   0   0   3   7   0						
																	0   5   0   0   0															
OPERATING MODE (9) 1				THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)																												
POWER LEVEL (10) 0   3   4				20.402(b)				20.406(c)				50.73(a)(2)(iv)				73.71(b)																
				20.406(a)(1)(i)				50.36(e)(1)				50.73(a)(2)(v)				73.71(c)																
				20.406(a)(1)(ii)				50.36(e)(2)				50.73(a)(2)(vii)				OTHER (Specify in Abstract below and in Text, NRC Form 366A)																
				20.406(a)(1)(iii)				X 50.73(a)(2)(i)				50.73(a)(2)(viii)(A)																				
				20.406(a)(1)(iv)				50.73(a)(2)(ii)				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 Jerry Day - Licensing												TELEPHONE NUMBER AREA CODE 7   0   1   4   3   7   1   3   -   1   7   1   0   3   3																				
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																							
SUPPLEMENTAL REPORT EXPECTED (14)										EXPECTED SUBMISSION DATE (15)				MONTH	DAY	YEAR																
YES (If yes, complete EXPECTED SUBMISSION DATE)										X NO																						

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

From February 14, 1985 until April 25, 1985, fire doors PD-1 and PD-2, which are normally locked closed, were unlocked. These doors are normally verified closed weekly in accordance with PT/O/A/4250/12 and Technical Specifications. While unlocked, the doors were not verified closed daily nor was a fire watch posted as required by Technical Specifications. Unit 1 was in Mode 1 at the time of discovery; Unit 2 was in Mode 5 for a refueling outage. The cause of the event is an Administrative/Procedural Deficiency.

Corrective actions consisted of implementing the required surveillance, and clarifying the responsibility for carrying out surveillance and the reporting and correcting of discrepancies.

The health and safety of the public were not affected.

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## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

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

INTRODUCTION: Fire doors PD-1 and PD-2, which are normally locked closed, were unlocked from February 14, 1985 to April 25, 1985 during the Unit 2 refueling outage. The doors are normally verified closed on a weekly basis in accordance with PT/O/A/4250/12 and Technical Specifications 4.7.11.2c. While unlocked, the doors were not verified closed daily nor was a fire watch posted as required by Technical Specifications 4.7.11.2a.

Unit 2 was in Mode 5 for a refueling outage and Unit 1 was in Mode 1 at 34% power at the time of the discovery, but had operated at power levels up to 100% during this period.

This event is classified as an Administrative/Procedural Deficiency. The daily surveillance of the unlocked doors was not performed as required due to unclear delineation of responsibility between groups and ambiguous wording in fire door inspection procedures.

EVALUATION: The security organization for McGuire was initially given the responsibility for the daily and weekly fire door inspections. (Fire door inspections are mandatory with Technical Specification 3.7.11.) Weekly and daily fire door inspections were performed under PT/O/A/4250/11 and documented in the procedure. Fire doors are inspected to verify that they are operable. For a fire door to be operable, it must be capable of being closed (by a door closer or manually) and latched, and its structural integrity must be maintained.

Completed procedure enclosures are submitted to Security Compliance for review. Any discrepancy in the fire door status is noted on the front of the completed procedure and is forwarded to Mechanical Maintenance Technical Specialist (MMTS) A. MMTS A is in charge of fire door repairs and is responsible for the preparation of procedure PT/O/A/4250/11. The MMTS A reviews the completed procedures and initiates work requests to repair discrepancies (broken doors or locks) identified during the fire door inspections. Fire doors are inspected to verify that they are operable.

In August of 1984, a meeting was held with the Security Compliance officer, a Security Specialist, MMTS A, and the Station Health Physicist to discuss fire door responsibilities in the RCA. Since Security personnel must contact Health Physics (HP) personnel for access to the twelve fire doors located in the RCA, HP agreed to perform the weekly inspections on those twelve fire doors for Security. MMTS A wrote procedure PT/O/A/4250/12 for HP to use for the inspections. This procedure was sent to Security Compliance for review when completed by HP and then forwarded to MMTS A.

HP personnel performed the weekly surveillance of the twelve fire doors from September 6, 1984 to the present. From February 14, 1985 to April 11, 1985, HP personnel listed fire doors PD-1 and PD-2 as unlocked during the weekly surveillance. They were not re-locked nor was a fire watch posted. PD-1 and PD-2 are fire doors for the Units 1 and 2 ETB switchgear rooms respectively. Both fire doors were used as an access to temporary anti-contamination change rooms established for outages and were unlocked.

On April 14, 1985, during a routine QA audit of completed copies of procedure PT/O/A/4250/12, it was noticed that fire doors PD-1 and PD-2 were found unlocked on each weekly surveillance since February 14, 1985. It was determined that no daily surveillance or fire watch was being performed on these two unlocked doors as required by Technical Specification 4.7.11.2a. A non-conforming item (NCI) was written, the Shift Supervisor was notified, and the two doors were locked.

## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO. 3150-0104

EXPIRES 8/31/85

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)		
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McGuire Nuclear Station - Unit 1	0500036985-012-0003				OF		4

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

On April 18 and 25, 1985, HP personnel listed fire doors PD-1 and PD-2 as unlocked during weekly surveillance. No daily surveillance or fire watch was performed on these doors by any group. On April 30, this problem was corrected and the two fire doors were inspected daily by HP personnel.

According to the Station Health Physicist, HP committed to inspect the twelve fire doors weekly for Security and to notify the Security Compliance Officer of any discrepancies. HP did not commit to inspecting any unlocked fire door every 24 hours (as specified in PT/O/A/4250/12) even after the problem was identified. HP thought this requirement applied to Security Compliance as this was the agreement supposedly reached in the earlier meeting.

Security Compliance thought that the responsibility for the twelve fire doors belonged entirely to HP. Accordingly, it would be Health Physics' responsibility to do daily surveillances if they were needed. When HP notified Security that PD-1 and PD-2 were unlocked, Security Compliance did not take any action on their part to follow-up on the unlocked doors.

Security Compliance thought the MMTS A was responsible for keeping track of discrepancies in the status of fire doors, for ensuring that needed fire door repairs get done, and for making appropriate procedure changes. When Security Compliance was notified that PD-1 and PD-2 were unlocked, they noted it on the front of completed procedure and sent it to the MMTS A for review.

MMTS A did not take any action on the unlocked fire doors PD-1 and PD-2 because he thought the daily surveillance was being done by HP or Security. He could not remember the precise terms of the agreement reached concerning the twelve fire doors. He felt his duty was to ensure that broken fire doors and locks were repaired as indicated in PT/O/A/4250/11 and PT/O/A/4250/12.

Since there was confusion as to which group was responsible for the twelve fire doors in question, no action was ever taken when PD-1 and PD-2 were found unlocked. The matter was complicated further by the unclear delineation of responsibility in PT/O/A/4250/11 and PT/O/A/4250/12. In both procedures, Maintenance was identified as responsible for the review of completed procedures. Both Security and HP assumed this review would ensure that appropriate action was taken on fire doors if needed.

The fire door situation was investigated further to see how the other fire doors in the plant are monitored. In the case of the other fire doors, they were always re-locked by Security when they were found unlocked to prevent a Technical Specification violation.

CORRECTIVE ACTION:

Subsequent: Fire doors PD-1 and PD-2 were inspected daily by Health Physics while unlocked from April 30 to May 6, 1985.

The responsibility for fire doors is now assigned to the MMTS  
A. The following changes were made:

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		8 5	0 1 2	0 0	0 4	OF	4

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

- a. The required surveillance of the twelve fire doors in the RCA is being performed by Security instead of HP.
- b. All fire doors that are not Security fire doors and are inspected on a seven day frequency were changed to a daily frequency on May 6, 1985.
- c. Procedure PT/O/A/4250/12 was deleted.
- d. Procedure PT/O/A/4250/11 was re-written to define Security's responsibilities with fire doors and to incorporate changes shown in a and b above.

Planned: A review of management controls for handling fire doors will be conducted which may result in future corrective actions.

SAFETY ANALYSIS: Fire doors PD-1 and PD-2 were inspected and verified as operable weekly. The doors remained operable throughout this period. Additionally, the fire detection system provided further protection from fires by providing an early warning.

The health and safety of the public were not affected by this incident.



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VICE PRESIDENT  
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May 16, 1985

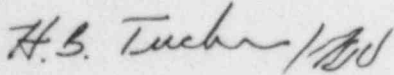
Document Control Desk  
U. S. Nuclear Regulatory Commission  
Washington, D. C. 20555

Subject: McGuire Nuclear Station, Unit 1  
Docket No. 50-369  
LER 369/85-12

Gentlemen:

Pursuant to 10 CFR 50.73 Sections (a)(1) and (d), attached is Licensee Event Report 369/85-12 concerning missed daily fire door inspections as required by Technical Specifications. This event was considered to be of no significance with respect to the health and safety of the public.

Very truly yours,



Hal B. Tucker

JBD/mjf

Attachment

cc: Dr. J. Nelson Grace, Regional Administrator  
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