

## LICENSEE EVENT REPORT (LER)

FACILITY NAME (1): LaSalle County Station Unit 1										DOCKET NUMBER (2): 0 5 0 0 0 3 7 3 1 OF 0 2										PAGE (3): 1 OF 2	
TITLE (4): Missed Off Gas Hydrogen Sample																					
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 NUMBERS							
06	10	85	85	047		00	07	03	85						0 5 0 0 0 0 0 0 0 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): 01016		20.402(a):				20.406(a):				30.73(a)(2)(iv):				73.71(b):							
		20.406(a)(1)(i):				30.36(a)(1):				30.73(a)(2)(iv):				73.71(a):							
		20.406(a)(1)(ii):				30.36(a)(2):				30.73(a)(2)(iv):				OTHER (Specify in Abstract Below and in Text NRC Form 306A):							
		20.406(a)(1)(iii):				X 30.73(a)(2)(i):				30.73(a)(2)(iv)(A):											
		20.406(a)(1)(iv):				30.73(a)(2)(ii):				30.73(a)(2)(iv)(B):											
		20.406(a)(1)(v):				30.73(a)(2)(iii):				30.73(a)(2)(i):											
LICENSEE CONTACT FOR THIS LER (12):												TELEPHONE NUMBER:									
NAME: Wayne R. Luett, extension 503												AREA CODE: 8 1 5 3 5 7 - 6 7 6 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	W/F	Z 191919	Z 191919	N																	
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):

Four samples for hydrogen concentration of the Off Gas system were collected at an incorrect location due to confusion as to which prefilter was in operation. This error was due to poor communications between Operations personnel. A sign is being hung locally to alert personnel of the prefilter in operation. Unit 1 was in the Run Mode at approximately 6% power at the time of the first missed sample.

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## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

APPROVED OMB NO 3150-0104  
EXT RES B-21-95

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (8)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
LaSalle County Station Unit 1	0500037385	0	47	0	0	2	OF 02

TEXT (If more space is required, use additional NRC Form 305A a) (17)

I. EVENT DESCRIPTION

Four hydrogen samples of the Off Gas system (WF) were collected at an incorrect location. The missed samples occurred at 2130 hours on June 10, 1985, and at 0130, 0530, and 0930 hours on June 11, 1985. Unit 1 was in the Run Mode at 5 to 6% power at the start of the event and approximately 35% power at 0930 hours on June 11, 1985, when the last incorrect sample was taken.

II. CAUSE

The first sample was taken at 1845 hours on "A" prefilter which was the prefilter in operation. The Radiation Chemistry Technician (RCT) utilized a Geiger Mueller (GM) to detect the presence of radioactivity and did not get a positive indication of counts. The RCT notified his foreman who contacted the Shift Control Room Engineer (SCRE) to confirm that he was on the correct prefilter. The SCRE requested an Operator to verify which prefilter was operating who told the SCRE that the "B" preheater was on-line. The SCRE misunderstood this to be the "B" prefilter and told the RCT that "B" prefilter was on-line which resulted in him sampling the incorrect prefilter. The GM is used as a verification that the hydrogen sample is from an operating prefilter. However, at the low power level where this event occurred, this was not a reliable method.

III. PROBABLE CONSEQUENCES OF THE OCCURRENCE

The samples taken at 1845 hours on June 10, 1985, on "A" prefilter had no indication of hydrogen. The monitor was declared operational at 1300 hours on June 11, 1985, and did not indicate that hydrogen was present. The Off Gas system operated normally during the event. This event had no impact on safe operation of the plant.

IV. CORRECTIVE ACTION

A sign will be hung locally on the prefilter that is on-line. The appropriate procedure(s) will be changed to identify the use of the sign. Rad Chem will continue to call Operations to verify proper alignment of the Off Gas system which is a requirement of the Rad Chem procedure. This will provide an additional check to assure that the correct prefilter is being sampled. These actions will be tracked by AIR 373-200-85-00116.

V. PREVIOUS OCCURRENCES

LER 84-027-00  
LER 85-018-00

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

July 3, 1985

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

Dear Sir:

Reportable Occurrence Report #85-047-00, Docket #050-373 is being submitted to your office in accordance with 10CFR 50.73.

*for R.D. Biele*  
G. J. Diederich  
Station Manager  
LaSalle County Station

GJD/DRR/kg

Enclosure

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

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