

LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) Browns Ferry - Unit 1										DOCKET NUMBER (2) 050000259										PAGE (3) 1 OF 02									
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TITLE (4) Containment Isolation Due To Loss Of Relay Neutral																			
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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)																																													
d			6			1			3			8			5			8			5			-			0			2			3			-			0			0			0			7			1			2			8			5													050000									

OPERATING MODE (9) N										THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 5. (Check one or more of the following) (11)																																							
POWER LEVEL (10) 000										20.402(b)										20.405(a)										<input checked="" type="checkbox"/> 50.73(a)(2)(iv)										73.71(b)									
										20.405(a)(1)(i)										50.38(a)(1)										50.73(a)(2)(iv)										73.71(c)									
										20.405(a)(1)(ii)										50.38(a)(2)										50.73(a)(2)(iv)										OTHER (Specify in Abstract, Draw and in Text, NRC Form 305A)									
										20.405(a)(1)(iii)										50.73(a)(2)(i)										50.73(a)(2)(iv)(A)																			
										20.405(a)(1)(iv)										50.73(a)(2)(ii)										50.73(a)(2)(iv)(B)																			
										20.405(a)(1)(v)										50.73(a)(2)(iii)										50.73(a)(2)(i)																			

LICENSEE CONTACT FOR THIS LER (12)																				TELEPHONE NUMBER																			
NAME R. C. Steele																				AREA CODE 205																			
																				712																			
																				913																			
																				518																			
																				13																			

COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)									
CAUSE	SYSTEM	COMPONENT	MANUFAC TURE	REPORTABLE TO NRC	CAUSE	SYSTEM	COMPONENT	MANUFAC TURE	REPORTABLE TO NRC

SUPPLEMENTAL REPORT EXPECTED (14)										EXPECTED SUBMISSION DATE (15)										MONTH										DAY										YEAR									
<input checked="" type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)										<input type="checkbox"/> NO										08										31										85									

ABSTRACT (Limit to 1500 spaces; i.e., approximately 25 lines single space typewritten) (16)

A partial containment isolation occurred when a temporary jumper slipped off relay neutral during the replacement of a defective relay. During the event, the activated safety systems functioned as designed with no adverse effects noted.

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PDR ADDCK 05000059
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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			
Browns Ferry - Unit 1	0500025985	85	023	00	0	2	02

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

Units 1 and 3 were in cold shutdown, and unit 2 was in a refueling outage.

On June 13, 1985, during replacement of a defective relay (16A-K19), a temporary alligator clip jumper slipped off between relays 16A-K21 and 16A-K64A resulting in a partial containment isolation. The temporary jumper was installed to maintain the neutral on several relays associated with group 6 isolation. When the jumper slipped off, the neutral was removed from devices 16A-K21, 16A-K25, 16A-K26, 16A-K56, 16A-K45, 16A-K17, 16A-K29, 86-77-2A, 86-77-15A, 86-76-17, 86-64-34, 86-64-32, 86-64-19, 86-64-29, 86-64-18, and 86-64-31 resulting in the isolation. The isolation resulted in reactor zone, and refueling zone isolation, partial standby gas treatment, and control room emergency ventilation initiation.

The dislodged jumper was reconnected, the necessary work to replace the defective relay was completed, and the temporary jumper was removed. The isolation was reset and the affected circuits were returned to service. During the event, the activated systems functioned as designed with no adverse effects noted.

A further evaluation is underway to determine the cause of the partial standby gas treatment and control room emergency ventilation initiation. This will be addressed in a follow-up report by August 31, 1985.

Responsible Plant Section - N/A

Previous Events - BFRO-50-259/850024

TENNESSEE VALLEY AUTHORITY

Browns Ferry Nuclear Plant

P. O. Box 2000

Decatur, Alabama 35602

July 12, 1985

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

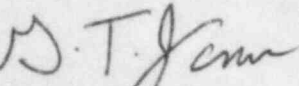
Dear Sir:

TENNESSEE VALLEY AUTHORITY - BROWNS FERRY NUCLEAR PLANT (BFN) UNIT 1 -
DOCKET NO. 50-259 - FACILITY OPERATING LICENSE DPR-33 - REPORTABLE
OCCURRENCE REPORT BFRO-50-259/85023

The enclosed report provides details concerning containment isolation due to loss of relay neutral. This report is submitted in accordance with 10 CFR 50.73(a)(2)(iv).

Very truly yours,

TENNESSEE VALLEY AUTHORITY



G. T. Jones
Plant Manager
Browns Ferry Nuclear Plant

Enclosures

cc (Enclosures):

Regional Administrator
U. S. Nuclear Regulatory Commission
Office of Inspection and Enforcement
Region II
101 Marietta Street, Suite 2900
Atlanta, Georgia 30303

INPO Records Center
Suite 1500
1100 Circle 75 Parkway
Atlanta, Georgia 30339

NRC Resident Inspector, Browns Ferry

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