



April 4, 1997

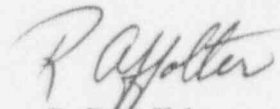
U. S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Mail Stop P1-137  
Washington, DC 20555-0001

ULNRC-03558

Gentlemen:

**DOCKET NUMBER 50-483  
CALLAWAY PLANT UNIT 1  
FACILITY OPERATING LICENSE NPF-30  
LICENSEE EVENT REPORT 97-002-00  
MISSED TECHNICAL SPECIFICATION 4.6.3.1 SURVEILLANCE OF  
CONTAINMENT ISOLATION VALVES FOLLOWING MAINTENANCE DUE  
TO COGNITIVE PERSONNEL ERROR**

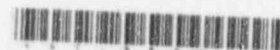
The enclosed licensee event report is submitted pursuant to 10CFR50.73(a) (2) (i) (B) as a condition prohibited by the plant's Technical Specifications.

  
R. D. Affolter  
Manager, Callaway

RDA/HDB/MNF/rjp

Enclosure

9704080246 970404  
PDR ADDCK 05000483  
S PDR



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# LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) <b>Callaway Plant Unit 1</b>										DOCKET NUMBER (2) 0   5   0   0   0   4   8   3   1   OF   0   4										PAGE (3) 1   OF   0   4																													
TITLE (4) <b>Missed Technical Specification 4.6.3.1 Surveillance of Containment Isolation Valves Following Maintenance Due to Cognitive Personnel Error</b>																																																	
EVENT DATE (5) MONTH: 0   3   DAY: 0   7   YEAR: 9   7										LER NUMBER (6) YEAR: 9   7   SEQUENTIAL NUMBER: 0   0   2   REV. NO.: 0   0										REPORT DATE (7) MONTH: 0   4   DAY: 0   4   YEAR: 9   7										OTHER FACILITIES INVOLVED (8) FACILITY NAMES:   DOCKET NUMBER(S): 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) 1   0   0										20.405(a)(1)(i)										20.405(c)										50.73(a)(2)(iv)										73.71(b)									
										20.405(a)(1)(ii)										50.36(c)(1)										50.73(a)(2)(v)										73.71(c)									
										20.405(a)(1)(iii)										50.36(c)(2)										50.73(a)(2)(vi)										OTHER (Specify in Abstract below and in Text, NRC Form 366A)									
										20.405(a)(1)(iv)										X 50.73(a)(2)(i)										50.73(a)(2)(vii)(A)																			
										20.405(a)(1)(v)										50.73(a)(2)(ii)										50.73(a)(2)(viii)(B)																			
20.405(a)(1)(vi)										50.73(a)(2)(iii)										50.73(a)(2)(ix)																													
LICENSEE CONTACT FOR THIS LER (12) NAME: <b>H. D. Bono, Supervising Engineer, Site Licensing</b>																														TELEPHONE NUMBER AREA CODE: 5   7   3   6   7   6   -   4   4   2   8																			
COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)																																																	
CAUSE										SYSTEM										COMPONENT										MANUFACTURER										REPORTABLE TO NPD									
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)

Technical Specification (T/S) 4.6.3.1 requires that each containment isolation valve shall be demonstrated operable prior to returning the valve to service after maintenance, repair or replacement work is performed on the valve or its associated actuator, control, or power circuit by performance of a cycling test and verification of isolation time. On March 7, 1997, during an engineering review of completed work documents, it was determined that T/S 4.6.3.1 was inadvertently violated on November 9, 1992 and August 30, 1995. The Containment Hydrogen Control System (CHCS) hydrogen analyzer sample line Containment Isolation Valves (CIV) were returned to service on these dates without performance of a stroke time test following replacement of relays in the control or power circuits. Subsequently, on January 1, 1993 and October 16, 1995, the normal stroke testing required per T/S 4.6.3.3 verified that the valves met isolation time requirements.

This event was caused by cognitive personnel error on the part of the utility individual determining the retests for the CHCS CIV relay replacements; the individual failed to adequately implement the requirements of PDP-ZZ-00011, "Retest Development". The applicable requirements have been discussed with the individual involved. This event will be reviewed with Planning Department personnel responsible for determining retests. The administrative program for identifying retests has been improved since the events occurred. Review of the retest program has determined that additional changes are not needed.

# LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)	PAGE (3)
Callaway Plant Unit 1	0   5   0   0   0   4   8   3	YEAR	SEQUENTIAL NUMBER
		REV NO	PAGE (3)
	9   7   -   0   0   2   -   0   0	0   2	0   2 OF 0   4

TEXT (If more space is required, use additional NRC Form 365A's)(17)

## DESCRIPTION OF EVENT:

Technical Specification (T/S) 4.6.3.1 requires that each containment isolation valve shall be demonstrated operable prior to returning the valve to service after maintenance, repair or replacement work is performed on the valve or its associated actuator, control, or power circuit by performance of a cycling test and verification of isolation time. On March 7, 1997, during an engineering review of completed work documents, it was determined that T/S 4.6.3.1 was inadvertently violated on November 9, 1992 and August 30, 1995. The Containment Hydrogen Control System (CHCS) hydrogen analyzer sample line Containment Isolation Valves<sup>1</sup> (CIV) were returned to service on these dates without performance of a stroke time test following replacement of relays in either the control or power circuits.

In August, 1992, in response to potential accelerated degradation and reduced service life concerns identified at another nuclear plant, Engineering personnel conducted walkdowns of auxiliary relay racks to determine if any of the 120 Volt AC relays<sup>2</sup> were exhibiting similar evidence of degradation. These walkdowns identified five relays which contained an oily residue. This residue was determined to be from outgassing of the epoxy used in the relay coils. Engineering personnel determined that the condition of the relays did not affect operability of the associated valves, but the relays should be replaced. Engineering personnel also determined similar relays should be replaced as a precautionary measure.

Work packages were developed for replacement of the relays in September, 1992.

Personnel correctly identified the valve isolation time verification retest for CIVs in the nuclear sampling system. However, the individual determining which retests to perform for 3 CHCS CIVs did not refer to the T/S and missed the 4.6.3.1 valve isolation time verification retest requirement. Following replacement of the CHCS CIV relays on November 9, 1992, the relays were retested. However, the CHCS valves were not timed to verify isolation time and T/S 4.6.3.1 was violated. On January 1, 1993 the normal stroke testing required per T/S 4.6.3.3 verified that the valves met isolation time requirements.

Additional work packages were developed during the first half of 1993 to replace relays in circuits affecting 23 CIVs. The retests planned for packages affecting 13 CHCS CIVs verified relay function and stroked the affected valves, but did not verify valve isolation time. Because these relays had not exhibited any signs of degradation, they were not scheduled for replacement until August, 1995. August 30, 1995 T/S were violated when the packages were worked. On October 16, 1995 the normal stroke testing required per T/S 4.6.3.3 verified that the valves met isolation time requirements.

# LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)		
Callaway Plant Unit 1	0   5   0   0   0   4   8   3   9   7   -   0   0   2   -   0   0   0   3   OF   0   4	YEAR	SEQUENTIAL NUMBER	REV NO			

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

## BASIS FOR REPORTABILITY:

Failure to perform all required surveillance requirements prior to returning the CHCS CIVs to service resulted in a condition prohibited by T/S and is reportable per 10CFR50.73(a)(2)(i)(B).

## CONDITION AT TIME OF EVENT:

Mode 1, Power Operation-100% Power

## ROOT CAUSE:

This event was caused by cognitive personnel error on the part of the utility individual determining the retests for the CHCS CIV relay replacements; the individual failed to adequately implement the requirements of PDP-ZZ-00011, "Retest Development".

## CORRECTIVE ACTIONS:

The applicable requirements have been discussed with the individual involved. This event will be reviewed with Planning Department personnel responsible for determining retests. The administrative program for identifying retests has been improved since the events occurred. Review of the retest program has determined that additional changes are not needed.

## SAFETY SIGNIFICANCE:

Though the CHCS CIVs were not stroke time tested, they were retested to demonstrate functionality prior to being returned to service. Subsequent stroke time testing in accordance with T/S 4.6.3.3 verified that the valves were Operable. Therefore, this condition did not pose a threat to public health or safety.

## PREVIOUS OCCURRENCES:

None

# LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REV NO.			
Callaway Plant Unit 1	0 5 0 0 0 4 8 3	9 7 -	0 0 2 -	0 0	0 4	OF	0 4

TEXT (If more space is required, use additional NRC Form 365A's)(17)

## FOOTNOTES:

The system and component codes listed below are from IEEE Standards 805-1984 and 803A-1983 respectively:

- 1) System - BB, Component - ISV
- 2) System - BB, Component - RCY