

## LICENSEE EVENT REPORT (LER)

FACILITY NAME (1)

DOCKET NUMBER (2)

PAGE (3)

River Bend Station, Unit 1

0 5 0 0 0 4 5 8 1 OF 0 3

TITLE (4)

Automatic Initiation of HPCS System

| 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) |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 1                  | 0              | 2                                   | 2  | 8  | 5               | 8               | 5   | 0    | 2                             | 1                | 0 | 0 | 1 | 1 | 2 | 1 | 8 | 5 | 0 | 5 | 0         | 0         | 0                                   |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| OPERATING MODE (9) |                |                                     | THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR 50.71 (Check one or more of the following) (11)  |  |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 4                  |                |                                     | <table border="1"><tr><td>20.400(b)</td><td>20.400(d)</td><td><input checked="" type="checkbox"/></td><td>60.73a(2)(iv)</td><td>73.71(b)</td></tr><tr><td>20.400(a)(1)(i)</td><td>60.30a(1)</td><td><input type="checkbox"/></td><td>60.73a(2)(v)</td><td>73.71(c)</td></tr><tr><td>20.400(a)(1)(ii)</td><td>60.30a(2)</td><td><input type="checkbox"/></td><td>60.73a(2)(vi)</td><td>OTHER (Specify in Abstract below and in Part, NRC Form 305A)</td></tr><tr><td>20.400(a)(1)(iii)</td><td>60.73a(2)(i)</td><td><input type="checkbox"/></td><td>60.73a(2)(vii)(A)</td><td></td></tr><tr><td>20.400(a)(1)(iv)</td><td>60.73a(2)(ii)</td><td><input type="checkbox"/></td><td>60.73a(2)(vii)(B)</td><td></td></tr><tr><td>20.400(a)(1)(v)</td><td>60.73a(2)(iii)</td><td><input type="checkbox"/></td><td>60.73a(2)(viii)</td><td></td></tr><tr><td>20.400(a)(1)(vi)</td><td>60.73a(2)(iv)</td><td><input type="checkbox"/></td><td>60.73a(2)(ix)</td><td></td></tr></table> |  |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   | 20.400(b) | 20.400(d) | <input checked="" type="checkbox"/> | 60.73a(2)(iv) | 73.71(b) | 20.400(a)(1)(i) | 60.30a(1) | <input type="checkbox"/> | 60.73a(2)(v) | 73.71(c) | 20.400(a)(1)(ii) | 60.30a(2) | <input type="checkbox"/> | 60.73a(2)(vi) | OTHER (Specify in Abstract below and in Part, NRC Form 305A) | 20.400(a)(1)(iii) | 60.73a(2)(i) | <input type="checkbox"/> | 60.73a(2)(vii)(A) |  | 20.400(a)(1)(iv) | 60.73a(2)(ii) | <input type="checkbox"/> | 60.73a(2)(vii)(B) |  | 20.400(a)(1)(v) | 60.73a(2)(iii) | <input type="checkbox"/> | 60.73a(2)(viii) |  | 20.400(a)(1)(vi) | 60.73a(2)(iv) | <input type="checkbox"/> | 60.73a(2)(ix) |  |
| 20.400(b)          | 20.400(d)      | <input checked="" type="checkbox"/> | 60.73a(2)(iv)  | 73.71(b)   |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 20.400(a)(1)(i)    | 60.30a(1)      | <input type="checkbox"/>            | 60.73a(2)(v)   | 73.71(c)   |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 20.400(a)(1)(ii)   | 60.30a(2)      | <input type="checkbox"/>            | 60.73a(2)(vi)  | OTHER (Specify in Abstract below and in Part, NRC Form 305A) |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 20.400(a)(1)(iii)  | 60.73a(2)(i)   | <input type="checkbox"/>            | 60.73a(2)(vii)(A)  |  |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 20.400(a)(1)(iv)   | 60.73a(2)(ii)  | <input type="checkbox"/>            | 60.73a(2)(vii)(B)  |  |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 20.400(a)(1)(v)    | 60.73a(2)(iii) | <input type="checkbox"/>            | 60.73a(2)(viii)  |  |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |
| 20.400(a)(1)(vi)   | 60.73a(2)(iv)  | <input type="checkbox"/>            | 60.73a(2)(ix)  |  |                 |                 |     |      |                               |                  |   |   |   |   |   |   |   |   |   |   |           |           |                                     |               |          |                 |           |                          |              |          |                  |           |                          |               |  |                   |              |                          |                   |  |                  |               |                          |                   |  |                 |                |                          |                 |  |                  |               |                          |               |  |

LICENSEE CONTACT FOR THIS LER (12)

| NAME       | TELEPHONE NUMBER                            |
|------------|---|
| R. G. West | AREA CODE 5 0 1 4 3 4 1 6 1 - 1 8 1 6 5 1 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 |
|-------|--------|-----------|--------------|-------------------|-------|--------|-----------|--------------|-------------------|
|       |        |           |              |                   |       |        |           |              |                   |
|       |        |           |              |                   |       |        |           |              |                   |
|       |        |           |              |                   |       |        |           |              |                   |

SUPPLEMENTAL REPORT EXPECTED (14)

| YES (If no, complete EXPECTED SUBMISSION DATE) | NO                                  | EXPECTED SUBMISSION DATE (15) | MONTH | DAY | YEAR |
|--|-------------------------------------|-------------------------------|-------|-----|------|
| <input type="checkbox"/>                       | <input checked="" type="checkbox"/> |                               |       |     |      |

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

At 1550 on 10/22/85, during surveillance testing on a HPCS-Drywell High Pressure transmitter, an initiation of the HPCS system occurred. The unit was in a shutdown condition and no reactor vessel injection took place. There was no known cause for the initiation, so the test was re-performed successfully. Thus, no procedural error was evident. It is postulated that a test lead used during the surveillance could have been misplaced and possibly shorted, causing the transmitter to trip and activate the system.

There was no effect on public health and safety.

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PDR ADOCK 05000458  
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## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

U.S. NUCLEAR REGULATORY COMMISSION  
APPROVED OMB NO 3150-0104  
EXPIRES 8/31/95

|   |  |                |                   |                 |  |
|---|--|----------------|-------------------|-----------------|--|
| FACILITY NAME (1)<br><br>River Bend Station, Unit 1 | DOCKET NUMBER (2)<br><br>0 5 0 0 0 4 5 8 | LER NUMBER (3) |                   |                 | PAGE (3)<br><br>8 5 0 2 1 0 0 0 2 OF 0 3 |
|   |  | YEAR           | SEQUENTIAL NUMBER | REVISION NUMBER |  |
|   |  |                |                   |                 |  |

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

At 1550 on 10/22/85 with the plant in operational condition 4 (cold shutdown) and prior to initial criticality, an Engineered Safety Feature actuation occurred. During performance of surveillance testing to check one of the High Pressure Core Spray (HPCS)-drywell high pressure transmitter (IEEE:PT) trip response times, an automatic initiation of the HPCS (IEEE:BG) system occurred. The initiation involved startup of both the HPCS Diesel Generator (IEEE:DG) and pumping systems. Due to a Reactor High Level (Level 8) isolation that was in effect at the time, no vessel injection occurred.

During the investigation of this event, discussions were held with the Instrument & Controls Technicians involved in the test, and with personnel from General Electric, Operations and Engineering to determine the adequacy of the test procedure. It was concluded that the test procedure was correct as written. The test was re-performed under the same system conditions and an identical test was also performed on an alternate HPCS drywell high pressure transmitter. Both of these tests were performed satisfactory and procedural inadequacy is believed unlikely. In addition, other ongoing testing activities were reviewed to determine if these activities could have caused the initiation. It was concluded that these activities were not a contributing factor to this event.

The exact cause of the initiation has not been determined. The probable cause of the event was that a misplaced test lead shorted the trip unit and caused the initiation.

## LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED OMB NO 3150-0104  
EXPIRES 8/31/95

|   |  |                |                      |                    |          |    |     |
|---|--|----------------|----------------------|--------------------|----------|----|-----|
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|   |  | YEAR           | SEQUENTIAL<br>NUMBER | REVISION<br>NUMBER |          |    |     |
|   |  | 8 5            | — 0 2 1              | — 0 0              | 0 3      | OF | 0 3 |

TEXT (If more space is required, use additional NRC Form 306A's) (17)

In an effort to prevent recurrence, all Instrument & Controls Technicians have been informed of the event and cautioned appropriately. There was no effect on the public health and safety.



**GULF STATES UTILITIES COMPANY**

RIVER BEND STATION POST OFFICE BOX 220 ST. FRANCISVILLE, LOUISIANA 70775  
AREA CODE 504 635-6094 346-8651

November 21, 1985  
RBG- 22670  
File Nos. G9.5, G9.25.1.3

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

Dear Sir:

River Bend Station - Unit 1  
Docket No. 50-458

Please find enclosed License Event Report No. 85-021 for River Bend Station - Unit 1. This report is submitted pursuant to 10CFR50.73.

Sincerely,

*Eddie R Grant*  
for J. E. Booker  
Manager-Engineering,  
Nuclear Fuels & Licensing  
River Bend Nuclear Group

*JEB*  
JEB/TFP/PDG/BEH/amg

cc: U.S. Nuclear Regulatory Commission  
611 Ryan Plaza Drive, Suite 1000  
Arlington, Texas 76011

INPO Records Center  
1100 Circle 75 Parkway  
Atlanta, GA 30339-3064

*IE22*  
*1/1*