WAC FURNISS UPDATE REPORT - Previous Report June 6, 1983 U.S. NUCLEAR REGULATORY COMMISSION Attachment 1 LICENSEE EVENT REPORT 4410-83-L-0243 CONTROL BLOCK (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION) 10 ųΟľ 0 1 TINI ol ol لە_ രം ol 0 CON'T REPORT SOURCE LO SI OI OI OI 31 21 000 15 10 16 18 13 01 নিতি EVENT DESCRIPTION AND PROBABLE CONSEQUENCES [12] At 1745 hours on May 6, 1983, the Air Intake Turnel (AIT) Halon System actuated. This [1] Leaused the actuation of the AIT Deluge System and tripped the Auxiliary and Fuel 14 Handling Buildings supply and exhaust fans. This event is considered reportable per Itech Spec 6.9.1.9(b) due to entry into and compliance with the Action Statements of **Dis** <u>ITech Spec 3.9.12 and 3.7.10.3 as a result of low ventilation flowrate and inoperability</u> [17] (due to discharge) of the Halon System, respectively. This event had no effect on the [0] [health and safety of the public. Similar events: LER's 83-09, 82-28, and 82-18. CODE VALVE SUCCODE COMPONENT CODE 09 IATRI () LXI@ хю LT @ ZI 🚯 OCCURRENCE CODE SEQUENTIA REVISION LER RO EVEN NΟ 0 1 4 0 Ļ ļ<u>l</u> Ľ ACTION FUTURE TAKEN ACTION ATTACHMENT SUBMITTED HOURS (27) OMPONE <u>ک</u>ی Z 9 9 9 9 إوامامآم _i@lĒ ിത 100 @لېر @لخي CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27) 110 The initiating cause of the event is attributed to welding near the AIT actuating the 11 Iultraviolet light detectors in the AIT. The system operated as designed performing [1]2] Ithe subsequent system actuating/trips. The Halon and Deluge Systems were secured and 1] the ventilation systems restored at 1822 hours on May 6, 1983. The Halon System was 14 Lrecharged and returned to service at 1350 hours on May 20, 1983. RO FALILITY STATUS OTHER STATUS 30 METHOD OF DISCOVERY N POWER DISCOVERY DESCRIPTION (32) A System Actuation X 28 0 0 0 29 Recovery Mode 5 ACTIVITY CONTENT 12 AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36) اِنْ لَيْ ا 6 Z N/A PERSONNEL EXPOSURES DESCRIPTION (39) NUMBER TYPE _N/A PERSONNEL INJURIES 8311210430 831031 PDR ADBCK 05000320 PDR DESCRIPTION UMBER N/A OSS OF OR DAMAGE TO FACILITY \odot N/A NRC USE ONLY ΪO N/ARuss Wells NAME OF PREPARER. (717) 948-8461 PHONE _

T1

III

IV

(P)

Commonwealth Edison LaSalle County Nuclear Station Unit 2

> INSERVICE TESTING PLAN FORMAT LEGEND AND NOTES

I. ASHE CLASS 1, 2, AND 3 PUMPS

DESCRIPTION

00 PUMP NUMBER

FIELD

Pump number as used on the P&ID. Pump word description and name.

ACUE Eaching III Fode Classification (1, 2, or 3)