

189/69 APR 27 1984

Attachment 574  
4410-84-L-0040 B&W

NRC Form 306 (9-83) U.S. NUCLEAR REGULATORY COMMISSION  
APPROVED OMB NO. 3150-0104 EXPIRES: 8/31/85

### LICENSEE EVENT REPORT (LER)

FACILITY NAME (1) Three Mile Island, Unit 2										DOCKET NUMBER (2) 0 5 0 0 0 3 2 0				PAGE (3) 1 OF 0 13	
TITLE (4) Loss of Containment Isolation valve found open															
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 N/A		DOCKET NUMBER(S) 0 5 0 0 0				
0	2	1	5	8	4	8	4	0	0	3	1				
THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more of the following) (11)															
OPERATING MODE (9) N		20.402(b)		20.406(c)		80.73(a)(2)(iv)		73.71(b)							
POWER LEVEL (10) 0 0 0		20.406(a)(1)(i)		50.36(c)(1)		80.73(a)(2)(v)		73.71(e)							
		20.406(a)(1)(ii)		50.36(c)(2)		80.73(a)(2)(vii)		OTHER (Specify in Abstract below and in Text, NRC Form 306A)							
		20.406(a)(1)(iii)		50.73(a)(2)(i)		80.73(a)(2)(viii)(A)									
		20.406(a)(1)(iv)		50.73(a)(2)(ii)		80.73(a)(2)(viii)(B)									
		20.406(a)(1)(v)		50.73(a)(2)(iii)		80.73(a)(2)(x)									
LICENSEE CONTACT FOR THIS LER (12)															
NAME Russell D. Wells, TMI-2 Licensing Engineer								TELEPHONE NUMBER 7 1 7 9 4 8 - 8 4 6 1							
COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)															
CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS	CAUSE	SYSTEM	COMPONENT	MANUFACTURER	REPORTABLE TO NPRDS						
SUPPLEMENTAL REPORT EXPECTED (14)										EXPECTED SUBMISSION DATE (15)					
<input type="checkbox"/> YES (If yes, complete EXPECTED SUBMISSION DATE)										<input checked="" type="checkbox"/> NO					
ABSTRACT (Limit to 1400 spaces, i.e., approximately fifteen single-space typewritten lines) (16)															
<p>At 1000 hours on February 15, 1984, during the performance of Surveillance Procedure 4301-M8, "Containment Isolation Verification", Valve MU-V25 was found open instead of closed as required by the procedure. The valve was immediately closed; however, since the valve was open for an undeterminable amount of time, the Action Statement of Technical Specification 3.6.1.1 was violated. This event is reportable pursuant to 10 CFR 50.73(a)(2)(i). Personnel error was the cause of this event in that the valve's position was not physically verified prior to red-tagging it.</p>															

Carole 5-18-84

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LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

FACILITY NAME (1)	DOCKET NUMBER (2)	LER NUMBER (6)			PAGE (3)		
		YEAR	SEQUENTIAL NUMBER	REVISION NUMBER			
Three Mile Island, Unit 2	05000320	84	003	00	02	OF	03

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

I. PLANT OPERATING CONDITIONS BEFORE THE EVENT

The TMI-2 facility is in a long-term cold shutdown state. The reactor decay heat is being removed via loss to ambient. Throughout this event there was no effect on the Reactor Coolant System or the core.

II. STATUS OF STRUCTURES, COMPONENTS, OR SYSTEMS THAT WERE INOPERABLE AT THE START OF THE EVENT AND THAT CONTRIBUTED TO THE EVENT

N/A

III. EVENT DESCRIPTION

At 1000 hours on Wednesday, February 15, 1984, while verifying valve positions in the Reactor Building during the monthly performance of Surveillance Procedure 4301-M8, Containment Isolation Verification, Valve MU-V25 (IEEE 805 Code - JM) was discovered open instead of closed as required by the procedure. This placed the unit into the Action Statement of Technical Specification 3.6.1.1, Primary Containment. The valve was immediately closed; however, since MU-V25 had been opened for an undeterminable length of time, this resulted in a condition prohibited by the plant's Technical Specifications. Therefore, this event is reportable pursuant to 10 CFR 50.73(a)(2)(i)(B).

Valve MU-V25 is part of the Reactor Coolant Pump Seal Return System (IEEE Code - AB) and is located in the 324' elevation of the Reactor Building. This area had previously been inaccessible due to occupational exposure conditions. A review of past performances of 4301-M8 indicated that as of March 1983 ALARA exemption had been taken on the surveillance of MU-V25. In April 1983, MU-V25 was initialed as being closed. This was based on the position indicator (IEEE 803 Code - ZI) located in the Control Room which was green (closed). In June 1983, MU-V25's position indicator showed both red and green (intermittent position). Since the dual indication would not change when the close switch was depressed, it was assumed that the valve position switches were out of adjustment and the valve was, in fact, closed. A switching and tagging order was then issued to red-tag close the valve's handwheel; however, MU-V25's position was not physically verified when the switching order was performed. Therefore, since MU-V25 was believed to be red-tagged closed, the valve's position was documented as being closed from June 1983 to the time of the event when the valve's position was discovered to be open.

The root cause of this event was operator error in failing to physically verify the position of MU-V25 prior to red-tagging the valve. The reason as to why MU-V25 was open has not been identified.

LICENSEE EVENT REPORT (LER) TEXT CONTINUATION

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Three Mile Island, Unit 2	05000320	84	003	00	03	OF	03

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

IV. CORRECTIVE ACTIONS PLANNED

Site Operations has been tasked with investigating and correcting any other dual position indicators for containment isolation valves. Additionally, this event will be reviewed by Site Operations personnel in order to preclude further occurrences.

V. COMPONENT FAILURE DATA

N/A

VI. AUTOMATIC OR MANUALLY INITIATED SAFETY SYSTEM RESPONSES

N/A

VII. ASSESSMENT OF THE SAFETY CONSEQUENCES AND IMPLICATIONS OF THE EVENT

During the time that MU-V25 was open, the containment isolation valve located directly outside the Reactor Building (MU-V377) was being visually verified closed. In addition, the valves located upstream of MU-V25 in the Reactor Building, MU-V33A, B, C, and D, are procedurally closed. These closed valves would have precluded any release to the environment through this line. Therefore, this event had no effect on the health and safety of the public.



**GPU Nuclear Corporation**

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4410-84-L-0040

March 13, 1984

Office of Inspection and Enforcement  
Attn: Dr. Thomas E. Murley  
Regional Administrator  
US Nuclear Regulatory Commission  
Region I  
631 Park Avenue  
King of Prussia, PA 19406

Dear Dr. Murley:

Three Mile Island Nuclear Station, Unit 2 (TMI-2)  
Operating License No. DPR-73  
Docket No. 50-320  
Licensee Event Report 84-03

Attached please find Licensee Event Report 84-03 concerning  
the loss of containment isolation on February 15, 1984.

This event is considered reportable under Section  
50.73(a)(2)(i)(B) of Title 10 of the Code of Federal  
Regulations.

Sincerely,

*B. K. Kanga*  
B. K. Kanga  
Director, TMI-2

BKK/RDW/jep

Attachments

CC: Program Director - TMI Program Office, Dr. B. J. Snyder  
Deputy Program Director - TMI Program Office, Mr. L. H. Barrett

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