

Nine Mile Point 1

Initiating Events



Significance: Feb 16, 2002

Identified By: NRC

Item Type: NCV NonCited Violation

Inadequate corrective actions led to tripping of two reactor recirculation pumps at full power.

The inspectors identified a Non-Cited Violation for the failure to have taken appropriate corrective actions for previous similar deficiencies involving the use of temporary test leads, in accordance with 10CFR50, Appendix B, Criterion XVI. The failure to have taken proper corrective actions directly contributed to the inadvertent trip of two reactor recirculation pumps during power operation on January 17, 2002, while workers were performing on-line service water pump motor testing with an alligator clip temporary test lead, which inadvertently contacted a grounding terminal in the power board. This finding was of very low safety significance because, although the unit experienced a power transient, the transient was small and easily recoverable, as operators were appropriately trained to cope with transients of this nature.

Inspection Report# : [2001011\(pdf\)](#)



Significance: Feb 16, 2002

Identified By: NRC

Item Type: NCV NonCited Violation

Removal of AC supply power fuse was not performed in accordance with an approved troubleshooting procedure.

The inspectors identified a Non-Cited Violation for the failure to have followed established procedures for the troubleshooting, contrary to 10CFR50 Appendix B, Criterion V, Instructions, Procedures and Drawings and Administrative Procedure GAP-PSH-10, Troubleshooting and Testing Control Process. The failure to follow troubleshooting procedures resulted in the January 30, 2002, loss of power to the drywell and torus pressure transmitters. This finding was of very low safety significance because the loss of the drywell and torus pressure indication in the control room was for a short duration and is not used for accident monitoring.

Inspection Report# : [2001011\(pdf\)](#)

Mitigating Systems

Significance: N/A Aug 23, 2002

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to report the correct unavailability hours associated with the High Pressure Coolant Injection (HPCI) system

A Severity Level IV violation of 10 CFR Part 50.9(a) (Completeness and Accuracy of Information), dispositioned as a non-cited violation, was identified for failure to report the correct unavailability hours associated with the High Pressure Coolant Injection (HPCI) system. The information submitted to the NRC by the licensee in the first quarter of 2001, to fulfill requirements of the NRC Performance Indicator Program, was not correct. Specifically, while performing testing on the HPCI system on April 21, 2001, the system's controller was found inoperable. The licensee reported no unavailability hours related to this fault because the system was not required to be operable, due to the plant configuration, during the test period. This is contrary to the requirements of the program in which the fault exposure time (the time between last successful operation of the system and determination of the fault) must be accounted for in the unavailability report. This finding is more than minor because the actual unavailability hours of the HPCI system changed the NRC Performance Indicator color from Green to White. As a result the licensee's mitigating systems cornerstone did not properly reflect its status as a degraded cornerstone for 9 months. Additionally, the performance of a Supplemental Inspection by the NRC related to the controller failure was not conducted until 16 months after the occurrence.

Inspection Report# : [2002009\(pdf\)](#)



Significance: Feb 16, 2002

Identified By: NRC

Item Type: NCV NonCited Violation

Preventive maintenance schedule for EDGs not appropriate to the circumstances.

The inspectors identified a Non-Cited Violation for the failure to have performed preventive maintenance on the Unit 1 emergency diesel generator (EDG) air start motors in accordance with 10CFR50, Appendix B, Criterion V and the EMD owners' group air start motor service life recommendations, which resulted in the failure of the 102 EDG to start on demand from the control room on January 29, 2002. This finding

was of very low safety significance because although the 102 EDG was inoperable, the 103 EDG and both 115 kV off-site power lines were available during the time the EDG was inoperable.

Inspection Report# : [2001011\(pdf\)](#)

Barrier Integrity

Emergency Preparedness

Occupational Radiation Safety

Public Radiation Safety

Physical Protection

Miscellaneous

Last modified : March 25, 2003