


<b>NRC FORM 366</b> (11-2015)		<b>U.S. NUCLEAR REGULATORY COMMISSION</b>			<b>APPROVED BY OMB: NO. 3150-0104</b> <b>10/31/2018</b>		<b>EXPIRES:</b>					
 <b>LICENSEE EVENT REPORT (LER)</b> (See Page 2 for required number of digits/characters for each block)		Estimated burden per response to comply with this mandatory collection request: 80 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the FOIA, Privacy and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollections.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOF-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.										
<b>1. FACILITY NAME</b> Cooper Nuclear Station					<b>2. DOCKET NUMBER</b> 05000298		<b>3. PAGE</b> 1 of 4					
<b>4. TITLE</b> Inadequate Compensatory Measures Results in a Condition Prohibited by Technical Specifications												
<b>5. EVENT DATE</b>			<b>6. LER NUMBER</b>			<b>7. REPORT DATE</b>			<b>8. OTHER FACILITIES INVOLVED</b>			
MONTH	DAY	YEAR	YEAR	SEQUENTIAL NUMBER	REV NO.	MONTH	DAY	YEAR	FACILITY NAME	DOCKET		
07	11	2016	2016 -	010 -	00	02	15	2017	FACILITY NAME	DOCKET		
										05000		
										05000		
<b>9. OPERATING MODE</b>			<b>11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply)</b>									
1			<input type="checkbox"/> 20.2201(b)			<input type="checkbox"/> 20.2203(a)(3)(i)			<input type="checkbox"/> 50.73(a)(2)(ii)(A)		<input type="checkbox"/> 50.73(a)(2)(viii)(A)	
			<input type="checkbox"/> 20.2201(d)			<input type="checkbox"/> 20.2203(a)(3)(ii)			<input type="checkbox"/> 50.73(a)(2)(ii)(B)		<input type="checkbox"/> 50.73(a)(2)(viii)(B)	
			<input type="checkbox"/> 20.2203(a)(1)			<input type="checkbox"/> 20.2203(a)(4)			<input type="checkbox"/> 50.73(a)(2)(ii)		<input checked="" type="checkbox"/> 50.73(a)(2)(ix)(A)	
			<input type="checkbox"/> 20.2203(a)(2)(i)			<input type="checkbox"/> 50.36(c)(1)(i)(A)			<input type="checkbox"/> 50.73(a)(2)(iv)(A)		<input type="checkbox"/> 50.73(a)(2)(x)	
			<input type="checkbox"/> 20.2203(a)(2)(ii)			<input type="checkbox"/> 50.36(c)(1)(ii)(A)			<input type="checkbox"/> 50.73(a)(2)(v)(A)		<input type="checkbox"/> 73.71(a)(4)	
100			<input type="checkbox"/> 20.2203(a)(2)(iii)			<input type="checkbox"/> 50.36(c)(2)			<input type="checkbox"/> 50.73(a)(2)(v)(B)		<input type="checkbox"/> 73.71(a)(5)	
			<input type="checkbox"/> 20.2203(a)(2)(iv)			<input type="checkbox"/> 50.46(a)(3)(ii)			<input type="checkbox"/> 50.73(a)(2)(v)(C)		<input type="checkbox"/> 73.77(a)(1)	
			<input type="checkbox"/> 20.2203(a)(2)(v)			<input type="checkbox"/> 50.73(a)(2)(i)(A)			<input type="checkbox"/> 50.73(a)(2)(v)(D)		<input type="checkbox"/> 73.77(a)(2)(i)	
			<input type="checkbox"/> 20.2203(a)(2)(vi)			<input checked="" type="checkbox"/> 50.73(a)(2)(i)(B)			<input type="checkbox"/> 50.73(a)(2)(vii)		<input type="checkbox"/> 73.77(a)(2)(ii)	
						<input type="checkbox"/> 50.73(a)(2)(i)(C)			<input type="checkbox"/> OTHER		Specify in Abstract below or in NRC Form 366A	
<b>12. LICENSEE CONTACT FOR THIS LER</b>												
<b>LICENSEE CONTACT</b> Jim Shaw, Licensing Manager									<b>TELEPHONE NUMBER (Include Area Code)</b> (402) 825-2788			
<b>13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT</b>												
CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	REPORTABLE TO EPIX	CAUSE	SYSTEM	COMPONENT	MANU-FACTURER	TO EPIX			
A	BO			Y								
<b>14. SUPPLEMENTAL REPORT EXPECTED</b>						<b>15. EXPECTED SUBMISSION DATE</b>		MONTH	DAY	YEAR		
<input type="checkbox"/> YES (If yes, complete 15. EXPECTED SUBMISSION DATE)						<input checked="" type="checkbox"/> NO						
<b>ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)</b>  From July 11, 2016, to July 15, 2016, the Torus area and Reactor Building floor drain valve control switches were placed in the OPEN position, per alarm card FP-1/C-4, due to fire detector FP-TD-19-2 being impaired. Subsequently, it was determined that by placing the floor drain valve control switches to OPEN, the automatic flood protection function that is credited in Cooper Nuclear Station's internal flooding analysis, was defeated. During the time the detector was impaired, there were no credited compensatory actions taken to ensure Division 1 Core Spray (CS) and Division 1 Residual Heat Removal (RHR) systems were protected from postulated flooding caused by a high-energy line break. As such, it was determined that both Division 1 CS and Division 1 RHR were inoperable for a period greater than allowed by Technical Specifications.  The cause was determined to be that when the flooding requirements in the Reactor Building changed, a review of alarm cards did not identify alarm card FP-1/C-4 as needing updated.  Alarm card FP-1/C-4 was revised to remove taking radwaste valves out of AUTO for each quad. In addition, the applicable procedure has been revised to ensure actions taken will ensure operability is maintained for environmentally qualified components in each of the Reactor Building quads; and a review of fire panel alarm cards will be performed for similar occurrences where monitoring is the only action taken.												