

Terminology (reliability , safety, security, .....)

- Risk analyses (FTA-FaultTree Analysis, FMEA-Failure Mode Effect Analysis)
- Nuclear safety analysis (objectives, operationalisation, MLD- Master Logic Diagram, demonstration)
   Dose concept (ALARA-Principle)
- Fusion Safety Concept (comparison with NPP- where are we today?)



# **Terminology-Reliability**

#### reliability = probability that system meets the required specified function

- within a certain time interval and
- under normal operation conditions



## Measures of reliability technology

- elimination of errors /failures/ malfunctions
- early detection
- initiation of countermeasures (messaging, design measures: redundancy, diversity)

robust design + operational monitoring





## Proof of realibility

- reliability calculation (result: e.g. guarantee time)
- reliability = part of the quality assurance

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# **Terminology-Reliability**

## Reliability analysis



- Goals:
  - prognosis of expected reliability (hazard)
  - detection <u>and</u> elimination of vulnerabilities
  - conduction of comparative studies
- Options :
  - quantitative: calculation of reliability, failure rate analysis, probabilistic reliability prediction (Markov or Boole model, lifetime distributions, Fault tree analysis-FTA)
  - qualitative: systematic investigation of fault effects and failures, failure modes analysis (ABC analysis, check lists, failure mode effects analysis-FMEA, Fault tree analysis-FTA)

## Types of reliability analysis

- inductive : forward tracking of events leading leading to accidents –FMEA
- **deductive**: backward derivation of possible failures, leading to accidents **FTA**

## Failure Mode and Effects Analysis (FMEA)

- qualitative, inductive reliability analysis
- detection of error sources in order to avoid or reduce consequences
- error prevention (preventive measure)
- identify the vulnerabilities to revise this then constructively

#### Fault Tree Analysis (FTA)

- qualitative or quantitative, deductive reliability Analysis
- representation of top event (**risk**) in relation to the causes leading to this top event
- identify causes that lead alone or in combination with other causes to an error



# **Terminology-Reliability**

#### Types of reliability analysis



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## **Terminology - safety**



- safety = system state, from which within given limits and for a prescribed time interval no danger emanates.
- safety = absence of danger (system does not pose danger to outside)
- safe state = state in which despite failure(s) (by operator, malfunctions,... no danger emanates

#### • Examples:



thermal plant: exceeding max. pressure



loop systems: unintended leakage



# **Terminology - safety**

## Safety measures

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- actions directed against dangerous effects of errors and failures
- prevention of danger in case of error/failure



- control of reactionstop media service
- relief valve



design measures
 intrumentation

personnel protection





driving cars are intrinsically unsafe !!!

approval by a safety authority

safety case

- rationale for safety measures
- detection method





Terminology- plant safety



- NOTE (difficult in many languages)
- SAFETY = prevention of hazards originating from the plan itself
- SECURITY= prevention of human or environmental threads on the system leading to states, in which system can get dangerous.
- Most known to you in terms of security:



airport security

#### For nuclear systems:

- Protection against external hazards (terrorist attack, flooding, earth quake, .....)
- Design measures according to (nat. and/or internat.) prescriptions
- SYSTEM (PLANT) SAFETY= SAFETY + SECURITY



## Terminology – how to correlate safety and risk ?





# **Terminology – safety analysis**

risk analysis

safety analysis = requirement for operational (nuclear) license

## Safety Assessment



# impact assessment of hazards (consequences)



# Terminology- phrases around



## What means ?

availability = time fraction of system usability

(probability of a repairable system to be functional at a given point in time)

- reliability = safety + availability + robustness

   (system property allowing to trust in the provided functionality)
- availability ≠ reliability

# Other often used words:

- hazard = physical situation with potential for human injury, damage to property, damage to the environment or any combination. ability to create harm.
- risk = likelihood of undesirable events (hazards) to occur within specified time and/or specified circumstances (system property allowing to trust in provided functionality)



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## **Introduction- Risk analyses**



# Objective

- identify hazards
- analyze and evaluate the risk associated with each hazard
- elaborate appropriate measures/means/methods to eliminate or reduce hazards
- if you can not eliminate or reduce hazards, identify appropriate ways to eliminate or reduce the risks associated
- holds for any engineering system (from mobile preactor)

#### Context



- starting from the undesired top event, the possible causes are searched.
- causes can occur alone or in combination with other causes, leading to a defined error

#### Aims

- realistic modeling of the system on component basis in order to analyze
  - failure mode and failure causes
  - establishment of functional relations of failures
  - description of impact of failures on the system

## Use of FTA

- preventive quality assurance
- system analysis
- troubleshooting for newly emerging errors

#### FTA –structure

Graphical representation across several system levels, which are connected via logical connections





**Qualitative FTA - execution** 



#### Sequence



- **identification** of all failures, critical events and event combinations
- creation of objective assessment criteria
- documentation

## 1

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#### system analysis

- determination of required system functions and their allocation to individual elements
- identification of relationships between system functions (cooperation of elements to attain required function, response to environmental impact, system response to internal failures of elements, system response to external failures linked to the system)

#### definition of adverse events and failure criteria

- Define preventive and corrective measures
  - Prevention: definition of adverse events by noncompliance with functions/requirements
  - Corrective measures: definition of an occurred failure/malfunction as adverse event
- in view of damage severity (radiological impact)





#### Determination of component/system failure modes

- Primary failure: component failure due to weakness or errors a priory present in the system failure in permissable operating conditions
- Secondary failure: component failure caused by environmental or operational conditions loss in design extension conditions
- Forced failure: component failure of functioning system by incorrect operation or false/invalid signals/links operational of maintenance error but also deliberate mistakes
- 4 Creation of fault tree





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#### Qualitative assessment

Reliability assessed qualitative via graphical structure, assessment of system weakness

- Critical path: fault tree branches, in which component failures are not protected by system inherent prevention /check mechanisms
- Critical quantity: subtree of the fault tree, which contains the minimum combination of individual elements whose failure leads to the adverse event.
- Critical path/quantity allows statement on strongest/weakest branch of fault tree

#### How good is a FTA ?

- Benefits
  - precise adjustment to the object of investigation possible
  - deeper system content information by evaluation of the fault tree
  - allows identification of (still) unknown causes of failure
- Disadvantages
  - Precise adjustment to the object of investigation possible
  - intensive time/money consuming analysis
  - expert know-how indispensable





## FMEA- what is it about ?

- FMEA=qualitative method of reliability
- inductive procedure to identify all system failure modes
- depiction of all possible causes and effects of faults
- Determination of consequences for the system

## **FMEA** = preventive measure to

- prevent errors/failures
- to detect errors

## **FEMA Sequence**



## **FEMA tools**

- Fishbone cause –effect diagram
- Fault Tree Analysis (FTA)
- Event Tree Analysis
- Matrix Diagrams (
   product management, economics)







#### nuclear engineering

#### **FMEA** sheet components – example

com- ponent	operati onal state	failure mode	freq cat.	causes	preventive action	conse- quence	preven. action on conseq.	postulated initiating event (PIE)	comment /specific occurence frequency/codes and standards used
piping	no	ext. leak	III	weld fault, pipe wall flaw, constr. fault	des. materials selection , pre-service inspect., low flow-induc. vibration in design, NDT	leaks small to moderate amount of coolant to equatorial port	small loss of coolant accident. shut down by the end of seq., drain to drain tank to limit radiologic release, increase cooling of neighboring system to limit superheat of other systems	small LOCA	xy m piping length oper. 3360h/y ;liquid nonreactive in air /H <sub>2</sub> O, should not pose chemical reactivity concern. spill must be kept from bellows seal. 9· 10 <sup>-9</sup> /h/m e.g. EGG-SSRE- 8875
		ext. rupture	III						
		plugging	III						

RESULT: (hopefully) full list of elementary failures

FEMA – system analysis- provides individual results for





Safety
 Reliability





## FEMA – system safety analysis

Classifaction in event classes

Event category	I	Ш	Ш	IV
category description	operational events/ plant conds. planned/required for normal operation	likely event sequences not planned but likely to occur once or more during the life time but not included in category I.	unlikely sequences that are postulated but not likely to occur during lifetime	extremely unlikely event sequences that are postulated but are not likely to occur during lifetime with a very large margin.
frequency range		f <10 <sup>-2</sup>	10 <sup>-2</sup> < <i>f</i> <10 <sup>-4</sup>	10 <sup>-4</sup> <f <10<sup="">-6</f>
system condition	normal	incident	accident	accident



# What FMEA results mean in terms of SAFETY? CLASS 1: Normal operation

- No failure of the nuclear first barrier (walls)
- Performance of the purification system consistent with a few leaking rods

#### CLASS 2: Low frequencies events

No failure of the first barrier

### CLASS 3: Low probabilities accidents

- Nuclear materials barriers might be damaged
- Bring back the reactor to a safe state (use of diverse/redundant systems)

## CLASS 4 : Hypothetical accidents

- Termination of nuclear reaction,
- Reactor geometry remains coolable
- Geometry of reactor remains intact











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#### **Beyond design basis accidents**

## > CLASS 4 accidental conditions

- Objective to preserve plant withdrawn
- Preservation of ability to ensure
  - coolability and
  - confinement of radioactive products

## **Causes: Multiples Accidents**

- Steam Pipe Break (LOCA, LOFA) + Steam Generator Tube Failure
- First wall leak + explosion + failure of fusion power system shut down system

## CLASS 5

 Design mitigating radiological consequences outside plant (off-site emergency responses)



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#### Nuclear safety objectives

- **Protection** of public and environment **against radiological hazards**
- Protection of site workers against radiation exposure according to ALARA-principle (<u>As Low As Reasonably Achievable</u>)
- Employment of measures to prevent accidents and mitigate their consequences
- **Elimination** of need for public **evacuation** in any accident
- Minimization of activated waste
- Assignment of safety functions





#### Safety functions of a nuclear power plant (FPP)

- Primary safety functions
  - **Confinement** of radioactive materials
  - Control of operational releases
  - Limitation of accidental releases
  - No control of reactivity control in FUSION required ( absence of nuclear chain reactions like in NPP !!!)

#### Secondary safety functions

- Ensure emergency power shutdown
- Provisions for decay heat removal (potentially passive)
- Control of thermal energy (coolant(-s) enthalpy)
- Control chemical energies
- Control of other potentially likely energy discharges or interactions
- Limitation of airborne & liquid operating releases to environment









Where to start for the safety analyses ?

built a generic fusion reactor

#### Ingredients

- all components necessary to operate fusion plant.
- provision of a top down view of the nuclear plant structure (interlinks of major components)

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#### How does the FPP look like?







What to do next ?

Identify all sources of energy and plant internal radiological potential

## What does this scope ?

- coolant (stored enthalpy)
- radionuclide inventory (tritium, volatile fission products, activated corrosion product(-s))
- chemical reaction(-s)
- nuclear decay heat (operation time, materials used)
- as for nuclear power plants (NPP)
- fusion plasma (stored energy)
- magnetic energy (coils)
- cryo-inventory
- heating systems
- specific fusion power plant (FPP)

## Sufficient ? NO !!!

- release time, fractions,
- detection time, capability
- DONE ? NO !!!



## Nuclear safety analysis-Master Logic diagram (MLD)



#### **MLD-sequence**

- 'top-down' view of nuclear installation as whole system 
   global perspective of possible failures through a global fault tree
- global fault tree contains elaboration of failure combinations via logic gates (and/or functions)
- start with top-level event "excessive off-site releases" (i.e. radiological doses in excess of regulatory limits) and further break-down to the contributing elements:
  - (1) release origin,
  - (2) release paths and species (tritium, activation products, dust, ....),
  - (3) barriers that would have to fail to open release path,
  - (4) safety functions that protect these barriers,
  - (5) failure events that could degrade/disable these safety functions.
- at (3), (4) AND gates appear 
   presence of barriers protected by multiple safety functions (more than one failure required to cause radiologic release).
- MLD approach = plant-level functional nature (less detailed than FMEA !!!!).
- MLD list of failure event types = alternative approach to FMEA, used to obtain completeness in identification of all PIEs.



## Nuclear safety analysis- Master Logic diagram (MLD)





applied in hierarchical from plant to subsystem level



#### Nuclear safety analysis- Master Logic diagram (MLD) Analysis for the generic FPP-plant le 🖌 < most exposed individual (MEI) grid conncection coolant tower 📢 < max. 1km power conversion system NBI & heating sys. reactor 10m cryo hall plant +rad-waste Tritium plant or all conceivable accidents & incidents < max. fusion plasma cryostat 긎 < max. incl. Tokamak 34



## Elements of the safety analysis

- event tree (sequence) analysis,
- fault tree analysis,
- dependent failures,
- personnel actions,
- internal impacts,
- external hazards (earth quake, flooding, terrorist attack,....)
- documentation and presentation of results.





#### Granting of a nuclear operation license scopes \*

- safety report (essential design plant characteristics) and safety status report,
- system descriptions (specifications), circuit diagrams for safety-related systems,
- component descriptions & specifications, component basic position lists of safetyrelated components,
- building plans, installation plans, piping isometrics,
- instrumentation & control documents (reactor protection report, function block diagrams, control diagrams, measuring device characteristics, signal processing with limit alarm settings,
- emergency electricity budgets,
- system dynamic investigation of transients, reports of loss of coolant accidents,
- used effectiveness conditions and constraints,
- operating manual, testing manual,
- documentation of maintenance concept and implementation
- documentation of the safety status analysis,
- management system and operational reports,
- emergency manual, documentation of emergency exercises,
- information on sources for determination of reliability indices,
- information on disorders (legacy body) and reportable events.

Bundesamt für Strahlenschutz, 2005, Methoden zur probabilistischen







## Safety analysis: Integrated safety assessment



<sup>38</sup> IAEA-TECDOC-1264

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Safety functions related to fusion power plants (FPP)

- Primary safety functions
  - Confinement of radioactive materials
  - Control of operational releases
  - Limitation of accidental releases

#### No control of reactivity required (no nuclear chain reactions as in NPP !!!)

#### Secondary safety functions

- Ensure emergency power shutdown
- Provisions for decay heat removal (potentially passive)
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## Dose concept – 1(5)

- Karlsruher Institut für Technologie
- all exposures shall be kept As Low As Reasonably Achievable, economic and social factors being taken into account\*
- § 5 Dose Limits\*:
   20 mSv per year for occupationally exposed persons,
   1 mSv per year for members of the public.



\* ICRP Recommendations 60, 103, Directive 96/29/EURATOM





Dose- concept - 3(5) HURLY-BURLY? DOSE EQUIVENEMENT Ambient Dose mSv ema Ion Dose **Tissue Dose** Absorbed Dose Organ Dose H\*(10) Body Dose Effective Dose W<sub>T</sub> Equivalent Dose Committed Dose  $H_{P}(0,07)$ Local Dose **Directional Dose** 



## Dose Concept - 4(5)







## Dose concept - 5(5)



#### **Radiation Protection**

- DOSE usually applied in radiation protection is a measure for the risk of (stochastic) effects caused by radiation.
- measuring unit: <u>Sievert (Sv)</u>

#### Representative values for effective dose

fatal dose	7000 mSv
threshold dose for deterministic health effects	500 mSv
X-ray tomography torso	up to 20 mSv
annual average of radiation exposure in Germany	4 mSv
annual dose limit for members of the general public	c 1 mSv
head radiography	0.1 mSv
threshold dose for stochastical health effects	0 mSv
Risk caused by ionising radiation	

- dose determines the risk of stochastic health effects.
- risk of fatal cancer: 5 % per Sv (0,005 % per mSv)
- risk of heritable effects: 1 % per Sv (0,001 % per mSv)
- (e.g. exposure of 1Million persons with 1mSv each causes 50 cases of fatal cancer.)



## Fusion Safety Concept – NPP vs. FPP 1(3)

#### **Nuclear Power Plant (NPP)**

- nested physically static barriers
- high volumetric power density
- off-site fuel conditioning
- criticality prevention measures
- 1% of  $P_{th}$  decay power

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very high radioactive inventory

## Fusion Power Plant (FPP)

- 2 static but also dynamic barriers
- Iow volumetric power density
- on-site fuel management
- criticality arguments absent
- 0.6% of  $P_{th}$  decay power
- high radioactive inventory (many mobile, different nuclide vectors)



# Fusion Safety Concept – NPP vs. FPP 2(3)





NPP- PWR





- 4/5 static subsequent enveloped barriers
- Static barriers for release control (mainly related to barriers + PAR+ PRS)
- "practical elimination" of level 5 by design + core catcher + mitigation chains
- Compact system, small control volume, high power density, rare release paths

- Two static barriers extended over large scale
- Mixture of static and dynamic barriers (DTS, TES, HVACS)
- Large sets of active + passive systems (but lower inventory and energy content ☺)
- Large volume, low power density, several release paths, dedicated rad. contaminants



## Fusion Safety Concept – NPP vs. FPP 3(3)





- Design measures (CR, n-poison)
- DHR systems
- not required (limited on-site storage of SA)
- Multi-stage systems for severe accidents
- FPSS (intrinsic feature-but early detection)
- Passive design provisions
- Physically different sub-systems required
- Mobile species to identify

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## Fusion Safety Concept – plant state description 2(5)

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Definition of plant state levels in DiD



# Fusion Safety Concept – plant state description 3(5)



- Discrimination
   Design Basis Accidents (DBA)
   Beyond Design Basis Accidents (BDBA)\*
- Bounding accident sequences with dose criterion of 50mSv



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# Fusion Safety Concept – plant state description 4(5)

#### Safety risk approach

- Mitigation into the acceptable risk zone by countermeasures
- Diminution of dose rate by enhanced confinement



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# Fusion Safety Concept – plant state description 5(5)

#### Systematic Safety Analysis (SSA) - Success criteria

- normal operation
- accidental analysis :
- consequences:
- all to be met

- dose to worker on site < limit
- worst dose to public (MEI) < limit
- mobility in long term storage < limit (what ?)</pre>



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## **Fusion Safety Concept – NPP vs. FPP**



#### Worst dose rates estimates (for the same power)

- Different source terms
  - > Fusion: tritium, dust, activation products, Activated Corrosion products (ACPs), neutron sputtering products. Tritium inventory in the Vacuum Vessel (VV) ~1kg.
  - > Fission nuclides of PWR: Iodine, Cs-137, noble gases, aerosols, ...
- NPP: effective dose of DBA  $\leq$  50mSv. BDBA e.g. 100mSv  $\Rightarrow$  evacuation
- Fusion: bounding accident  $\leq 50$  mSv



no evacuation

## **Fusion Safety Concept – challenges safety analyses**

#### Postulated initiating events (internal events)



- similar as in nuclear power plants such as
  - Loss of flow accident (LOFA), Loss of offsite-power (SBO), Leaks (VV, Primary System,
    - ...), Fire & explosion
- □ additional fusion specific events: loss of cryo-system, arcing, magnets → affecting barriers





## Fusion Safety Concept – challenges safety analyses





# **Fusion Safety Concept – NPP vs. FPP**

 Most crucial radiological event = Loss of coolant accident (LOCA) at end of life

#### Goal

Example:

LOCA in PCS

Safe heat removal without loss of functional integrity or confinement



#### Note:

Any safety demonstration design and system (including sec. side) dependent !

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## Summary



- Fusion safety concepts relies on state-of-the-art safety concepts for nuclear installations containing radioactive environment and is based on DiD concept.
- Similarities and differences between safety concepts of fusion and fission. (deviations arise from radionuclide inventories and potential release paths)
- Plant-internal events do not lead to off-site evacuation
- Systematic assignment of measures & installations to the different levels of defence (as required by internat. fission regulations) has to be performed once an adequately detailed design level of a FPP is attained.
- **External hazards** must be **included** in the future safety analysis
- Numerous issues remain open and requires adequate attention
- Waste management has not been considered



## **Fusionreactor DEMO - severe accidents?**



#### Safety against external hazards- ("Fukushima challenge")



 more stringent rules for robustness demonstration against external hazards for NPP (>FPP) are expected

