

PRACTICAL APPLICATION OF COMPUTER PROGRAM PANTHERE FOR WORKERS' RADIATION PROTECTION.

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CONTEXT

• A new context after the Fukushima's nuclear accident

- □ Before Fukushima : a major accident is highly unlikely in the safety approach.
- After Fukushima : the consideration of some major accidents and their impacts are reinforced.

• EDF shares its nuclear safety goals with the French Nuclear Safety Authority (ASN)

- One of EDF proposals (only for 2 French PWRs units) to reach these goals is to :
 - Increase the thickness of the reactor pit's concrete
 - create a new spreading area for corium.

These technical operations have two strong dosimetric issues :

- Radiation protection at planning stage :
 - Dose rate in the reactor pit is high. During the execution of the work, the dose rate has to be optimized.
- Radiation protection at design stage :
 - The radiological zoning of spreading area should not be modified. After the execution of the work, a biological shield has to be implemented to protect nuclear workers during the future maintenance.



DECREASING THE DOSE RATE IN THE **REACTOR PIT**

• The reactor pit :





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DECREASING THE DOSE RATE IN THE REACTOR PIT

- Four configurations for two positions of the thimble tubes :
 - Nuclear power plant in operation :
 - 1. Thimble tubes are fully inserted for checking neutron flux
 - 2. Thimble tubes are fully retracted in the reactor pit
 - Nuclear power plant at shutdown state :
 - 3. Thimble tubes are fully retracted in the reactor pit
 - 4. Thimble tubes are fully inserted (only when fuel assemblies are still in core)



 Only the 4th configuration allows an access in the reactor pit





DECREASING THE DOSE RATE IN THE REACTOR PIT

- Planning constraints → core totally defueled → a compromise between radiation protection and thimble tubes position
- 3D modeling with Panthere Vessel Parametric study based on the thimble 4 tubes position. Thimble tubes fully inserted Main objective : to find a value range for thimble tubes position for which the average dose rate is closed to the reference dose rate 2 meters : distance between the *In situ *With bottom of the vessel and the bottom of the active part of modeling measurements thimble tubes (average) (average) Bottom of the vessel Reference 25 measurement points in 2.4 dose rate (in 2.35 reactor pit t mSv/h) r pit Raft

*Reactor stopped - thimble tubes fully inserted



DECREASING THE DOSE RATE IN THE REACTOR PIT

Results for the value range : between 85cm and 100cm



Creation of the spreading area = coring the wall of the reactor pit

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Potential risk of a radiological zo ing s change in the spreading area
Biological side d was designed a modeled with anthere to avoid this risk and to



- A step-by-step approach shared with the nuclear plant operator :
- 3D modeling with in situ measurements's radiological conditions → processing the digital radiological zoning of reference (0.025mSv/h < regulated stay area < 2mSv/h)
- 2. Adding the coring to evaluate its own impact on the radiological zoning
- **3.** Designing the biological shield with the following technical requirements:
 - □ No prohibited area (dose rate > 100 mSv/h),
 - No limited stay area (2 mSv/h < dose rate < 100 mSv/h) beyond 50 centimeters after the coring
 - □ Biological shield shall be implanted in the reactor pit and shall not block the coring.
- 4. Parametric study based on the lead thickness of the biological shield.



 After several iterations, dose rate objectives were reached with 11 cm thickness of lead.





 The results of this study were shared with the nuclear plant operators and the biological shield was implanted in the reactor pit.





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CONCLUSION

- The planning and design (technical) constraints have to be turned into radiation protection opportunities.
- In these 2 examples, radiation protection's impact were detected from the beginning and were integrated into the design and the planning of the technical operations
- This allows short and long term solutions and a higher level of radiation protection.
- Not only reduce the operational dosimetry but especially the future dosimetry for maintenance which is recurring



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