


NRC FORM 361 (02-2020)		U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER		APPROVED BY OMB: NO. 3150-0238		EXPIRES: 10/31/2022	
		<b>REACTOR PLANT EVENT NOTIFICATION WORKSHEET</b>				Estimated burden per response to comply with this voluntary collection request: 30 minutes. The information provided will be used for evaluation of licensee event description, facility status and for input to the public website. Send comments regarding burden estimate to the Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to <a href="mailto:infocollects.Resource@nrc.gov">infocollects.Resource@nrc.gov</a> , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0238), 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>EN #</b>					
NRC OPERATIONS TELEPHONE NUMBERS: PRIMARY - 301-816-5100 or 800-532-3469#, BACKUPS - [1st ] 301-951-0550 or 800-449-3694, [2nd] 301-415-0550 and [3rd] 301-415-0553. Licensees who maintain their own ETS are provided these telephone numbers. FAX - 301-816-5151, EMAIL - hoo.hoc@nrc.gov							
Notification Time	Facility or Organization Grand Gulf Nuclear Station	Unit 1	Name of Caller/Title Jeff Hardy / Regulatory Assurance Mgr.	CALL BACK # 1-601-437-2103			
Event Time & Zone 1826 CT	Event Date February 22, 2021	Power/Mode (At Time of Event) 100% / MODE 1		Power/Mode (At Time of Notification) 86% / MODE 1			
<b>EVENT CLASSIFICATIONS</b>		<b>1-Hr. Non-Emergency 10 CFR 50.72(b)(1)</b>		<input type="checkbox"/> (v)(A) Safe S/D Capability AINA			
<input type="checkbox"/> GENERAL EMERGENCY GEN/AAEC		<input type="checkbox"/> TS Deviation ADEV		<input type="checkbox"/> (v)(B) RHR Capability AINB			
<input type="checkbox"/> SITE AREA EMERGENCY SIT/AAEC		<b>4-Hr. Non-Emergency 10 CFR 50.72(b)(2)</b>		<input type="checkbox"/> (v)(C) Control of Rad Release AINC			
<input type="checkbox"/> ALERT ALE/AAEC		<input type="checkbox"/> (i) TS Required S/D ASHU		<input type="checkbox"/> (v)(D) Accident Mitigation AIND			
<input type="checkbox"/> UNUSUAL EVENT UNU/AAEC		<input type="checkbox"/> (iv)(A) ECCS Discharge to RCS ACCS		<input type="checkbox"/> (xii) Offsite Medical AMED			
<input type="checkbox"/> 50.72 NON-EMERGENCY (see next columns)		<input type="checkbox"/> (iv)(B) RPS Actuation (scram) ARPS		<input type="checkbox"/> (xiii) Loss Comm/Asmt/Response ACOM			
<input type="checkbox"/> PHYSICAL SECURITY (73.71) DDDD		<input type="checkbox"/> (xi) Offsite Notification APRE		<b>60-Day Optional 10 CFR 50.73(a)(1)</b>			
<input type="checkbox"/> MATERIAL/EXPOSURE B????		<b>8-Hr. Non-Emergency 10 CFR 50.72(b)(3)</b>		<input type="checkbox"/> Invalid Specified System Actuation AINV			
<input type="checkbox"/> FITNESS FOR DUTY HFIT		<input type="checkbox"/> (ii)(A) Degraded Condition ADEG		<b>Other Unspecified Requirement (Identify)</b>			
<input checked="" type="checkbox"/> OTHER UNSPECIFIED REQMT. (see last column)		<input type="checkbox"/> (ii)(B) Unanalyzed Condition AUNA		<input checked="" type="checkbox"/> 10 CFR Part 21 NONR			
<input type="checkbox"/> INFORMATION ONLY NNF		<input type="checkbox"/> (iv)(A) Specified System Actuation AESF		<input type="checkbox"/> NONR			
<b>DESCRIPTION</b>							
<b>Event Description</b> (Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc.) (Continued on Page 2)							
<p>On February 22, 2021 while in Mode 1 and at 100% power, Grand Gulf Nuclear Station (GGNS) identified through surveillance testing that the 208' elevation outer containment personnel airlock door failed its Technical Specification leakage test. Analysis indicated that the airlock equalizing valves were leaking due to lack of lubrication during installation.</p> <p>Subsequent analysis determined that the lubrication was to have been performed during a vendor's qualification / dedication process. GGNS completed a Substantial Safety Hazard Evaluation and determined that the failure to lubricate the valve components constituted a substantial safety hazard.</p> <p>The NRC Resident has been notified.</p> <p>This is a non-emergency notification required by 10 CFR 21.21(d)(3)(i).</p> <p>A written notification will be provided within 30 days.</p>							
<b>NOTIFICATIONS</b>	<b>YES</b>	<b>NO</b>	<b>WILL BE</b>	Anything Unusual or not understood?	<input type="checkbox"/> Yes (Explain above) <input checked="" type="checkbox"/> No		
<b>NRC RESIDENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did all systems function as required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain above)		
<b>STATE(s)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mode of operations until corrected (if applicable)	<b>MODE 1</b>		
<b>LOCAL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional Information continued on next page? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>OTHER GOV AGENCIES</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>MEDIA/PRESS RELEASE</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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**REACTOR PLANT EVENT NOTIFICATION WORKSHEET (Continued)**

EN # \_\_\_\_\_

**RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)**

<input type="checkbox"/> Liquid Release	<input type="checkbox"/> Gaseous Release	<input type="checkbox"/> Unplanned Release	<input type="checkbox"/> Planned Release	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Terminated
<input type="checkbox"/> Monitored	<input type="checkbox"/> Unmonitored	<input type="checkbox"/> Offsite Release	<input type="checkbox"/> T. S. Exceeded	<input type="checkbox"/> RM Alarms	<input type="checkbox"/> Areas Evacuated
<input type="checkbox"/> Personnel Exposed or Contaminated	<input type="checkbox"/> Offsite Protection Actions Recommended			*State release path in description	

	Release Rate (Ci/sec)	% T. S. Limit	HOO Guide	Total Activity (Ci)	% T. S. LIMIT	HOO Guide
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total						

	Plant Stack	Condenser/Air Ejector	Main Steam Line	SG Blowdown	Other
RAD Monitor Readings					
Alarm Setpoints					
% T. S. Limit (if applicable)					

**RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)**

LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.)

Leak Rate	Units: gpm/gpd	T. S. Limits	Sudden or Long Term Development
Leak Start Date	Time	Coolant Activity and Units:	Primary Secondary

List of Safety Related Equipment or Operational

**Event Description** (Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc.) (Continued from Page 1)