

Estimated burden per response to comply with this mandatory information collection request: 50 hrs. Reported lessons learned are incorporated into the licensing process and fed back to industry. Forward comments regarding burden estimate to the Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, and to the Paperwork Reduction Project (3150-0104), Office of Management and Budget, Washington, DC 20503. If 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.

**LICENSEE EVENT REPORT (LER)**

(See reverse for required number of digits/characters for each block)

|                   |                                   |                         |
|-------------------|-----------------------------------|-------------------------|
| FACILITY NAME (1) | DOCKET NUMBER (2)<br><b>05000</b> | PAGE (3)<br><b>1 OF</b> |
|-------------------|-----------------------------------|-------------------------|

TITLE (4)

| EVENT DATE (5) |     |      | LER NUMBER (6) |                   |                 | REPORT DATE (7) |     |      | OTHER FACILITIES INVOLVED (8) |               |
|----------------|-----|------|----------------|-------------------|-----------------|-----------------|-----|------|-------------------------------|---------------|
| MONTH          | DAY | YEAR | YEAR           | SEQUENTIAL NUMBER | REVISION NUMBER | MONTH           | DAY | YEAR | FACILITY NAME                 | DOCKET NUMBER |
|                |     |      | --             | --                |                 |                 |     |      | FACILITY NAME                 | <b>05000</b>  |
|                |     |      |                |                   |                 |                 |     |      | FACILITY NAME                 | <b>05000</b>  |

| OPERATING MODE (9) | POWER LEVEL (10) | THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check one or more) (11) |  |                   |                  |   |
|--------------------|------------------|---|--|-------------------|------------------|---|
|                    |                  | 20.2201(b)  |  | 20.2203(a)(2)(v)  | 50.73(a)(2)(i)   | 50.73(a)(2)(viii)                             |
|                    |                  | 20.2203(a)(1)   |  | 20.2203(a)(3)(i)  | 50.73(a)(2)(ii)  | 50.73(a)(2)(x)                                |
|                    |                  | 20.2203(a)(2)(i)  |  | 20.2203(a)(3)(ii) | 50.73(a)(2)(iii) | 73.71   |
|                    |                  | 20.2203(a)(2)(ii)   |  | 20.2203(a)(4)     | 50.73(a)(2)(iv)  | OTHER   |
|                    |                  | 20.2203(a)(2)(iii)  |  | 50.36(c)(1)       | 50.73(a)(2)(v)   | Specify in Abstract below or in NRC Form 366A |
|                    |                  | 20.2203(a)(2)(iv)   |  | 50.36(c)(2)       | 50.73(a)(2)(vii) |   |

**LICENSEE CONTACT FOR THIS LER (12)**

|      |                                      |
|------|--------------------------------------|
| NAME | TELEPHONE NUMBER (Include Area Code) |
|------|--------------------------------------|

**COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT (13)**

| CAUSE | SYSTEM | COMPONENT | MANUFACTURER | REPORTABLE TO EPIX | CAUSE | SYSTEM | COMPONENT | MANUFACTURER | REPORTABLE TO EPIX |
|-------|--------|-----------|--------------|--------------------|-------|--------|-----------|--------------|--------------------|
|       |        |           |              |                    |       |        |           |              |                    |
|       |        |           |              |                    |       |        |           |              |                    |

| SUPPLEMENTAL REPORT EXPECTED (14)   |                                    |  |  | EXPECTED SUBMISSION DATE (15) | MONTH | DAY | YEAR |
|---|------------------------------------|--|--|-------------------------------|-------|-----|------|
| <input type="checkbox"/> <b>YES</b><br>(If yes, complete EXPECTED SUBMISSION DATE). | <input type="checkbox"/> <b>NO</b> |  |  |                               |       |     |      |

**ABSTRACT** (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines) (16)

**REQUIRED NUMBER OF DIGITS/CHARACTERS  
FOR EACH BLOCK**

| <b>BLOCK NUMBER</b> | <b>NUMBER OF DIGITS/CHARACTERS</b>   | <b>TITLE</b>                 |
|---------------------|--|------------------------------|
| 1                   | UP TO 46   | FACILITY NAME                |
| 2                   | 8 TOTAL<br>3 IN ADDITION TO 05000  | DOCKET NUMBER                |
| 3                   | VARIES   | PAGE NUMBER                  |
| 4                   | UP TO 76   | TITLE                        |
| 5                   | 8 TOTAL<br>2 FOR MONTH<br>2 FOR DAY<br>4 FOR YEAR                                    | EVENT DATE                   |
| 6                   | 9 TOTAL<br>4 FOR YEAR<br>3 FOR SEQUENTIAL NUMBER<br>2 FOR REVISION NUMBER            | LER NUMBER                   |
| 7                   | 8 TOTAL<br>2 FOR MONTH<br>2 FOR DAY<br>4 FOR YEAR                                    | REPORT DATE                  |
| 8                   | UP TO 18 -- FACILITY NAME<br>8 TOTAL -- DOCKET NUMBER<br>3 IN ADDITION TO 05000      | OTHER FACILITIES INVOLVED    |
| 9                   | 1  | OPERATING MODE               |
| 10                  | 3  | POWER LEVEL                  |
| 11                  | 1<br>CHECK BOX THAT APPLIES  | REQUIREMENTS OF 10 CFR       |
| 12                  | UP TO 50 FOR NAME<br>14 FOR TELEPHONE  | LICENSEE CONTACT             |
| 13                  | CAUSE VARIES<br>2 FOR SYSTEM<br>4 FOR COMPONENT<br>4 FOR MANUFACTURER<br>EPIX VARIES | EACH COMPONENT FAILURE       |
| 14                  | 1<br>CHECK BOX THAT APPLIES  | SUPPLEMENTAL REPORT EXPECTED |
| 15                  | 8 TOTAL<br>2 FOR MONTH<br>2 FOR DAY<br>4 FOR YEAR                                    | EXPECTED SUBMISSION DATE     |

**LICENSEE EVENT REPORT (LER)**  
TEXT CONTINUATION

| FACILITY NAME (1) | DOCKET (2) | LER NUMBER (6) |                      |                    | PAGE (3) |
|-------------------|------------|----------------|----------------------|--------------------|----------|
|                   | 05000      | YEAR           | SEQUENTIAL<br>NUMBER | REVISION<br>NUMBER | OF       |
|                   |            | --             | --                   |                    |          |

TEXT (If more space is required, use additional copies of NRC Form 366A) (17)

