

CONDITION REPORT						CR Number 02-01128	
TITLE: REACTOR HEAD MATERIAL FINDING							
O R I G I N A T I O N	DISCOVERY DATE	TIME	EVENT DATE	TIME	SYSTEM / ASSET#		
	3/8/2002	1345	3/8/2002	1345	062-01 T1*RC		
	EQUIPMENT DESCRIPTION Reactor vessel head						
	DESCRIPTION OF CONDITION and PROBABLE CAUSE (if known) Summarize any attachments. Identify what, when, where, why, how.						
	Evaluation of bottom up ultrasonic test data in the area of reactor pressure vessel head nozzle number 3 shows significant degradation of the reactor vessel head pressure boundary.						
P L A N T O P E R A T I O N S	SUPV COMMENTS / IMMEDIATE ACTIONS TAKEN (Discuss CORRECTIVE ACTIONS completed, basis for closure.)						
	This CR is for the purposes of notification and reportability. This CR will be rolled into condition report 02-00891 which is categorized significant at the team root cause level.						
	QUALITY ORGANIZATION USE ONLY		IDENTIFIED BY (Check one)		ATTACHMENTS		
	Quality Org. Initiated <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Individual/Work Group	<input type="checkbox"/> Self-Revealed	<input type="checkbox"/> Internal Oversight		
	Quality Org. Follow-up <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Supervision/Management	<input type="checkbox"/> External Oversight	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
ORIGINATOR MCLAUGHLIN, M		ORGANIZATION WC	DATE 3/8/2002	SUPERVISOR MCLAUGHLIN, M	DATE 3/8/2002	PHONE EXT. 8295	
P L A N T O P E R A T I O N S	SRO REVIEW	EQUIPMENT OPERABLE	EVALUATION : IMMEDIATE REQUIRED		ORGANIZATION NOTIFIED	MODE CHANGE RESTRAINT	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	MODE		ASSOCIATED TECH SPEC NUMBER(S)		ASSOCIATED LCO ACTION STATEMENT(S)		
			#2				
			#3				
	DECLARED NONOPERABLE (Date / Time)		REPORTABLE?	One Hour N/A		APPLICABLE UNIT(S)	
	3/8/02 1757		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eval Required	Four Hour N/A		<input checked="" type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> Both	
	COMMENTS						
	Based on the identified condition being RCS pressure boundary leakage which is not allowed by TS 3.4.6.2, Operable marked "No". Based on discussions with Regulatory Affairs, it was agreed that the condition described in this CR is an 8 hour reportable condition per 10CFR50.72(b)(3)(ii)(A). The notification was made to the NRC at 1757. The NRC Resident Inspector has also been informed. This issue is a Mode 4 restraint.						
	Current Mode - Unit 1		Power Level - Unit 1	Current Mode - Unit 2		Power Level - Unit 2	
6		0					
SRO - UNIT 1 Cobbledick, T			SRO - UNIT 2 Stallard, A		DATE 3/8/2002		

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CRPA / SUPV / MRB	CATEGORY / EVAL ST		ASSIGNED ORGANIZATION DBE		DUE DATE 4/7/2002		R E G U L A T O R Y
	TREND CODES		Comp Type / ID (If Cause T or W)		Resp Org		
	Process / Activity / Cause Code(s)				DATE		
	HDW 2500 NA		NONE		03/16/02		
<div style="display: flex; justify-content: space-between;"> <div> REPORTABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LER No. </div> <div> REPORTABILITY REVIEWER Wolf, G </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> INVESTIGATION OPTIONS <input type="checkbox"/> Generic Implications <input type="checkbox"/> Part 21 <input type="checkbox"/> Maint.Rule <input type="checkbox"/> OE Evaluation </div> <div> CLOSED BY DATE </div> </div>							