

| CONDITION REPORT | | | | | CR Number 03-02306 | | | |
|--|---|--|---|----------------|--|---------------|--|--|
| TITLE: ISSUES IDENTIFIED DURING RCP SEAL REPLACEMENTS NOT DOCUMENTED ON CRS | | | | | | | | |
| O R I G I N A T I O N | DISCOVERY DATE | TIME | EVENT DATE | TIME | SYSTEM / ASSET# | | | |
| | 3/22/2003 | N/A | 3/22/2003 | N/A | 064-03 P36-1, P36-2, P36-3, P36-4 | | | |
| | EQUIPMENT DESCRIPTION Reactor Coolant Pump seal replacements | | | | | | | |
| | DESCRIPTION OF CONDITION and PROBABLE CAUSE (If known) Summarize any attachments. Identify what, when, where, why, how. Of 10 issues identified for inclusion into Condition Report #03-02251 (TIME SPENT IN YELLOW SHUTDOWN RISK FOR RCP SEAL WORK LONGER THAN PLANNED) only 5 were documented with Condition Reports prior to initiation of that CR. | | | | | | | |
| | IMMEDIATE ACTIONS TAKEN / SUPV COMMENTS (Discuss CORRECTIVE ACTIONS completed, basis for closure.) Maintenance ensured all issues were identified in Condition Reports with appropriate owners. | | | | | | | |
| QUALITY ORGANIZATION USE ONLY | | IDENTIFIED BY (Check one) | | | ATTACHMENTS | | | |
| Quality Org. Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Self-Revealed <input type="checkbox"/> Individual/Work Group <input checked="" type="checkbox"/> Supervision/Management | | | <input type="checkbox"/> Internal Oversight <input type="checkbox"/> External Oversight | | | |
| Quality Org. Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| ORIGINATOR | ORGANIZATION | DATE | SUPERVISOR | DATE | PHONE EXT. | | | |
| FLEITZ, J | MAIN | 3/22/2003 | WELLS, R | 3/23/2003 | 7487 | | | |
| P L A N T O P E R A T I O N S | SRO REVIEW | EQUIPMENT OPERABLE | EVALUATION REQUIRED | ORG. NOTIFIED | IMMEDIATE INVESTIGATION REQUIRED | ORG. NOTIFIED | MODE CHANGE RESTRAINT | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | MODE | ASSOCIATED TECH SPEC NUMBER(S) | ASSOCIATED LCO ACTION STATEMENT(S) | | | | | |
| | N/A | N/A | #2 | | | | | |
| | DECLARED INOPERABLE (Date / Time) | | REPORTABLE? | One Hour N/A | | | APPLICABLE UNIT(S) | |
| | N/A | | <input type="checkbox"/> Yes <input checked="" 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 | |
| | | | | Eight Hour N/A | | | | |
| | | | | Other N/A | | | | |
| | COMMENTS N/A | | | | | | | |
| | Current Mode - Unit 1 | | Power Level - Unit 1 | | Current Mode - Unit 2 | | Power Level - Unit 2 | |
| N/A | | N/A | | N/A | | N/A | | |
| SRO - UNIT 1 | | | | SRO - UNIT 2 | | DATE | | |
| Approved By Supv | | | | N/A | | 3/23/2003 | | |
| C R P A / S U P V / M R B | CATEGORY / EVAL CC | | ASSIGNED ORGANIZATION | | DUE DATE | | REPORTABLE? | |
| | MAIN | | MAIN | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LER No. _____ | |
| | TREND CODES | | Comp Type / ID (If Cause T or W) | | Cause Org | | REPORTABILITY REVIEWER | |
| | Process / Activity / Cause Code(s) | WMO | 2200 | G04 | MAIN | | | |
| INVESTIGATION OPTIONS | | | | | | CLOSED BY | | |
| <input type="checkbox"/> MainRule <input type="checkbox"/> OE Evaluation | | | | | | DATE | | |

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