

Rel (5)

SEVERITY LEVEL A. <input type="checkbox"/> 3 working days B. <input type="checkbox"/> 10 calendar days C. <input type="checkbox"/> 30 calendar days D. <input type="checkbox"/> Other	<h1 style="margin:0;">CONDITION REPORT</h1>	CR NO. <u>04-0688</u> PTN <input checked="" type="checkbox"/> PSL <input type="checkbox"/> JB <input type="checkbox"/> PAGE 1 OF _____
DUE: _____ <div style="text-align: right; margin-right: 50px;">Date</div>		CR Administrator

1. SYSTEM #/NAME <u>030/CCW</u> UNIT <u>03/04</u> COMPONENT NAME <u>CCW Return Valve</u> DISCOVERY DATE/TIME <u>2/12/04</u> / <u>1400</u> CR ORIGINATOR <u>Bharat Thaker</u>	COMPONENT ID <u>MOV-3/4-716A</u> LOCATION (BLDG/ELEV) <u>P&V Room El. 18'</u> EVENT DATE/TIME <u>2/12/04</u> / <u>1400</u> DEPT/PHONE <u>Engineering</u> / <u>7393</u>
2. (ATTACH ADDITIONAL PAGES AS NECESSARY) PROBLEM (WHAT HAPPENED, HOW WAS THE ISSUE DISCOVERED, WHAT ACTIVITIES, PROCESSES AND PROCEDURES WERE INVOLVED, PHYSICAL CONDITION EXISTING AT THE ISSUE LOCATION, WHY IS THIS ISSUE OR EVENT A CONCERN, HAVE YOU SEEN THIS ISSUE OCCUR BEFORE) OTSCs 04-0038 [0-ONOP-016.10] and 04-0039 [0-ONOP-105] have been issued to advance the current manual actions to establish RCP seal cooling within 13 minutes instead of current 20 minutes. This CR is written for Engineering to coordinate the changes for MOV-3/4-716A breaker position and to capture the procedural changes of OTSCs into the design documents. The OTSC changes are a result of NRC Fire Protection audit.	
REGULATION OR REQUIREMENT IMPACTED <u>N/A</u>	
IMMEDIATE CORRECTIVE ACTION TAKEN, ADDITIONAL CORRECTIVE ACTIONS COMPLETED <u>N/A</u>	
NOTIFICATIONS <u>Joe LaDuca</u>	
3. ORIGINATOR REQUESTS COPY OF CLOSED CONDITION REPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SUPERVISOR NOTIFICATION: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> PRINT SIGNATURE </div>	

4. OPERABILITY/REPORTABILITY DETERMINATION: <input type="checkbox"/> A. OPERABILITY ASSESSMENT REQUIRED (3 WORK DAYS) <input type="checkbox"/> B. POTENTIALLY REPORTABLE (ATTACH ENS WORKSHEET, IF USED) <input type="checkbox"/> C. NO OPERABILITY CONCERN/NOT REPORTABLE <input type="checkbox"/> D. OTHER _____	OUTAGE RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO MODE HOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO FOR ENTRY INTO MODE _____
COMMENTS: _____	
NPS/VPNE _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> PRINT SIGNATURE </div>	DATE/TIME _____ / _____

5. CONDITION REPORT ASSIGNED TO: _____ COMMENTS: _____	<input type="checkbox"/> Significance Level 1 - Root Cause Analysis <input type="checkbox"/> Significance Level 2 - Apparent Cause <input type="checkbox"/> Significance Level 3 - Correction Only
	<input type="checkbox"/> PGM Closeout <input type="checkbox"/> Trend Only <input type="checkbox"/> Potential Human Performance Issue Affected Dept. _____
PGM/VPNE _____	DATE _____

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