

EVENT NOTIFICATION WORKSHEET

NOTIFICATION TIME 1430	FACILITY OR ORGANIZATION Watts Bar Nuclear Plant	UNIT 1	CALLER'S NAME Paul L. Pace	CALLER'S PHONE (615) 365-1824	CALL BACK # - ENS N/A OR (615) 365-1824
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EVENT TIME / ZONE N/A	EVENT DATE 1, 27, 95	<input type="checkbox"/> 4-Hr Non-Emergency 10 CFR 50.72(b)(1)	<input type="checkbox"/> Lost Office Comm
POWER/MODE BEFORE N/A	POWER/MODE AFTER N/A	<input type="checkbox"/> (III(A)) TS Required S/D	<input type="checkbox"/> Fax
		<input type="checkbox"/> (III(B)) TS Operation	<input type="checkbox"/> Toxic Em
		<input type="checkbox"/> (IV) Degraded Condition	<input type="checkbox"/> Rad Release
		<input type="checkbox"/> (III(A)) Unanalyzed Condition	<input type="checkbox"/> Oth Monitoring Int. Up.
EVENT CLASSIFICATIONS		<input type="checkbox"/> (III(B)) Outside Design Basis	<input type="checkbox"/> 4-Hr Non-Emergency 10 CFR 50.72(b)(2)
<input type="checkbox"/> GENERAL EMERGENCY		<input type="checkbox"/> (III(C)) Not Covered by OPI/CFR	<input type="checkbox"/> Upgrade While S/D
<input type="checkbox"/> SITE AREA EMERGENCY		<input type="checkbox"/> (IV) Earthquake	<input type="checkbox"/> RPS Actuation (Alarm)
<input type="checkbox"/> ALERT		<input type="checkbox"/> (IV) Flood	<input type="checkbox"/> EST Actuation
<input type="checkbox"/> UNUSUAL EVENT		<input type="checkbox"/> (IV) Hurricane	<input type="checkbox"/> Safe S/D Capability
<input type="checkbox"/> 50.72 NON-EMERGENCY		<input type="checkbox"/> (IV) Ice/Melt	<input type="checkbox"/> (III(B)) PMR Capability
<input type="checkbox"/> PHYSICAL SECURITY (10.71)		<input type="checkbox"/> (IV) Lightning	<input type="checkbox"/> (III(C)) Control Rod Release
<input type="checkbox"/> TRANSPORTATION		<input type="checkbox"/> (IV) Tornado	<input type="checkbox"/> (III(D)) Accidental Misoperation
<input type="checkbox"/> 20.403 MATERIAL EXPOSURE		<input type="checkbox"/> (IV) Oth Natural Phenomenon	<input type="checkbox"/> (IV(A)) Air Release > 2X Ann B
<input checked="" type="checkbox"/> OTHER (10 CFR 50.55(e))		<input type="checkbox"/> (IV) FCB Discharge to RCS	<input type="checkbox"/> (IV(B)) Lid Release > 2X Ann B
		<input type="checkbox"/> (IV) Loss ENS	<input type="checkbox"/> Office Medical
		<input type="checkbox"/> (IV) Loss Emergency	<input type="checkbox"/> District Notification

DESCRIPTION

During a Nuclear Assessment, TVA has identified various types of conduit deficiencies which include the following: loose flex conduits, no conduit ID, minimum bend radius violations, inadequate support for marineite board, various support deficiencies (shanked out bolts, proper torque cannot be achieved, no IDs, etc.), and separation violations. TVA has identified sixty-nine cables having various safety functions which are impacted by one or more of these deficiencies. Certain of these deficiencies would obviously not result in an adverse impact to plant safety in specific applications. However, based on the large number of safety related cables involved and the various other types of deficiencies identified, it can be concluded that these conditions could represent an impact to the safe operation of the plant and would, therefore, represent a significant safety hazard.

Reference: Construction Deficiency Report (CDR) 95-03 - Significant Corrective Action Report WBSA950003

Include: External effects, including: 1. those involving events, events, after effects, and other conditions which are not planned for.

NOTIFICATIONS WBO RESIDENT	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	WILL BE	ANYTHING UNKNOWN OR NOT UNDERSTOOD?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
STATE		<input checked="" type="checkbox"/>		DO ALL SYSTEMS FUNCTION AS REQUIRED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LOCAL		<input checked="" type="checkbox"/>		N/A		
OTHER GOV AGENCIES		<input checked="" type="checkbox"/>		MODE OF OPERATION	ESTIMATE FOR	ADDITIONAL INFO
MEDIA PRESS RELEASE		<input checked="" type="checkbox"/>		WILL CORRECTED	N/A	ON BACK

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PDR ADLCK 05000390
S PDR