		· · · · -				KET NUMPER		
NRC FORM 195 (2-76)		U.S. N	IUCLEAR P	EGULATORY COUSS		кет NUMBER 50-331		
NRC DISTRIBUTI		NAL	FILE	FILE NUMBER INCIDENT REPORT				
TO: Mr. James G. Keppler FROM:						DATE OF DOCUMENT		
Mi. James G. Reppter			Iowa Elect. Light & Power Co. Cedar Rapids, Iowa 52406			06-10-77		
			Ellery L. Hammond			DATE RECEIVED 06-21-77		
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DESCRIPTION			ENCLO	LICENSE		t Report (RO-50-		
			to id perfo	n 05-15-77 conce entify unsatisfa rming control ro uelà outage	ctory †	tests results w	hile	
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PLANT NAME: DUANE ARNOLD				IDO MOI REMOVE				
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v			NOTE	NOTE: IF PERSONNEL EXPOSURE IS INVOLVED				
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DRANOU OUTER-	- <u>}</u>	FOR ACTION		IATION				
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IPNP. C. J. P	EXTERNAL	DISTRIBUTION				CONTROL NUMBI	cK	
LPDR: Cedar Rapio TIC:	s, Ja				/		N	
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IOWA ELECTRIC LIGHT AND POWER COMPANY

DUANE ARNOLD ENERGY CENTER P. O. Box 351 Cedar Rapids, Iowa 52406 June 10, 1977 DAEC-77 - 321

Mr. James G. Keppler, Director

Office of Inspection and Enforcement U. S. Nuclear Regulatory Commission - Region III 799 Roosevelt Road Glen Ellyn, Illinois 60137

> Subject: Licensee Event Report No. 77-44 (30 day)

File: A-118a



Dear Mr. Keppler:

In accordance with Appendix A to Operating License DPR-49, Technical Specifications and Bases for Duane Arnold Energy Center and Regulatory Guide 10.1, please find attached a copy of the subject Licensee Event Report. (Total of 3 copies transmitted)

Very truly yours,

lerr L. A ammone

Ellery C. Hammond Chief Engineer Duane Arnold Energy Center

Docket 50-331

attachment

ELH/DLW/mg

Director, Office of Inspection and Enforcement (30) ee: U. S. Nuclear Regulatory Commission Washington, D.C. 20555

Director, Management Information and Program Control (3) U. S. Nuclear Regulatory Commission Washington, D.C. 20555

JUN 1 3 1977

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· .	LICENSEE E	VENT REPOR	Т	
			(PLEASE PRINT ALL RE	QUIRED INFORMATION]
LICENSEE NAME 7 8 9 - 14 15	6 LICENSE NUMBE 0 0 0 0 0 0		LICENSE TYPE 4 1 1 1 1 1 26 30	EVENT TYPE 0 3 31 32
CATEGORY REPORT REPORT TYPE SOURCE TYPE L L TYPE SOURCE TYPE SOURCE L L L L CATEGORY TYPE SOURCE TYPE			<u>i l i l i l i l i l</u> l	REPORT DATE 0 6 1 0 7 7 5 BO
EVENT DESCRIPTION	rol rod scram time	testing after	a refuel outage,	1
7 8 9 03 personnel performing	the test failed to	identify unsa	tisfactory test	80
	f the test results	also did not	identify the pro	80
05 blem prior to exceedi	ng 40% Rx power.	Unsatisfactory	test results due	80
7 8 9 06 to computer problem. 7 8 9	Scram times were		n specification.	
SYSTEM COOE CAUSE CODE COMPC 07 Z Z A Z Z 7 8 9 10 11 12	DIVENT CODE SUPPLIE ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	ENT COMPONEN		80
CAUSE DESCRIPTION				1
7 8 9 09				80
				80
7 8 9 FACILITY STATUS % POWER 11 F $0207 8 97 8 910 12 1$	OTHER STATUS NA 3 44		DISCOVERY DESC	RIPTION 80
7 8 9 10 11 PERSONNEL EXPOSURES	MOUNT OF ACTIVITY NA 44	45	LOCATION OF REI NA	LEASE 80
NUMBER TYPE DESCRIPT 13 0 0 Z [7 8 9 11 12 13	ion NA			
PERSONNEL INJURIES			· .	80
14 0 00 L 7 8 9 11 12	NA			80
OFFSITE CONSEQUENCES	NA			
LOSS OR DAMAGE TO FACILITY TYPE DESCRIPTION 16 Z 7 8 9 10	NA			80
	NA .			80
7 8 9				80
ADDITIONAL FACTORS	- All personnel in	nvolved will be	e reinstructed.	1
7 8 9 [19] Scram time testing was	s also reperformed.	. (RO 77-44)		80
7 8 9 NAME:	D. Wilson	- <u></u>	PHONE: 319-851-50	80
	······································	· · · · · · · · · · · · · · · · · · ·	. PHONE:	GPO 881.667

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