



LICENSEE EVENT REPORT (LER)

(See Page 3 for required number of digits/characters for each block)
(See NUREG-1022, R.3 for instruction and guidance for completing this form
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1. Facility Name		2. Docket Number 05000	3. Page 1 OF
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4. Title

5. Event Date			6. LER Number			7. Report Date			8. Other Facilities Involved	
Month	Day	Year	Year	Sequential Number	Revision No.	Month	Day	Year	Facility Name	Docket Number
				-	-					05000
									Facility Name	Docket Number
										05000

9. Operating Mode	10. Power Level
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11. This Report is Submitted Pursuant to the Requirements of 10 CFR §: (Check all that apply)

<input type="checkbox"/> 10 CFR Part 20	<input type="checkbox"/> 20.2203(a)(2)(vi)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 50.73(a)(2)(x)
<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 10 CFR Part 73
<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.69(g)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> 73.71(a)(4)
<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(C)	<input type="checkbox"/> 73.71(a)(5)
<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 10 CFR Part 21	<input type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(v)(D)	<input type="checkbox"/> 73.77(a)(1)(i)
<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 21.2(c)	<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(vii)	<input type="checkbox"/> 73.77(a)(2)(i)
<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 10 CFR Part 50	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	<input type="checkbox"/> 73.77(a)(2)(ii)
<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	
<input type="checkbox"/> 20.2203(a)(2)(v)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)	

OTHER (Specify here, in abstract, or NRC 366A).

12. Licensee Contact for this LER

Licensee Contact	Phone Number (Include area code)
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13. Complete One Line for each Component Failure Described in this Report

Cause	System	Component	Manufacturer	Reportable to IRIS	Cause	System	Component	Manufacturer	Reportable to IRIS

14. Supplemental Report Expected		15. Expected Submission Date		
<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, complete 15. Expected Submission Date)	Month	Day	Year

16. Abstract (Limit to 1560 spaces, i.e., approximately 15 single-spaced typewritten lines)

**REQUIRED NUMBER OF DIGITS/CHARACTERS
FOR EACH BLOCK**

BLOCK NUMBER	NUMBER OF DIGITS/CHARACTERS	TITLE
1	UP TO 127 / 2 LINES	FACILITY NAME
2	10 TOTAL 5 IN ADDITION TO 05000	DOCKET NUMBER
3	VARIES	PAGE NUMBER
4	UP TO 230 / 2 LINES	TITLE
5	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	EVENT DATE
6	9 TOTAL 4 FOR YEAR 3 FOR SEQUENTIAL NUMBER 2 FOR REVISIONS NUMBER	LER NUMBER
7	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	REPORT DATE
8	UP TO 29 -- FACILITY NAME 10 TOTAL -- DOCKET NUMBER 5 IN ADDITION TO 05000	OTHER FACILITIES INVOLVED
9	1	OPERATING MODE
10	3	POWER LEVEL
11	VARIES CHECK ALL BOXES THAT APPLY	REQUIREMENTS OF 10 CFR
12	UP TO 90 FOR NAME 10 FOR TELEPHONE	LICENSEE CONTACT
13	CAUSE VARIES (UP TO 8) 2 FOR SYSTEM (UP TO 8) 4 FOR COMPONENT (UP TO 8) 4 FOR MANUFACTURER (UP TO 8) IRIS VARIES (UP TO 10)	EACH COMPONENT FAILURE
14	1 CHECK BOX THAT APPLIES	SUPPLEMENTAL REPORT EXPECTED
15	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	EXPECTED SUBMISSION DATE
16	1560 SPACES OR 15 LINES OF TYPING	ABSTRACT