

LICENSEE EVENT REPORT

CONTROL BLOCK: _____ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 CASOSL 00-000000-00 41111 5

CON'T REPORT SOURCE L 05000206 7051580 8052980 9

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)
02 While conducting visual examinations of the Feedwater System supports per I. E.
03 Bulletin 79-13 during a Refueling Outage, three deficient supports were identified.
04 There was no effect on public health or safety.

09 SYSTEM CODE CH 11 CAUSE CODE E 12 CAUSE SUBCODE B 13 COMPONENT CODE SUPORT 14 COMP. SUBCODE A 15 VALVE SUBCODE Z 16
17 LER/RO REPORT NUMBER 80 21 EVENT YEAR 80 22 SEQUENTIAL REPORT NO. 021 24 OCCURRENCE CODE 01 28 REPORT TYPE T 30 REVISION NO. 0 32
ACTION TAKEN B 18 FUTURE ACTION Z 19 EFFECT ON PLANT Z 20 SHUTDOWN METHOD Z 21 HOURS 0000 22 ATTACHMENT SUBMITTED N 23 NPRD-4 FORM SUB. N 24 PRIME COMP. SUPPLIER A 25 COMPONENT MANUFACTURER 1207 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)
10 As a result of an external force (possibly a water hammer) a rod hanger clamp was
11 broken and a guide was deformed. As a result of vibration a nut on a rod hanger
12 came loose. The two damaged supports will be repaired/replaced and the nut on the
13 other hanger will be fixed such that it cannot come loose.

15 FACILITY STATUS H 28 % POWER 000 29 OTHER STATUS N.A. 30 METHOD OF DISCOVERY C 31 DISCOVERY DESCRIPTION Visual Examination 32

16 ACTIVITY CONTENT Z 33 RELEASED OF RELEASE Z 34 AMOUNT OF ACTIVITY N.A. 35 LOCATION OF RELEASE N.A. 36

17 PERSONNEL EXPOSURES 000 37 Z 38 DESCRIPTION N.A. 39

18 PERSONNEL INJURIES 000 40 DESCRIPTION N.A. 41

19 LOSS OF OR DAMAGE TO FACILITY Z 42 DESCRIPTION N.A. 43

20 PUBLICITY ISSUED Z 44 DESCRIPTION N.A. 45

8006030 517 J. M. Curran NAME OF PREPARER PHONE: (714) 492-7700