

LICENSEE EVENT REPORT

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

0	1	I	L	D	R	S	2	0	0	-	0	0	0	0	0	0	0	0	0	3	4	1	1	1	1	4	5
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
LICENSEE CODE		LICENSE NUMBER										LICENSE TYPE					CAT 58										

0	1	L	0	5	0	0	0	2	3	7	1	1	1	3	8	0	1	2	0	5	8	0	9			
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
REPORT SOURCE		DOCKET NUMBER										EVENT DATE					REPORT DATE									

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES

0 2 During the monthly surveillance testing of the condenser low vacuum switches, pressure

0 3 switch 2-503D was found to have a trip point of 22.85 inches Hg. This is below the

0 4 Tech Spec (Table 3.1.1) limit of greater than or equal to 23 in. Hg. This event was

0 5 of minimal safety significance since the other three vacuum switches were capable of

0 6 performing their required safety function. This is the first occurrence of this type

0 7 at Dresden.

0	9	I	A	E	G	I	N	S	T	R	U	E	Z	
7	8	9	10	11	12	13	14	15	16	17	18	19	20	
SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE					COMP. SUBCODE		VALVE SUBCODE	

17	8	0	0	4	3	0	3	L	0		
7	8	9	10	11	12	13	14	15	16		
LER/RO REPORT NUMBER		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS

1 0 This event can be attributed to instrument drift. Pressure switch 2-503D was reset to

1 1 trip at 23.75 inches Hg. vacuum. The test was repeated three times to prove operabili-

1 2 ty. This surveillance will continue to be performed monthly. No further action

1 3 required.

1	5	E	0	4	7	N/A	B	Monthly Surveillance			
7	8	9	10	11	12	13	14	15			
FACILITY STATUS		% POWER		OTHER STATUS			METHOD OF DISCOVERY		DISCOVERY DESCRIPTION		

1	6	Z	Z	N/A	N/A		
7	8	9	10	11	12		
ACTIVITY CONTENT		RELEASED OF RELEASE		AMOUNT OF ACTIVITY		LOCATION OF RELEASE	

1	7	0	0	0	Z	N/A	
7	8	9	10	11	12	13	
PERSONNEL EXPOSURES		NUMBER		TYPE		DESCRIPTION	

1	8	0	0	0	N/A
7	8	9	10	11	12
PERSONNEL INJURIES		NUMBER		DESCRIPTION	

1	9	Z	N/A		
7	8	9	10		
LOSS OF OR DAMAGE TO FACILITY		TYPE		DESCRIPTION	

2	0	N	N/A
7	8	9	10
PUBLICITY ISSUED		DESCRIPTION	

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