

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 | 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 |

LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 0 | 1 | L | 0 | 5 | 0 | 0 | 0 | 2 | 3 | 7 | 1 | 1 | 0 | 2 | 8 | 0 | 1 | 1 | 1 | 4 | 8 | 0 | | | |
| 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 |

REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES

0 2 During the review of the Unit 2 and Unit 3 Operator's logs and subsequent check with

0 3 Technical Staff personnel revealed that the ultrasonic testing of the scram discharge

0 4 volume was not performed during the 1500-2300 shift. The health and safety of the

0 5 general public was not endangered since the tests performed on the previous shift and

0 6 immediately following the discovery of the deviation showed no water in the scram dis-

0 7 charge volume. This was the first occurrence of this type at Dresden.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 0 | 9 | R | B | A | X | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z | 0 | 3 | L | Z | 9 | 9 | 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 |

SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

| | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|
| 17 | 8 | 0 | 0 | 4 | 2 | 0 | 3 | L | 0 | | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |

LER/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

| | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| H | Z | Z | Z | 0 | 0 | 0 | 0 | N | N | Z | Z | 9 | 9 | 9 |
| 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 |

ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPRD-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS

1 0 The individual responsible for performing the ultrasonic test failed to check the

1 1 November schedule before the weekend and consequently missed the test. The Quality

1 2 Control Supervisor has issued a memo instructing the Shift Engineering Assistant to

1 3 contact the responsible individual if he has not reported within one half hour of the

1 4 time scheduled for the test. No further action is required.

| | | | | | | | | |
|---|---|---|----|----|----|----|----|-------------------------|
| 1 | 5 | E | 0 | 5 | 4 | NA | A | Review of Unit Log Book |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

| | | | | | | |
|---|---|---|----|----|----|----|
| 1 | 6 | Z | Z | NA | NA | NA |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |

ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

| | | | | | | |
|---|---|---|----|----|----|----|
| 1 | 7 | 0 | 0 | 0 | Z | NA |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |

PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

| | | | | | |
|---|---|---|----|----|----|
| 1 | 8 | 0 | 0 | 0 | NA |
| 7 | 8 | 9 | 10 | 11 | 12 |

PERSONNEL INJURIES NUMBER DESCRIPTION

| | | | |
|---|---|---|----|
| 1 | 9 | Z | NA |
| 7 | 8 | 9 | 10 |

LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

| | | | |
|---|---|---|----|
| 2 | 0 | N | NA |
| 7 | 8 | 9 | 10 |

PUBLICITY ISSUED DESCRIPTION

NRC USE ONLY

8011250539

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