

LICENSEE EVENT REPORT

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

01	M	I	D	C	C	1	2	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			

01	L	6	0	5	0	0	0	3	1	5	7	1	1	2	8	7	8	6	8	1	2	2	0	7	8	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
CON'T		REPORT SOURCE					DOCKET NUMBER					EVENT DATE					REPORT DATE									

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | During normal operation, Aux Feed throttle from MDAFP to #3 S/G position indication was

03 | intermittent. Valve would not close electrically. Valve was declared inoperable

04 | constituting an inoperable flow path required by T.S. 3.7.1.2 Repairs were completed

05 | within the required time limit. The health and safety of the public were not jeo-

06 | pardized. A similiar occurence was reported on LER 78-018/03L-0 Docket No. 050-0315.

07 | _____

08 | _____

09	C	H	11	E	12	A	13	V	A	L	V	O	P	14	A	15	Z	16	17	7	8	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47					
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	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
LER/RO REPORT NUMBER		EVENT YEAR		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE							COMP. SUBCODE		VALVE SUBCODE		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.		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 (27)

10 | Failure of the operator was the result of a broken lead between terminal #43 and #57

11 | on the Aux. switch of the limitorque SMB-0-25 operator. The wire was replaced. No

12 | cause for the break could be determined. No similar faults were detected in the

13 | wiring and all similar valves were functioning properly. No further action is

14 | planned.

15	E	28	0	9	0	29	NA	30	A	31	Operator Observation	32
7	8	9	10	11	12	13	14	15	16	17	18	19
FACILITY STATUS		% POWER		OTHER STATUS		METHOD OF DISCOVERY						DISCOVERY DESCRIPTION

16	Z	33	Z	34	NA	35	NA	36
7	8	9	10	11	12	13	14	15
ACTIVITY CONTENT RELEASED OF RELEASE		AMOUNT OF ACTIVITY		LOCATION OF RELEASE				

17	0	0	0	37	Z	38	NA	39
7	8	9	10	11	12	13	14	15
PERSONNEL EXPOSURES NUMBER		TYPE		DESCRIPTION				

18	0	0	0	40	NA	41
7	8	9	10	11	12	13
PERSONNEL INJURIES NUMBER		DESCRIPTION				

19	Z	42	NA	43
7	8	9	10	11
LOSS OF OR DAMAGE TO FACILITY TYPE		DESCRIPTION		

20	N	44	NA	45
7	8	9	10	11
PUBLICITY ISSUED		DESCRIPTION		



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Faint, illegible markings or text.

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