

LICENSEE EVENT REPORT

CONTROL BLOCK:

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 M I D C C 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 3 4 1 1 1 1 4 5
7 8 9 14 15 25 26 30 57 CAT 58

CON'T

0 1 REPORT SOURCE L 6 0 5 0 0 0 3 1 5 7 0 3 0 8 7 9 8 0 6 0 4 7 9 9
7 8 60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 ON 5-4-79 IT WAS DISCOVERED THAT THE MONTHLY FUNCTIONAL TESTS FOR THE CONTAINMENT
0 3 AREA MONITOR (R-2), CONTAINMENT ATMOSPHERE-PARTICULATE (R-11) AND THE CONTAINMENT
0 4 ATMOSPHERE-GASEOUS (R-12) MONITORS WERE NOT PERFORMED ON 3-8-79 AS REQUIRED BY
0 5 T.S. TABLE 4.3-2 ITEM 3c2, TABLE 4.3-3 ITEMS 1b,2a AND 2b AND PARAGRAPH 4.4.6.1.a.
0 6
0 7
0 8

0 9 SYSTEM CODE I B 11 CAUSE CODE A 12 CAUSE SUBCODE B 13 COMPONENT CODE Z Z Z Z Z Z 14 COMP. SUBCODE Z 15 VALVE SUBCODE Z 16
7 8 9 10 11 12 13 18 19 20
17 LER/RO REPORT NUMBER 7 9 21 22 EVENT YEAR 0 3 3 24 26 SEQUENTIAL REPORT NO. 0 3 28 29 OCCURRENCE CODE 0 3 30 31 REPORT TYPE 0 32 REVISION NO. 0
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPR-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER
X 18 X 19 Z 20 Z 21 0 0 0 22 N 23 N 24 N 25 Z Z Z Z 26
33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 UPON INVESTIGATION IT WAS FOUND THAT THE TESTS HAD BEEN PRESCHEDULED FOR PERFORMANCE
1 1 ON THE CORRECT DATE BUT, HOWEVER, WERE NOT COMPLETED DUE TO A DAILY ASSIGNMENT
1 2 ERROR ON THE PART OF THE RESPONSIBLE SUPERVISOR. A REVIEW OF THE AFFECTED SECTIONS
1 3 SURVEILLANCE SCHEDULING MECHANISM WAS PERFORMED WHICH WAS DETERMINED TO BE
1 4 ADEQUATE AND NOT THE CAUSE OF THIS OCCURRENCE. (SEE SUPPLEMENT)

1 5 FACILITY STATUS E 28 % POWER 1 0 0 29 OTHER STATUS NA 30 METHOD OF DISCOVERY C 31 NON ROUTINE INSPECTION 32
7 8 9 10 12 13 44 45 46 80
1 6 ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY NA 35 LOCATION OF RELEASE NA 36
7 8 9 10 11 44 45 80
1 7 PERSONNEL EXPOSURES NUMBER 0 0 0 37 TYPE Z 38 DESCRIPTION NA 39
7 8 9 11 12 13 80
1 8 PERSONNEL INJURIES NUMBER 0 0 0 40 DESCRIPTION NA 41
7 8 9 11 12 80
1 9 LOSS OF OR DAMAGE TO FACILITY TYPE Z 42 DESCRIPTION NA 43
7 8 9 10 80
PUBLCITY ISSUED N 44 DESCRIPTION NA 45
7 8 9 10 80

NAME OF PREPARER T. P. Beilman

NRC USE ONLY
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PHONE:

ATTACHMENT TO LER # 79-033/03L-0

SUPPLEMENT TO CAUSE DESCRIPTION

TO PREVENT RECURRENCE, SUPERVISORY RESPONSIBILITIES CONCERNING
SURVEILLANCE TEST SCHEDULING, PERFORMANCE AND COMPLETION WERE
DISCUSSED WITH ALL APPLICABLE DEPARTMENTAL PERSONNEL.