

CENSEE 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 3 | 4 1 1 1 1 | 4 | 5  
7 8 9 14 15 25 26 30 57 58  
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

CON'T  
0 1 | REPORT SOURCE | L | 6 0 5 0 0 0 3 1 5 | 7 1 0 1 2 7 9 | 8 1 1 0 7 7 9 | 9  
7 8 60 61 68 69 74 75 80  
DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | LOOP 3 CHANNEL 4 STEAM GENERATOR LEVEL FAILED AS EVIDENCED BY A  
0 3 | DRIFTING AND LOSS OF LEVEL INDICATION. THIS CONDITION WAS NON  
0 4 | CONSERVATIVE WITH RESPECT TO T.S. TABLE 3.3-1 ITEMS 14 AND 15 AND  
0 5 | TABLE 3.3-3 ITEM 5a.  
0 6 |  
0 7 |  
0 8 |

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

17 | LER/RO REPORT NUMBER | 7 9 | 21 22 | EVENT YEAR | 7 9 | 21 22 | SEQUENTIAL REPORT NO. | 0 5 3 | 24 26 | OCCURRENCE CODE | 0 3 | 28 29 | REPORT TYPE | L | 30 | REVISION NO. | 0 | 32  
21 22 23 24 26 27 28 29 30 31 32  
EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

ACTION TAKEN | C | 18 | D | 19 | 33 34 | FUTURE ACTION | D | 19 | 34 | EFFECT ON PLANT | Z | 20 | 35 | SHUTDOWN METHOD | Z | 21 | 36 | HOURS | 0 0 0 0 | 37 40 | ATTACHMENT SUBMITTED | N | 23 | 41 | NPRD-4 FORM SUB. | Y | 24 | 42 | PRIME COMP. SUPPLIER | N | 25 | 43 | COMPONENT MANUFACTURER | W 1 2 0 | 26 44 47  
33 34 35 36 37 40 41 42 43 44 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 (27)

1 0 | THE CAUSE OF THE FAILURE WAS FOUND TO BE A FAULTY CONTAINMENT CABLE  
1 1 | PENETRATION. THE PENETRATION FEED THROUGH WAS SWITCHED TO A SPARE  
1 2 | PENETRATION AND THE NEW FEED THROUGH CHECKED FOR OPERABILITY.  
1 3 | THE ACTION ITEM REQUIREMENTS OF TABLE 3.3-1 FOR ITEMS 14 AND 15  
1 4 | AND TABLE 3.3-3 ITEM 5a WERE FULFILLED.

1 5 | FACILITY STATUS | E | 28 | 7 8 9 | % POWER | 1 0 0 | 29 | 10 12 13 | OTHER STATUS | NA | 30 | 44 | METHOD OF DISCOVERY | B | 31 | 45 46 | DISCOVERY DESCRIPTION | ROUTINE OPERATOR READINGS | 32 | 80  
7 8 9 10 12 13 44 45 46 80  
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

1 6 | ACTIVITY RELEASED | Z | 33 | 7 8 9 | CONTENT OF RELEASE | Z | 34 | 10 11 | AMOUNT OF ACTIVITY | NA | 35 | 44 | LOCATION OF RELEASE | NA | 36 | 45 80  
7 8 9 10 11 44 45 80  
ACTIVITY RELEASED CONTENT OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

1 7 | PERSONNEL EXPOSURES NUMBER | 0 0 0 | 37 | 7 8 9 | TYPE | Z | 38 | 10 11 | DESCRIPTION | NA | 39 | 12 13 80  
7 8 9 10 11 12 13 80  
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

1 8 | PERSONNEL INJURIES NUMBER | 0 0 0 | 40 | 7 8 9 | DESCRIPTION | NA | 41 | 10 11 80  
7 8 9 10 11 80  
PERSONNEL INJURIES NUMBER DESCRIPTION

1 9 | LOSS OF OR DAMAGE TO FACILITY TYPE | Z | 42 | 7 8 9 | DESCRIPTION | NA | 43 | 10 11 80  
7 8 9 10 11 80  
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

2 0 | PUBLICITY ISSUED | N | 44 | 7 8 9 | DESCRIPTION | NA | 45 | 10 11 80  
7 8 9 10 11 80  
PUBLICITY ISSUED DESCRIPTION

79 11140344

NAME OF PREPARER S. D. DeLong

PHONE: 616-465-5901

