

# LICENSEE EVENT REPORT

CONTROL BLOCK:            (1)

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 | N | J | S | G | S | 2 | 2 | 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  
01 | REPORT SOURCE L | 6 | 0 | 5 | 0 | 0 | 0 | 3 | 1 | 1 | 7 | 0 | 7 | 1 | 5 | 8 | 0 | 8 | 0 | 8 | 1 | 2 | 8 | 0 | 9  
7 8 60 61 68 69 74 75 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  
02 | During routine operations, it was determined that Pressurizer Pressure Channel III  
03 | would not respond to pressure changes within the system. Action Statement 3.3.2.1  
04 | was entered at 1545 hours and the appropriate bistables were tripped (Docket 50-272,  
05 | #80-15).  
06 |  
07 |  
08 |

09 | SYSTEM CODE I | E | (11) | CAUSE CODE E | (12) | CAUSE SUBCODE G | (13) | COMPONENT CODE I | N | S | T | R | U | (14) | COMP. SUBCODE C | (15) | VALVE SUBCODE Z | (16)  
7 8 9 10 11 12 13 18 19 20  
17 | LER/RO REPORT NUMBER 8 | 0 | EVENT YEAR 8 | 0 | SEQUENTIAL REPORT NO. 0 | 1 | 5 | OCCURRENCE CODE 0 | 3 | REPORT TYPE L | REVISION NO. 0  
21 22 23 24 26 27 28 29 30 31 32  
A | (18) | Z | (19) | Z | (20) | Z | (21) | 0 | 0 | 0 | 0 | HOURS (22) | Y | (23) | Y | (24) | L | (25) | H | 0 | 2 | 1 | (26)  
33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  
10 | Investigation revealed the controller was not functioning properly and was  
11 | replaced. The controller was tested satisfactorily and the Action Statement  
12 | terminated at 2015 hours.  
13 |  
14 |

15 | FACILITY STATUS B | (28) | % POWER 0 | 0 | 0 | (29) | OTHER STATUS NA | (30) | METHOD OF DISCOVERY A | (31) | DISCOVERY DESCRIPTION No Response | (32)  
7 8 9 10 12 13 44 45 46 80

16 | ACTIVITY CONTENT Z | (33) | Z | (34) | AMOUNT OF ACTIVITY NA | (35) | LOCATION OF RELEASE NA | (36)  
7 8 9 10 11 44 45 80

17 | PERSONNEL EXPOSURES NUMBER 0 | 0 | (37) | TYPE Z | (38) | DESCRIPTION NA | (39)  
7 8 9 11 12 13 80

18 | PERSONNEL INJURIES NUMBER 0 | 0 | (40) | DESCRIPTION NA | (41)  
7 8 9 11 12 80

19 | LOSS OF OR DAMAGE TO FACILITY TYPE Z | (42) | DESCRIPTION NA | (43)  
7 8 9 10 80

20 | ISSUED DESCRIPTION N | (44) | PUBLICITY            | (45) | NRC USE ONLY  
7 8 9 10 68 69 80

8008180431

NAME OF PREPARER M.J. Murphy

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