

## NRR-DMPSPeM Resource

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**From:** Lewin, Aron  
**Sent:** Tuesday, March 13, 2018 10:33 AM  
**To:** Simpson, Lisa A.:(GenCo-Nuc)  
**Cc:** Elliott, Robert; Nolan, Catherine  
**Subject:** FW: Exelon Questions Regarding NRC Forms 366 and 366a  
**Attachments:** nrc366 (2-2018).pdf; nrc366a (04-2017).pdf

Hi Lisa,

Caty Nolan has taken over for event reporting matters (the E-mail has been forwarded to her).

Thanks,  
Aron

Aron Lewin  
NRC/NRR/DIRS/IRIB  
301-415-2259

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**From:** Simpson, Lisa A.:(GenCo-Nuc) [mailto:Lisa.Simpson@exeloncorp.com]  
**Sent:** Tuesday, March 13, 2018 10:08 AM  
**To:** Lewin, Aron  
**Subject:** [External\_Sender] Exelon Questions Regarding NRC Forms 366 and 366a

Aron,

Exelon has the following comments/questions regarding the latest revision of NRC FORM 366, "LICENSEE EVENT REPORT (LER)," dated 02-2018 (attached).

- 1) Section 11 lists 10 CFR 50.73(a)(2)(v)(C) twice but omits 50.73(a)(2)(v)(D).
- 2) Section 11 lists 10 CFR 73.77(a)(2)(ii) and 73.77(a)(2)(iii) but no longer lists 73.77(a)(2)(i), which was listed in the previous revision (04-2017). Was this intentional? Should all three be listed?
- 3) The "Other" category of Section 11 appears to be missing the end parenthesis.
- 4) We'd like to verify that the continuation sheet (i.e., NRC FORM 366a) was not updated, and the current revision is dated 04-2017.

If you are not the right person to address these comments/questions, could you forward these to the correct individual?

Thank you for your time and attention.

Lisa A. Simpson  
Exelon Corporate Licensing  
630-657-2815  
[lisa.simpson@exeloncorp.com](mailto:lisa.simpson@exeloncorp.com)

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**Hearing Identifier:** NRR\_DMPS  
**Email Number:** 302

**Mail Envelope Properties** (SN6PR09MB287733E1204FBE889C6F432F90D20)

**Subject:** FW: Exelon Questions Regarding NRC Forms 366 and 366a  
**Sent Date:** 3/13/2018 10:33:22 AM  
**Received Date:** 3/13/2018 10:32:00 AM  
**From:** Lewin, Aron

**Created By:** Aron.Lewin@nrc.gov

**Recipients:**

"Elliott, Robert" <Robert.Elliott@nrc.gov>

Tracking Status: None

"Nolan, Catherine" <Catherine.Nolan@nrc.gov>

Tracking Status: None

"Simpson, Lisa A.:(GenCo-Nuc)" <Lisa.Simpson@exeloncorp.com>

Tracking Status: None

**Post Office:** SN6PR09MB2877.namprd09.prod.outlook.com

<b>Files</b>	<b>Size</b>	<b>Date &amp; Time</b>
MESSAGE	2272	3/13/2018 10:32:00 AM
nrc366 (2-2018).pdf	1615901	
nrc366a (04-2017).pdf	1023349	

**Options**

**Priority:** Standard

**Return Notification:** No

**Reply Requested:** No

**Sensitivity:** Normal

**Expiration Date:**

**Recipients Received:**



# LICENSEE EVENT REPORT (LER)

(See Page 2 for required number of digits/characters for each block)

(See NUREG-1022, R.3 for instruction and guidance for completing this form  
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/>)

Estimated burden per response to comply with this mandatory collection request: 80 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the Information Services Branch (T-2 F43), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to [Infocollects.Resource@nrc.gov](mailto:Infocollects.Resource@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

<b>1. Facility Name</b>	<b>2. Docket Number</b>  <b>05000</b>	<b>3. Page</b>  <b>1 OF</b>
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**4. Title**

5. Event Date			6. LER Number			7. Report Date			8. Other Facilities Involved	
Month	Day	Year	Year	Sequential Number	Rev No.	Month	Day	Year	Facility Name	Docket Number
			-	-						<b>05000</b>
									Facility Name	Docket Number
										<b>05000</b>

9. Operating Mode	11. This Report is Submitted Pursuant to the Requirements of 10 CFR §: (Check all that apply)											
	<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)								
	<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)								
	<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)								
	<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 50.73(a)(2)(x)								
10. Power Level	<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 73.71(a)(4)								
	<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> 73.71(a)(5)								
	<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(C)	<input type="checkbox"/> 73.77(a)(1)								
	<input type="checkbox"/> 20.2203(a)(2)(v)	<input type="checkbox"/> 50.73(a)(2)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(C)	<input type="checkbox"/> 73.77(a)(2)(ii)								
	<input type="checkbox"/> 20.2203(a)(2)(vi)	<input type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(vii)	<input type="checkbox"/> 73.77(a)(2)(iii)								
		<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> Other (Specify in Abstract below or in NRC Form 366A									

**12. Licensee Contact for this LER**

<b>Licensee Contact</b>	<b>Telephone Number (Include Area Code)</b>
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**13. Complete One Line for each Component Failure Described in this Report**

Cause	System	Component	Manufacturer	Reportable to ICES	Cause	System	Component	Manufacturer	Reportable to ICES								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">14. Supplemental Report Expected</th> <th colspan="3">15. Expected Submission Date</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Yes (If yes, complete 15. Expected Submission Date)                             <input type="checkbox"/> No                         </td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table>										14. Supplemental Report Expected	15. Expected Submission Date			<input type="checkbox"/> Yes (If yes, complete 15. Expected Submission Date) <input type="checkbox"/> No			
14. Supplemental Report Expected	15. Expected Submission Date																
<input type="checkbox"/> Yes (If yes, complete 15. Expected Submission Date) <input type="checkbox"/> No																	

**Abstract (Limit to 1400 spaces, i.e., approximately 14 single-spaced typewritten lines)**

**LICENSEE EVENT REPORT (LER) (Continued)**

**REQUIRED NUMBER OF DIGITS/CHARACTERS  
FOR EACH BLOCK**

<b>BLOCK NUMBER</b>	<b>NUMBER OF DIGITS/CHARACTERS</b>	<b>TITLE</b>
1	UP TO 120 / 2 LINES	FACILITY NAME
2	8 TOTAL 3 IN ADDITION TO 05000	DOCKET NUMBER
3	VARIES	PAGE NUMBER
4	UP TO 230 / 2 LINES	TITLE
5	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	EVENT DATE
6	9 TOTAL 4 FOR YEAR 3 FOR SEQUENTIAL NUMBER 2 FOR REVISIONS NUMBER	LER NUMBER
7	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	REPORT DATE
8	UP TO 37 -- FACILITY NAME 8 TOTAL -- DOCKET NUMBER 3 IN ADDITION TO 05000	OTHER FACILITIES INVOLVED
9	1	OPERATING MODE
10	3	POWER LEVEL
11	VARIES CHECK ALL BOXES THAT APPLY	REQUIREMENTS OF 10 CFR
12	UP TO 100 FOR NAME 10 FOR TELEPHONE	LICENSEE CONTACT
13	CAUSE VARIES (UP TO 10) 2 FOR SYSTEM (UP TO 10) 4 FOR COMPONENT (UP TO 10) 4 FOR MANUFACTURER (UP TO 10) ICES VARIES (UP TO 10)	EACH COMPONENT FAILURE
14	1 CHECK BOX THAT APPLIES	SUPPLEMENTAL REPORT EXPECTED
15	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	EXPECTED SUBMISSION DATE
16	1400 OR 14 LINES OF TYPING	ABSTRACT



# LICENSEE EVENT REPORT (LER) CONTINUATION SHEET

(See NUREG-1022, R.3 for instruction and guidance for completing this form  
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/>)

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<b>1. FACILITY NAME</b>  	<b>2. DOCKET NUMBER</b>  05000-	<b>3. LER NUMBER</b>		
		<b>YEAR</b>  	<b>SEQUENTIAL NUMBER</b>  	<b>REV NO.</b>  

**NARRATIVE**