## LICENSEE EVENT REPORT

(1-11) #

OENTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)
0 1 P A T 1 2 2 0 0 - 0 0 0 0 - 0 0 3 4 1 1 1 1 1 6 57 CAT 56
CON'T    0   1   8   FEPORT     1   6   0   5   0   0   0   3   2   0   7   0   2   1   7   7   9   8   0   3   1   6   7   9   9     7   8   SOURCE   60   61   DOCKET NUMBER   68   69   EVENT DATE   74   75   REPORT DATE   80
EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  [0 2   While operating Diesel Generator DF-X-IB with the Unit in Mode 1, on 02-17-79
and 02-21-79, Diesel Generator output power commenced fluctuating until reverse
power caused it to trip. DF-X-1B was restarted immediately following both
O[5] occurrences and s essfully loaded to 3MW for one hour, thereby, confirming
o 6 operability and negating the need for performing Tech Spec 3.8.1.1 Action a.
Since both offsite circuits and the redundant diesel generator were operable,
this event did not affect the health and safety of the public.
SYSTEM CAUSE CODE SUBCODE COMPONENT CODE SUBCODE SUBCO
SEQUENTIAL REPORT TYPE NO.  O   1   1   O   3   L   O   O    NUMBER   21   22   23   24   26   27   28   29   30   31   32
ACTION FUTURE ON PLANT METHOD HOURS 22 ATTACHMENT FORM SUB PRIME COMP. COMPONENT MANUFACTURER    X   18   X   19   Z   20   Z   21   10   0   0   0   N   23   N   24   A   25   F   0   1   0   2     33   34   35   36   36   37   40   41   23   42   43   44   47
CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  Thorough visual inspections failed to reveal a definite cause. Suspect wiring
connections to the governor actuator were tightened and voltage readings were
taken to insure operability of the governor. The actuator oil was subsequently
changed as an additional corrective measure. These connections, the probable
cause of this event, will be periodically inspected.
FACILITY STATUS 30 METHOD OF DISCOVERY DESCRIPTION 32  1 5 E 28 0 9 1 29 NA B 31 During surveillance
RELEASED OF RELEASE AMOUNT OF ACTIVITY 35 NA NA NA
7 8 9 10 11 44 45 80 PERSONNEL EXPOSURES 200
17 0 0 0 37 Z 38 NA
PERSONNEL INJURIES NUMBER DESCRIPTION 41 NA
LOSS OF OR DAMAGE TO FACILITY 43  LOSS OF OR DAMAGE TO FACILITY 43  NA  NA
7 8 9 10 632 0 219
SSUED DESCRIPTION (45)  Weekly News Release
7 8 9 10 68 69 80 5 NAME OF PREPARER James R. Stair PHONE: (215) 921-6577