LICENSEE EVENT REPORT 10) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION) CONTROL BLOCK:
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1 CAT 58 (5) REPORT LOOSIO 0 0 3 2 1 7 1 1 2 7 7 9 8 1 2 1 1 7 9 9 1 SOURCE EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10) While performing surveillance procedure HNP-1-3882, H2 and O2 Analyzer Instrument 2 Calibration, during steady state power operations, technicians found the oxygen 3 analyzers on P33-P001A and B out of tolerance. For an expected 5% oxygen concentra-4 tion, P33-P001A indicated 3% and P33-P001B indicated 2.5% oxygen. There was no 5 affect on the environs. This is a non-repetitive event. 6 7 8 SYSTEM CODE SUBCODE COMP VALVE COMPONENT CODE SUECDOS E (13) X 1 15 (12) INSTRU(14 Z (16) 9 S A (11) E OCCURRENCE REVISION SEQUENTIAL REPORT NO. REPO T CODE NO. EVENT YEAR TYP LER/RO 7 9 0 9 6 03 REPORT L NUMBER 32 NPRD-4 FORM SUB SUPPLIER COMPONENT ATTACHMENT SUBMITTED METHOD EFFECT ON PLANT TAKEN ACTION HOURS (22) MANUFACTURER 0000 X 9 9 9 Z (20) Z (21) Y (23) N (24) N (25) E (18) Z (19) CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27) 0 The cause of the occurrence has been attributed to instrument drift. The analyzers [1] | were re-calibrated and sucessfully tested. 2 3 4 METHOD OF DISCOVERY OTHER STATUS 30 FACILITY DISCLARY DESCRIPTION (32) % POWER B (31) Surveillance Terring 0 9 8 (29) NA E (28 15 80 ACTIVITY CONTENT LOCATON OF RELEASE (36) AMOUNT OF ACTIVITY (35) OF RELEASE NA NA 6 80 11 PERSONNEL EXPOSURES DESCRIPTION (39) NUMBER 7 0 0 0 NA PERSONNEL INJURIES 1592 298 DESCRIPTION (41) NUMBER NA 8 0 0 0 (40) 80 LOSS OF OR DAMAGE TO FACILITY (43) DESCRIPTION NA PUBLICITY NRC USE ONLY DESCRIPTION (45) NA N (44 0 69 12-367-7781 R. T. Nix PHONE -NAME OF PREPARER. 7912170

NARRATIVE REPORT

Georgia Power Company Plant E. I. Hatch Baxley, Georgia 31513

Reportable Occurrence Report No. 50-321/1979-096

While performing surveillance procedure HNP-1-3882, H_2 and O_2 Analyzer Instrument Calibration, during steady state power operation at 98% power, technicians found the oxygen analyzers on panel P33-P001A and B out of tolerance. For an expected 5% oxygen concentration "A" indicated 3% and "B" indicated 2.5% oxygen. There was no affect on the environs. This is a non-repetitive event. The cause of the occurrence has been attributed to instrument drift. The analyzers were re-calibrated and successfully retested. This problem is only applicable to Unit 1 because a different analyzer is utilized for the Unit 2 drywell/torus H_2 and O_2 analyzer. The analyzers are not utilized on any other safety related system on either unit.

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