LICENSEE EVENT REPORT

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	CONTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)
0 1 7 8	M E M Y P 1 2 0 0 - 0 0 0 0 - 0 0 3 4 1 1 1 1 1 6 57 CAT 58
CON'T	REPORT L 6 0 5 0 0 0 3 0 9 7 0 7 1 2 7 9 8 0 7 2 4 7 9 9 SOURCE 60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80
0 2	During routine steady state operation, the operators observed the RPS Ch. A Hi Power
0 3	matrix trip lights illuminate. The pre-trip and trip light boxes did not, however,
0 4	illuminate. All other conditions appeared normal. Because this failure affected only
0 5	one of the 4 operable channels and the required minimum degree of redundancy was
0 6	maintained, there was no effect on the public health or safety.
0 7	
0 8 7 8	9 80
0 9	SYSTEM CAUSE CAUSE SUBCODE COMPONENT CODE SUBCODE SUBC
	LER/RO EVENT YEAR SEQUENTIAL OCCURRENCE REPORT TYPE NO. 17 REPORT NUMBER 21 22 23 24 26 27 28 29 30 31 32
	ACTION FUTURE TAKEN ACTION ON PLANT METHOD HOURS 22 ATTACHMENT FORM SUB. SUPPLIER MANUFACTURER [A 18 2 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
[1]0]	CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27) [An investigation by the I & C Department determined the problem to be a failed 15VDC
	power supply. The unit was replaced in kind and returned to the manufacturer for
	failure analysis. Surveillance testing was performed on the channel to verify its
1 2	
1 3	operability and the channel was then returned to service.
	9
1 5	E 28 0 9 7 29 NA A A 31 Operator Observation
A	CTIVITY CONTENT LOCATION OF RELEASE (36)
7 8	Z (33) Z (34) NA NA NA NA NA NA NA N
1 7	NUMBER TYPE DESCRIPTION (39) 0 0 0 37 Z 38 NA
7 8	PERSONNEL INJURIES 13 NUMBER DESCRIPTION 41
1 8	0 0 0 0 40 NA
1 9	LOSS OF OR DAMAGE TO FACILITY (43) TYPE DESCRIPTION 7908010 567 5
	9 10 PUBLICITY 6
2 0	NA NA
	NAME OF PETER L. Anderson PHONE 207-442-8766