

LICENSEE EVENT REPORT

CONTROL BLOCK: \_\_\_\_\_ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 M E M Y P 1 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 3 1 1 4 5  
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 57 CAT 58

CON'T  
0 1 REPORT SOURCE L 6 0 5 0 0 0 3 0 9 7 0 0 7 2 2 7 9 8 0 7 2 7 7 9 9  
7 8 9 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 1 During routine steady state operations, a spurious trip occurred on 1.40 RPS Ch. D  
0 2 TM/LP circuit. All other channels and indications were normal. The following day,  
0 3 Ch. D ΔT power indication became erratic. An unstable output from a hi select dual  
0 4 amplifier was found to be the cause. Because the failure affected only one of the  
0 5 four operable channels and the minimum degree of redundancy was maintained, there was  
0 6 no affect. on the public health or safety.  
0 7  
0 8

0 9

SYSTEM CODE I A 11 CAUSE CODE E 12 CAUSE SUBCODE G 13 COMPONENT CODE I N S T R U 14 COMP. SUBCODE X 15 VALVE SUBCODE Z 16  
LEP NO REPORT NUMBER 17 7 9 EVENT YEAR 21 22 SHUTDOWN METHOD Z 21 HOURS 22 0 0 0 0 ATTACHMENT SUBMITTED N 23 NPD-4 FORM SUB Y 24 PRIME COMP. SUPPLIER N 25 COMPONENT MANUFACTURER B 1 6 5 26  
ACTION TAKEN A 18 FUTURE ACTION Z 19 EFFECT ON PLANT Z 20 SHUTDOWN METHOD Z 21 HOURS 22 0 0 0 0 ATTACHMENT SUBMITTED N 23 NPD-4 FORM SUB Y 24 PRIME COMP. SUPPLIER N 25 COMPONENT MANUFACTURER B 1 6 5 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 The cause of the failure could not be determined on site and the unit was returned to  
1 1 the manufacturer for failure analysis. A spare unit was installed, surveillance test-  
1 2 ing was performed to verify channel operability, and the channel was returned to  
1 3 service.  
1 4

POOR ORIGINAL

1 5 FACILITY STATUS E 28 % POWER 0 9 7 29 OTHER STATUS NA 30 METHOD OF DISCOVERY A 31 DISCOVERY DESCRIPTION Operator Observation 32

1 6 ACTIVITY CONTENT Z 33 RELEASED OF RELEASE Z 34 AMOUNT OF ACTIVITY NA 35 LOCATION OF RELEASE NA 36

1 7 PERSONNEL EXPOSURES NUMBER 0 0 0 37 TYPE Z 38 DESCRIPTION NA 39

1 8 PERSONNEL INJURIES NUMBER 0 0 0 40 DESCRIPTION NA 41

1 9 LOSS OF OR DAMAGE TO FACILITY TYPE Z 42 DESCRIPTION NA 43

2 0 PUBLICITY ISSUED N 44 DESCRIPTION NA 45

NAME OF PREPARER Peter L. Anderson 580 053 PHONE 207-442-8766