

POOR ORIGINAL

LICENSEE EVENT REPORT

EXHIBIT A

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

0 1 | A | R | A | N | 0 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 | 4 | 1 | 1 | 1 | 4 | 5  
7 8 9 14 15 25 26 30 37 48  
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

0 1 | R | 0 | 5 | 0 | 0 | 0 | 3 | 6 | 8 | 7 | 0 | 1 | 2 | 1 | 7 | 9 | 8 | 0 | 2 | 1 | 0 | 9 | 7 | 9 | 9  
7 8 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80  
CON'T REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

0 2 | During Power Escalation Testing, Mode 1 operation, channel "C" RPS trip  
0 3 | path solid state relay failed, opening reactor trip path circuit  
0 4 | breakers 3 and 7. No consequences as channel was in tripped condition.  
0 5 | No similar occurrences. Reportable per T.S.6.9.1.9(b).  
0 6 |  
0 7 |  
0 8 |

0 9 | I | A | E | E | R | E | L | A | Y | X | S | Z | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47  
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47  
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP NUMBER VALVE SUBCODE  
LEP NO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO OCCURRENCE CODE REPORT TYPE REVISION  
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPHM-4 FORM SUB PRIME COMP SUPPLIER COMPONENT MANUFACTURER

1 0 | The Solid State Relay was replaced and the reactor trip circuit  
1 1 | breakers 3 and 7 were closed within four hours of the failure.  
1 2 | Requirements of Action Statement T.S. Table 3.3-1 #4 were met.  
1 3 |  
1 4 |

1 5 | B | 0 | 1 | 1 | 9 | Pwr. Esc. Test | A | NA | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47  
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47  
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION  
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE  
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION  
PERSONNEL INJURIES NUMBER DESCRIPTION  
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION  
PUBICITY ISSUED DESCRIPTION

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