FORM 366

LICENSEE EVENT REPORT

CONTROL BLOCK: (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

1 | C T M N S 2 (2) | 0 0 - 0 0 0 0 0 - 0 0 (3) | 4 1 1 1 1 (4) | (5)
LICENSEE CODE — LICENSE NUMBER — LICENSE TYPE — CAT

N'T
1 | REPORT SOURCE L (6) | 0 5 0 0 0 3 3 6 (7) | 0 2 2 8 7 9 (8) | 0 3 3 0 7 9 (9)
DOCKET NUMBER — EVENT DATE — REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

2 Following a scheduled surveillance on the control room chlorine detection systems,
3 both systems were declared inoperable when the detectors failed calibration
4 procedures. The control room emergency ventilation system was immediately placed
5 in the recirculation mode of operation in accordance with Technical Specifications
6 Section 3.3.3.6 action statement b. Following recalibration, the detectors were
7 returned to service and control room ventilation restored to normal.
8

9 | SYSTEM CODE I F (11) | CAUSE CODE X (12) | CAUSE SUBCODE Z (13) | COMPONENT CODE Z Z Z Z Z Z (14) | COMP. SUBCODE Z (15) | VALVE SUBCODE Z (16)

(17) LER/RO REPORT NUMBER: EVENT YEAR 7 9 | — | SEQUENTIAL REPORT NO. 0 0 7 | / | OCCURRENCE CODE 0 3 | REPORT TYPE L | — | REVISION NO. 0

ACTION TAKEN E (18) | FUTURE ACTION Z (19) | EFFECT ON PLANT Z (20) | SHUTDOWN METHOD Z (21) | HOURS (22) 0 0 0 0 | ATTACHMENT SUBMITTED N (23) | NPRD-4 FORM SUB. N (24) | PRIME COMP. SUPPLIER Z (25) | COMPONENT MANUFACTURER Z 9 9 9 (26)

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 The detectors were declared out of calibration as a result of using inaccurate
11 calibration gas. Recalibration using new calibration gas restored the detectors
12 to operable status. The cause of the gas inaccuracy is not known at this time and
13 the container has been returned to the vendor for analysis. Results will be
14 included in an update report.

15 | FACILITY STATUS E (28) | % POWER 1 0 0 (29) | OTHER STATUS (30) NA | METHOD OF DISCOVERY B (31) | DISCOVERY DESCRIPTION (32) Operator surveillance

16 | ACTIVITY RELEASED Z (33) | CONTENT OF RELEASE Z (34) | AMOUNT OF ACTIVITY (35) NA | LOCATION OF RELEASE (36) NA

17 | PERSONNEL EXPOSURES NUMBER 0 0 0 (37) | TYPE Z (38) | DESCRIPTION (39) NA

18 | PERSONNEL INJURIES NUMBER 0 0 0 (40) | DESCRIPTION (41) NA

19 | LOSS OF OR DAMAGE TO FACILITY TYPE Z (42) | DESCRIPTION (43) NA

20 | PUBLICITY ISSUED N (44) | DESCRIPTION (45) NA

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NRC USE ONLY

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