

LICENSEE EVENT REPORT

EXHIBIT A

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

[01] ARAN02 [02] 00-00000-00 [03] 41111 [04] [ ] [05] [ ]  
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 31 CAT 58

CON'T [01] REPORT SOURCE [02] 05000368 [03] 021280 [04] 031380 [05] [ ]  
7 8 9 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

[02] During Mode 5 operation it was discovered that the 24 month local leak  
[03] rate surveillance requirements per Tech. Spec. 6.1.2.d had not been  
[04] performed.  
[05] There have been no similar occurrences. Reportable per Tech. Spec. 6.9.1.9.C.

[06] [ ]  
[07] [ ]  
[08] [ ]

[09] SYSTEM CODE [11] CAUSE CODE [12] CAUSE SUBCODE [13] COMPONENT CODE [14] COMP SURCODE [15] VALVE SURCODE  
9 10 11 12 13 14 15 16

[17] LER/RO REPORT NUMBER [18] 810 [19] [ ] [20] SEQUENTIAL REPORT NO [21] 0110 [22] OCCURREN'T CODE [23] 03 [24] REPORT TYPE [25] L [26] REVISION NO [27] 0  
21 22 23 24 25 26 27 28 29 30 31 32

[18] ACTION TAKEN [19] FUTURE ACTION [20] EFFECT ON PLANT [21] SHUTDOWN METHOD [22] HOURS [23] ATTACHMENT SUBMITTED [24] NPD-4 FORM SUB [25] PRIME COMP SUPPLIER [26] COMPONENT MANUFACTURER  
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

[10] This was the first scheduled testing following the initial leak rate test  
[11] ing after construction turnover. Confusion over the 24 month  
[12] surveillance interval stated caused the testing delay. Leak rate testing  
[13] was initiated immediately, and completed prior to changing modes.

[14] [ ]

[15] FACILITY STATUS [16] N POWER [17] OTHER STATUS [18] METHOD OF DISCOVERY [19] DELIVERY DESCRIPTION  
7 8 9 10 11 12 13 14 15 16 17 18 19 20

[16] ACTIVITY CONTENT [17] RELEASED OF RELEASE [18] AMOUNT OF ACTIVITY [19] LOCATION OF RELEASE  
7 8 9 10 11 12 13 14 15 16 17 18 19 20

[17] PERSONNEL EXPOSURES NUMBER [18] TYPE [19] DESCRIPTION  
7 8 9 10 11 12 13 14 15 16 17 18 19 20

[18] PERSONNEL INJURIES NUMBER [19] DESCRIPTION  
7 8 9 10 11 12 13 14 15 16 17 18 19 20

[19] LOSS OF OR DAMAGE TO FACILITY TYPE [20] DESCRIPTION  
7 8 9 10 11 12 13 14 15 16 17 18 19 20

[20] PUBLICITY ISSUED [21] DESCRIPTION  
7 8 9 10 11 12 13 14 15 16 17 18 19 20

[20] NAME OF PREPARER Rex Pendergraft PHONE 501-968-2519

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