

**LICENSEE EVENT REPORT**

CONTROL BLOCK: 

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 (1)

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0	1	I L Z I S 2				2	0	0	-	0	0	0	0	-	0	0	3	4	1	1	1	1	4			5			
7	8	9				14				15				25				26				30				57 CAT 58			
		LICENSEE CODE								LICENSE NUMBER								LICENSE TYPE											

CON'T

0	1
7	8

REPORT SOURCE

L	6	0	5	0	0	0	3	0	4	7	0	2	0	2	8	0	8	0	3	1	1	8	0	9
60	61	DOCKET NUMBER					62	63	EVENT DATE					74	75	REPORT DATE					80			

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 During OOS surveillance requirements (T.S. 3.14.1.C) for the containment  
03 vent particulate rad monitor 2 RE-0011, no shiftly grab sample was drawn  
04 for the second shift. This is a violation under T.S. 6.6.2.a.(2) The  
05 meter reading for the preceding shift and the grab sample for the follow-  
06 ing shift showed minimal activity and no vent was in progress during the  
07 second shift. Thus there were no safety implications and the health and  
08 safety of the public were not affected.

[illegible]

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 There had been a misunderstanding between operating and rad protection

1 1 as to whether the monitor was to be taken OOS. Both groups were re-

1 2 instructed on the importance of clarification of status and OOS surveill-

1 3 ance requirements for rad monitors. No further action is necessary.

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 48 49 50 51 52 53 54 55 56 57 58 59 60

FACILITY STATUS: 1 5 E 28  
 % POWER: 0 9 8 29  
 OTHER STATUS: NA 30  
 METHOD OF DISCOVERY: B 31  
 DISCOVERY DESCRIPTION: review of OOS surveillance sheet 32

ACTIVITY CONTENT  
RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36)

1 G Z (33) Z (34) NA NA

PERSONNEL EXPOSURES									
NUMBER			TYPE	DESCRIPTION					
1	7	000	(37) Z	(38) NA					

PERSONNEL INJURIES		NUMBER		DESCRIPTION	
1	8	0	0	0	NA

8 9 11 12		LOSS OF OR DAMAGE TO FACILITY		(43)
TYPE		DESCRIPTION		
1	9	Z	(42)	NA

8 9 10  
 PUBLICITY  
 ISSUED DESCRIPTION (45)  
 2 0 2 11 NA  
 NRC USE ONLY

NAME OF PREPARED

Fred Ost

8003 200 407

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BONE