LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	FLCRP3	00-000000-00	41111	03

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	0 ★	I	L	050-0302	013177	021877

EVENT DESCRIPTION

02 During review of surveillance test procedure results, it was determined that the
03 Crystal River Unit 1 station battery did not meet acceptance criteria. Sp. Gr. was
04 below 1.20. Redundant systems were available and operable. This is first occur-
05 rence. Upon discovery, battery charged, retested satisfactorily.
06 (77-14)

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	EA	A	BATTRY	L	E355	Y

CAUSE DESCRIPTION

08 Unit 1 Electricians were reporting test results to Unit 1 Shift Supervisor, instead
09 of Unit 3 Shift Supervisor, upon test conclusion. Unit 1 Electricians instructed
10 by procedure and orally to notify Unit 3 Shift Supervisor.

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	B	000		B	Surveillance Program Review

	FORM OF ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY	LOCATION OF RELEASE
12			N/A	

PERSONNEL EXPOSURES

	NUMBER	TYPE	DESCRIPTION
13			N/A

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14		N/A

OFFSITE CONSEQUENCES

15 N/A

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16		N/A

PUBLICITY

17 N/A

ADDITIONAL FACTORS

N/A

8002270682

19

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GPO 881-667