LICENSEE EVENT REPO.

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

	LICENSEE NAME	LICENSE NUMBER	LICENSE TYPE	EVENT TYPE
01	FLCRP3 (7–8, 9–14)	00–00000–00 (15–25)	4111 1 (26–30)	03 (31–32)

	CATEGORY	REPORT TYPE	REPORT SOURCE	DOCKET NUMBER	EVENT DATE	REPORT DATE
01 CON'T	0 * (57–58)	P (59)	L (60)	050–0302 (61–68)	031177 (69–74)	021877 (75–80)

EVENT DESCRIPTION

02 During routine cleaning operations while in Mode 5 (Hot Shutdown), a wall mounted
03 deluge actuation station was tripped by dust brush. Reactor Building exhaust
04 filters were soaked. Second occurrence of this nature (first reportable). Immedi-
05 ately isolated deluge system. Replacing charcoal and cannisters in kind.
06 (77-13)

	SYSTEM CODE	CAUSE CODE	COMPONENT CODE	PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER	VIOLATION
07	AB (10)	A (11)	CKTBRK (12–17)	A (43)	XXXX (44–47)	N (48)

CAUSE DESCRIPTION

08 Cleaning personnel inadvertently applied excessive pressure while dusting switch
09 station. At the time of the occurrence, a program to install protective covers on
0 stations of this type was in progress and is now complete.

	FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	G (9)	000 (10–12)	Mode 5 (13–44)	A (45)	N/A (46–80)

	FORM OF ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY	LOCATION OF RELEASE
12	(9)	(10)	N/A (11–44)	(45–80)

PERSONNEL EXPOSURES

	NUMBER	TYPE	DESCRIPTION
13	(9–11)	(12)	N/A (13–80)

PERSONNEL INJURIES

	NUMBER	DESCRIPTION
14	(9–11)	N/A (12–80)

OFFSITE CONSEQUENCES

15 N/A

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	(9)	N/A (10–80)

PUBLICITY

17 N/A

ADDITIONAL FACTORS

18

19

8002270689

NAME: W. P. Stewart PHONE: (813) 866-4159