

LICENSEE EVENT REPORT

EXHIBIT A

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

01 | F | L | Q | R | P | 3 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | - | - | 5
7 8 9 14 15 25 26 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 54

CON'T
01 | L | 0 | 5 | 0 | - | 0 | 3 | 0 | 2 | 0 | 6 | 0 | 3 | 1 | 7 | 8 | 0 | 6 | 2 | 6 | 7 | 8 | 9
7 8 9 14 15 25 26 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | At 0545, the interlocks on RM-A2 (gas), Auxiliary Building Exhaust Monitor, |
03 | failed to respond during the performance of SP-346, containment penetrations |
04 | weekly check during refueling operations. Trouble shooting revealed a |
05 | failed surge capacitor which inhibited interlock function. Grab sampling |
06 | was instituted upon discovery, thus health and safety of public and plant |
07 | were not endangered. |

09 | B | A | 11 | E | 12 | A | 13 | R | E | L | A | Y | X | 14 | A | 15 | Z | 16 |
7 8 9 10 11 12 13 14 15 16 17 18 19 20
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP SUBCODE VALVE SUBCODE
17 | 7 | 8 | 0 | 3 | 2 | 0 | 3 | L | 10 |
21 22 23 24 25 26 27 28 29 30 31
LER NO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.
20 | D | Z | Z | 0 | 0 | 0 | 0 | Y | N | X | X | 9 | 9 | 9 |
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN VET-CC HOURS ATTACHMENT SUBMITTED APPROX FORMS PRIME COMP SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 | The cause of this event was due to faulty control relay. No corrective |
11 | action necessary as the surge capacitor was renewed. First event of an |
12 | occurrence of this type. |
13 | |
14 | |

15 | H | 0 | 0 | 0 | N/A | B | Operator Observation
7 8 9 12 13 44 45 46
FACILITY STATUS POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

16 | Z | Z | N/A | N/A
7 8 9 12 13 44 45 46
ACTIVITY CONTENT RELEASED OR RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

17 | 0 | 0 | 0 | Z | N/A
7 8 9 12 13 44 45 46
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

18 | 0 | 0 | 0 | N/A
7 8 9 12 13 44 45 46
PERSONNEL INJURIES NUMBER DESCRIPTION

19 | Z | N/A
7 8 9 12 13 44 45 46
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

20 | N | N/A
7 8 9 12 13 44 45 46
ISS. ID. DESCRIPTION

NAME OF PREPARED J. Cooper PHONE (904) 795-6486

(SEE ATTACHED SUPPLEMENTARY INFORMATION SHEET)

8002 270 692