

LICENSEE EVENT REPORT

EXHIBIT A

CONTROL CLOCK: \_\_\_\_\_ (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 | A | R | A | N | 0 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5  
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 57 CAT 58

CON'T  
01 | L | 6 | 0 | 5 | 0 | 0 | 0 | 3 | 6 | 8 | 7 | 0 | 3 | 1 | 8 | 8 | 10 | 8 | 0 | 4 | 0 | 1 | 1 | 8 | 10 | 9  
7 8 REPORT SOURCE 60 61 DOCKET NUMBER 66 67 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  
02 | The NSSS Vendor, CE, notified AP&L that an inconsistency between the  
03 | Tech Specs and the FSAR safety analysis had been identified.  
04 | T.S.3.1.1.2 required a shutdown margin of 1% ΔK/K during Mode 5 operation  
05 | & FSAR 15.1.4.2.2.3 assumed 2% ΔK/K shutdown margin for the boron dilution  
06 | event. A review of past shutdown margin calculations in Mode 5 verified  
07 | that a greater than 2% ΔK/K margin had been maintained. No similar  
08 | occurrences. Reportable per T.S.6.9.1.8.h.

09 | Z | Z | 11 | A | 12 | X | 13 | Z | Z | Z | Z | Z | 14 | Z | 15 | Z | 16  
7 8 SYSTEM CODE 9 10 CAUSE CODE 11 12 CAUSE SUBCODE 13 14 COMPONENT CODE 15 16 COMP. SUBCODE 17 18 VALVE SUBCODE 19 20  
17 | 18 | 10 | 1 | 0 | 1 | 6 | 1 | 0 | 1 | T | 0 | 0  
7 8 LER NO REPORT NUMBER 21 22 EVENT YEAR 23 24 SEQUENTIAL REPORT NO. 25 26 OCCURRENCE CODE 27 28 REPORT TYPE 29 30 REVISION 31 32  
18 | G | X | 19 | Z | 20 | Z | 21 | 0 | 0 | 0 | 0 | Y | 23 | N | 24 | N | 25 | C | 4 | 19 | 0 | 26  
7 8 ACTION TAKEN 33 34 FUTURE ACTION 35 36 EFFECT ON PLANT 37 38 SHUTDOWN METHOD 39 40 HOURS 41 42 ATTACHMENT SUBMITTED 43 44 NRD-4 FORM 504 45 PRIME COMP SUPPLIER 46 47 COMPONENT MANUFACTURER 48 49

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  
10 | Initial review & preparation of the ANO-2 Tech Specs failed to determine  
11 | that the safety analysis required 2% ΔK/K versus the standard 1% ΔK/K.  
12 | The Reactivity Balance Calculation procedure was revised. A Tech Spec  
13 | change request has been initiated to revise all affected Specifications  
14 | & Bases.

15 | B | 28 | 0 | 0 | 10 | 29 | Mode 3 | 30 | D | 31 | NSSS Vendor Notification | 32  
7 8 FACILITY STATUS 9 10 % POWER 11 12 OTHER STATUS 13 14 METHOD OF DISCOVERY 15 16 DISCOVERY DESCRIPTION 17 18  
16 | Z | 33 | Z | 34 | NA | 35 | NA | 36  
7 8 ACTIVITY CONTENT 37 38 RELEASED OF RELEASE 39 40 AMOUNT OF ACTIVITY 41 42 LOCATION OF RELEASE 43 44  
17 | 0 | 0 | 0 | 37 | Z | 38 | NA | 39  
7 8 PERSONNEL EXPOSURES 40 41 NUMBER 42 43 TYPE 44 45 DESCRIPTION 46 47  
18 | 0 | 0 | 0 | 40 | NA | 41  
7 8 PERSONNEL INJURIES 42 43 NUMBER 44 45 DESCRIPTION 46 47  
19 | Z | 42 | NA | 43  
7 8 LOSS OF OR DAMAGE TO FACILITY 44 45 TYPE 46 47 DESCRIPTION 48 49  
20 | N | 44 | NA | 45  
7 8 PUBLICITY 46 47 ISSUED DESCRIPTION 48 49

NAME OF PREPARER Chris N. Shively PHONE 501/968-2519

8004080 596