LICENSEE EVENT REPORT

CONTROL BLOCK: (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 | M D C C N 2 (2) | 0 0 - 0 0 0 0 0 - 0 0 (3) | 4 1 1 1 1 (4) | (5)

LICENSEE CODE | LICENSE NUMBER | LICENSE TYPE | CAT

CON'T

0 1 | REPORT SOURCE L (6) | 0 5 0 0 0 3 1 8 (7) | 0 5 1 5 8 0 (8) | 0 6 1 3 8 0 (9)

DOCKET NUMBER | EVENT DATE | REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | At 1800 during the performance of a routine surveillance test it was discovered

0 3 | that reactor coolant hot leg sample valve (2-PS-5467-CV) indicated intermediate

0 4 | position. It was determined that the valve position could not be verified,

0 5 | therefore, the redundant isolation valve (2-PS-5464-CV) was deenergized as

0 6 | required by T.S. 3.6.4.1. This is not a repetitive occurrence.

0 7 |

0 8 |

0 9 | SYSTEM CODE S D (11) | CAUSE CODE X (12) | CAUSE SUBCODE Z (13) | COMPONENT CODE Z Z Z Z Z Z (14) | COMP. SUBCODE Z (15) | VALVE SUBCODE Z (16)

(17) LER/RO REPORT NUMBER: EVENT YEAR 8 0 | — | SEQUENTIAL REPORT NO. 0 2 9 | / | OCCURRENCE CODE 0 3 | REPORT TYPE L | — | REVISION NO. 0

ACTION TAKEN X (18) | FUTURE ACTION X (19) | EFFECT ON PLANT Z (20) | SHUTDOWN METHOD Z (21) | HOURS (22) 0 0 0 0 | ATTACHMENT SUBMITTED N (23) | NPRD-4 FORM SUB. Y (24) | PRIME COMP. SUPPLIER Z (25) | COMPONENT MANUFACTURER Z 9 9 9

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The actual cause cannot be determined by remote means. No entry has been made into

1 1 | the containment while following ALARA requirements. During the first available

1 2 | reactor shutdown a local inspection and corrective action will be performed to

1 3 | satisfy T.S. 4.6.4.1.a.

1 4 |

1 5 | FACILITY STATUS E (28) | % POWER 1 0 0 (29) | OTHER STATUS (30) NA | METHOD OF DISCOVERY B (31) | DISCOVERY DESCRIPTION (32) Surveillance Test

1 6 | ACTIVITY RELEASED Z (33) | CONTENT OF RELEASE Z (34) | AMOUNT OF ACTIVITY (35) NA | LOCATION OF RELEASE (36) NA

PERSONNEL EXPOSURES

1 7 | NUMBER 0 0 0 (37) | TYPE Z (38) | DESCRIPTION (39) NA

PERSONNEL INJURIES

1 8 | NUMBER 0 0 0 (40) | DESCRIPTION (41) NA

LOSS OF OR DAMAGE TO FACILITY

1 9 | TYPE Z (42) | DESCRIPTION NA

PUBLICITY

2 0 | ISSUED N (44) | DESCRIPTION (45) NA | NRC USE ONLY

NAME OF PREPARER S. M. Davis/L. Hinkle PHONE (301)269-4702/4749

8006180 490