

LICENSEE EVENT REPORT

CONTROL BLOCK: _____ ①

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 | _____ ② | _____ ③ | _____ ④ | _____ ⑤
7 8 | 9 | 14 15 | 25 26 | 30 | 57 CAT 58

CON'T
0 1 | REPORT SOURCE 60 | 0 5 1 0 0 0 2 9 5 ⑦ | DOCKET NUMBER 68 | 59 | EVENT DATE 74 | 0 7 2 2 8 0 ⑧ | REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES ⑩

0 2 | _____
0 3 | _____
0 4 | LER # _____
0 5 | _____
0 6 | CANCELLED
0 7 | _____
0 8 | _____

0 9 | _____ 30
SYSTEM CODE ⑪ | CAUSE CODE ⑫ | CAUSE SUBCODE ⑬ | COMPONENT CODE ⑭ | COMP. SUBCODE ⑮ | VALVE SUBCODE ⑯
EVENT YEAR ⑰ | 18 19 | SEQUENTIAL REPORT NO. ⑲ | 20 21 | OCCURRENCE CODE ⑳ | REPORT TYPE ㉑ | REVISION NO. ㉒
ACTION TAKEN ⑳ | FUTURE ACTION ㉑ | EFFECT ON PLANT ㉒ | SHUTDOWN METHOD ㉓ | HOURS ㉔ | ATTACHMENT SUBMITTED ㉕ | NFRD-4 FORM SUB. ㉖ | PRIME COMP. SUPPLIER ㉗ | COMPONENT MANUFACTURER ㉘

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS ⑳

1 0 | _____
1 1 | _____
1 2 | _____
1 3 | _____
1 4 | _____

1 5 | FACILITY STATUS ㉙ | % POWER ㉚ | OTHER STATUS ㉛ | METHOD OF DISCOVERY ㉜ | DISCOVERY DESCRIPTION ㉝
1 6 | ACTIVITY CONTENT ㉞ | RELEASED OF RELEASE ㉟ | AMOUNT OF ACTIVITY ㊱ | LOCATION OF RELEASE ㊲
1 7 | PERSONNEL EXPOSURES ㊳ | NUMBER ㊴ | TYPE ㊵ | DESCRIPTION ㊶
1 8 | PERSONNEL INJURIES ㊷ | NUMBER ㊸ | DESCRIPTION ㊹
1 9 | LOSS OF OR DAMAGE TO FACILITY ㊺ | TYPE ㊻ | DESCRIPTION ㊼
2 0 | PUBLICITY ㊽ | ISSUED ㊾ | DESCRIPTION ㊿

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8007230385 NAME OF PREPARER Mike COLLINS

PHONE: _____