

POOR ORIGINAL

LICENSEE EVENT REPORT

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

01 A R A N O 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 1 4

CON'T 01 REPORT SOURCE L 8 0 5 0 0 0 3 1 3 7 0 4 2 6 7 8

02 WHILE TESTING RADIATION MONITOR RE-8001, A HIGH RADIATION
03 SIGNAL ISOLATED CONTROL ROOM AND STOPPED VENTILATION
04 SUPPLY FANS, BUT THE EMERGENCY SUPPLY FAN VSF9, FAILED
05 TO START AUTOMATICALLY. THE SYSTEM WAS IN TEST AND THE
06 FANS WOULD START MANUALLY; THEREFORE, THERE WAS NO
07 EFFECT UPON THE PUBLIC HEALTH SAFETY. THERE HAVE
08 BEEN NO PREVIOUS EVENTS OF SIMILAR NATURE.

09 SYSTEM CODE AIA CAUSE CODE E CAUSE SUBCODE A COMPONENT CODE INSTRU COMP SUBCODE S VALVE SUBCODE Z
17 LE/R/O REPORT NUMBER 718
18 ACTION TAKEN B 19 FUTURE ACTION Z 20 EFFECT ON PLANT Z 21 SHUTDOWN METHOD Z 22 HOURS 0000 23 ATTACHMENT SUBMITTED N 24 NRC-4 FORM SUB Y 25 PRIME COMP SUPPLIER A 26 COMPONENT MANUFACTURER A499

10 LOCATED AND REPAIRED GROUND AT ACTUATING SOLENOID
11 WHICH DE-ACTIVATED THE GREEN CIRCUIT.

15 FACILITY STATUS E % POWER 0910 OTHER STATUS NA METHOD OF DISCOVERY B SURVEILLANCE TESTING

16 ACTIVITY CONTENT 3 3 AMOUNT OF ACTIVITY NA LOCATION OF RELEASE NA

17 PERSONNEL EXPOSURES NUMBER 0 0 0 TYPE 3 DESCRIPTION NA

18 PERSONNEL INJURIES NUMBER 0 0 0 DESCRIPTION NA

19 LOSS OF OR DAMAGE TO FACILITY TYPE 3 DESCRIPTION NA

20 PUBLICITY ISSUED 4 DESCRIPTION NA

NAME OF PREPARER C. N. SHively

PHONE: 501/963-2519

8004150754

NSP-III-2

ATTACHMENT "B"

NON-ROUTINE REGULATORY REPORT REVIEW SHEET

Plant: Arkansas Nuclear One Unit: 1

Report Title: Reportable Occurrence Report

Report Type (Reportable Occurrences Only): 14 Day _____ 30 Day

Report Number: 50-313/78-13

Prepared By: ANO Staff

Reviewed and Approved by: Plant Safety Committee () NA
Plant Superintendent NA ()
Reference: IWA-5465 Date: 5/23/78

Reviewed by: Bob Leber Date: 5/23/78
Cognizant Licensing Reviewer

Approved by: Donald A. Rector Date: 5/24/78
Manager, Licensing

Attachment "B"



REV. 7

DATE 10/5/77

PAGE 1 of 1

NSP-III-2

ARKANSAS POWER & LIGHT COMPANY

INTRA-COMPANY CORRESPONDENCE

Arkansas Nuclear One
Fayetteville, Arkansas

May 23, 1978

RECEIVED
MAY 23 1978

ARKANSAS POWER & LIGHT CO.
TECH. & ENGR. SERVICES

JRA-5465

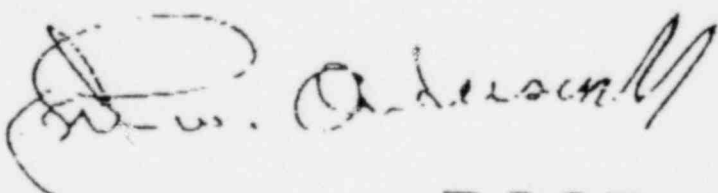
MEMORANDUM

TO: Sam Williams

FROM: John W. Anderson, Jr.

SUBJECT: Arkansas Nuclear One - Unit One
Reportable Occurrence Report
(File: 0550.9.1 PR)

Attached is the Reportable Occurrence Report Number 78-13 for your further review.



JWA:GEM:dy

Attachment

- cc w/att: D. Williams (O+J)
- D. R. Sikes
 - L. Humphrey
 - G. B. Miller
 - L. Alexander
 - PSC Secretary
 - C. Corder
 - Vault
 - D. Trimble (2)
 - C. Shively

POOR ORIGINAL

ROUTINE REGULATORY REPORT REVIEW SHEET

PLANT: ARIZONA NUCLEAR ONE

UNIT: 1

REPORT TITLE: VSF Failed to Start on High Radiation Test signal

REPORT TYPE (Reportable Occurrences Only) 14 Day _____ 30 Day

Report Number 78-13

Prepared By: C.N. Shinsky

Reviewed and Approved By
Plant Safety Committee NA Date NA
Chairman

Plant Superintendent [Signature] Q.A. O'Connor Date 5-23-78

POOR ORIGINAL

LICENSEE EVENT REPORT

EXHIBIT A

CENTRAL BLOCK: [] [] [] [] [] [] [] [] [] [] (1)

PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION

01 [] (2)
LICENSE CODE LICENSE NUMBER LICENSE TYPE CAT

01 [] (3)
REPORT SOURCE TICKETS ISSUED EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (4)

02 While testing radiation monitor RE-8001, a high radiation
03 signal isolated control room and stopped ventilation
04 supply fans, but the emergency supply fan, VSF9, failed
05 to start automatically. The system was in test and
06 the fans would start manually; therefore, there was no
07 effect upon the public health & safety. There have
08 been no previous events of similar nature.

03 [] (5)
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

11 [] (6)
EVENT YEAR SCHEDULED REPORT NO. OCCURRENCE CODE REPORT TYPE REGION NO.

03 [] (7)
ACTION TAKEN FUTURE ACTION 11/11/81 IMPROVED METHOD NOTES ATTACHMENT SUBMITTED SPECIAL FORM - 807 THREE COMP. DUPLICATES COMMENTS

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (7)

10 Located and repaired ground at actuating solenoid
11 which deactivated the green circuit.
12
13
14

15 [] (8)
FACILITY STATUS POWER OTHER STATE DETECTOR OF DEVIATION SURVEILLANCE DESCRIPTION

15 [] (9)
ACTIVITY CLASSIFICATION RELEASED TO RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

17 [] (10)
P RELEASES (EXPOSURES) NUMBER TYPE DESCRIPTION

18 [] (11)
P RELEASES (RELEASABLES) NUMBER DESCRIPTION

18 [] (12)
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

20 [] (13)
PUBRICITY NUMBER DESCRIPTION

NAME OF PREPARER: C. N. Shively
Shively

PHONE: 501/967-2519

POOR ORIGINAL