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March 1, 1978

MEMORANDUM FOR: G. Fiorelli, Chief, ROINS Branch, RIII
FROM: J. H. Sniezek, A/D for Field Coordination, DROI, IE
SUBJECT: PART 21 REPORT DATA SHEET FOR DAVIS-BESSE (50-345)

The enclosed data sheet is forwarded for documentation of RIII actions on the Part 21 report from Toledo District Company dated February 24, 1978, also enclosed. Please complete this data sheet and return it to my office by June 1, 1978.

J. H. Sniezek, A/D for Field
Coordination
Division of Reactor Operations
Inspection, IE

Enclosure:
As stated

cc w/enclosure:
K. V. Seyfrit

cc w/o enclosure:
E. L. Jordan

CONTACT: E. B. Blackwood
(492-8019)

POOR
ORIGINAL

EBB

OFFICE	FC:ROI:IE	ADFC:ROI:IE			
SURNAMES	EBlackwood:LD	JHSniezek			
DATE	3/1/78	3/ /78			

DATA SHEET

10 CFR PART 21 REPORT IDENTIFICATION AND RECORDING OF IE ACTIONS

PART 21 IDENTIFICATION NO. 78-032-000		AITS	
NAME(S) OF LICENSEE(S), VENDOR(S) PERSON(S) OR OTHER ORGANIZATION(S) REPORTING: TOLEDO EDISON CO. (LOWELL E. ROE)			
GENERAL SUBJECT OF REPORT: WELDS TO ANCHOR CRD CIRCUIT BREAKER CABINETS ARE SHORTER THAN UNIT USED FOR SEISMIC TESTING			
DATE OF INITIAL NOTIFICATION (48 HOUR REPORT) 2-21-78		DATE(S) OF PART 21 REPORT(S), (5 DAY & SUPPLEMENT) 2-24-78	
FACILITY(IES) INVOLVED: DAVIS-BESSE UNIT 1 (50-346)			
RESPONSIBLE IE ORGANIZATION(S)			
LEAD = 1	SUPPORTIVE = 2	FF&MSI <input type="checkbox"/>	SI <input type="checkbox"/> RCI <input type="checkbox"/> ROI <input checked="" type="checkbox"/> 1
IE ACTIONS - CHECK OR PROVIDE DATA AS APPROPRIATE			
LIST OTHER NRC OFFICES INFORMED			
DISCUSSED WITH INITIATOR? DATE: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	REPORT IS REQUIRED UNDER PART 21?	YES <input type="checkbox"/> NO <input type="checkbox"/>
REQUEST MADE FOR ADDITIONAL INFO? DATE RECEIVED: _____		INQUIRY?	
PRESS RELEASE(S)		INSPECTION?	
REVIEWED FOR POTENTIAL A/O? (MC 1110) DATE: _____		INVESTIGATION?	
TRANSFERRED TO OTHER NRC OFFICE?		ENFORCEMENT?	
BULLETIN ISSUED? NO. _____		CORRECTIVE ACTION TAKEN?	
DATE OF CLOSEOUT:		CIRCULAR ISSUED? NO. _____	
CLOSEOUT METHOD: _____			
REPORT NUMBERS: _____			
DATE OF FINAL REVIEW & DISTRIBUTION: (XOOS)			
ADDITIONAL COMMENTS:			

(Use other side of form if additional space is required)

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