

LICENSEE EVENT REPORT

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

0 1 | T | N | S | N | P | I | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5

7 8 9 14 15 25 26 30 31 32 33 34 35

LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 56

CON'T

0 1 | L | 6 | 0 | 5 | 0 | 0 | 0 | 3 | 2 | 7 | 7 | 0 | 7 | 0 | 6 | 8 | 0 | 8 | 0 | 3 | 0 | 4 | 3 | 0 | 9

7 8 60 61 68 69 74 75 80

REPORT SOURCE DICKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | DURING NORMAL OPERATION, 1-LCV-3-148 FAILED IN THE OPEN POSITION. THIS RENDERED THE

0 3 | AUXILIARY FEEDWATER 1B-B TRAIN MOTOR TO STEAM GENERATOR # 3 INOPERABLE. THIS RESULTED

0 4 | IN ENTERING THE ACTION STATEMENT OF LCO 3.7.1.2.

0 5 | _____

0 6 | _____

0 7 | _____

0 8 | _____

0 9 |

7 8 9 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 47

SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

H H X Z V A L V O P F Z

11 12 13 14 15 16

EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

8 0 1 1 7 0 3 L 0

21 22 23 24 25 26 27 28 29 30 31 32

ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPRD-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

X Z Z Z 0 0 0 0 N N N W 1 2 0

33 34 35 36 37 38 39 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | INVESTIGATION REVEALED A BAD COIL ON THE CONTROL TIMER AND A GROUND WAS LOCATED IN

1 1 | 1-PS-3-148. THE COIL WAS REPLACED, THE GROUND WAS CLEARED AND 1-PS-3-148 WAS RECALIBRATED

1 2 | AND THE SYSTEM WAS RETURNED TO SERVICE. THE GROUND ON 1-PS-3-148 WAS DETERMINED NOT TO

1 3 | HAVE CAUSED THE VALVE TO FAIL OPEN. THE SYSTEM WAS INOPERABLE FROM 6:30am TO 4:00pm.

1 4 | WHICH IS WITHIN THE ACTION STATEMENT OF 72 HOURS.

1 5 | B 0 0 0 NA A OPERATOR OBSERVATION

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

1 6 | Z Z NA NA LOCATION OF RELEASE

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

ACTIVITY CONTENT AMOUNT OF ACTIVITY LOCATION OF RELEASE

1 7 | 0 0 0 Z NA

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

PERSONNEL EXPOSURES TYPE DESCRIPTION

1 8 | 0 0 0 NA

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

PERSONNEL INJURIES DESCRIPTION

1 9 | Z NA

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

LOSS OF OR DAMAGE TO FACILITY DESCRIPTION

2 0 | N NA

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

PUBLICITY DESCRIPTION NRC USE ONLY

Name of Preparer Dean Romine 8008110377 Phone _____