

CONTROL BLOCK: 

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 (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

CON'T

0	1
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REPORT SOURCE

L	6	0	5	0	0	0	2	6	7	7	1	0	0	1	8	0	8	1	0	2	4	8	0	9
60	61	DOCKET NUMBER						68	69	EVENT DATE						74	75	REPORT DATE						80

0 2 | On October 1, 1980, it was determined that sampling requirements of SR NR 1.1 were not  
0 3 | met for graveyard shift on September 18, 1980. SR NR 1.1 requires a once-per-shift  
0 4 | sampling and analysis for pH and total dissolved solids. This is interpreted as a  
0 5 | degraded mode of SR NR 1.1 and is being reported per Fort St. Vrain Technical Speci-  
0 6 | fication AC 7.5.2(b)2. Similar occurrence reported in RO 79-06. No effect on public  
0 7 | health and safety.

08		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	
SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE		COMP SUBCODE		VALVE SUBCODE		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.		ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED		NPRO-4 FORM SUB.		PRIME COMP. SUPPLIER		COMPONENT MANUFACTURER																																																			
Z Z		A		B		Z Z Z Z Z Z		Z		Z		8 0		0 5 5		0 3		L		0		H		Z		Z		Z		0 0 0 0		Y		N		Z		Z 9 9 9																																																			

1 0 Missed sample was due to oversight by personnel responsible for sample collection.

1 1 Required sampling frequency was resumed on day shift, September 18, 1980. Personnel

1 2 involved have been re-instructed as to the importance of obtaining samples specified

1 3 in SR NR 1.1 at the required intervals.

1	4																	80						
7	8	9																	80					
FACILITY STATUS			% POWER			OTHER STATUS			30	METHOD OF DISCOVERY			DISCOVERY DESCRIPTION										32	
1	5	G	28	0	0	0	29	N/A		A	31	Review of completed Surveillance Test												
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
ACTIVITY CONTENT			RELEASED OF RELEASE			AMOUNT OF ACTIVITY			35	LOCATION OF RELEASE			36											30
1	6	Z	33	Z	34	N/A		N/A																
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
PERSONNEL EXPOSURES			NUMBER			TYPE			DESCRIPTION			39											30	
1	7	0	0	0	37	Z	38	N/A																
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
PERSONNEL INJURIES			NUMBER			DESCRIPTION			41											30				
1	8	0	0	0	40	N/A																		
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
LOSS OF OR DAMAGE TO FACILITY			TYPE			DESCRIPTION			43											30				
1	9	Z	42	N/A																				
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
PUBLICITY			ISSUED			DESCRIPTION			45											30				
2	0	N	44	N/A																				
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
																		NRC USE ONLY						30