

LICENSEE EVENT REPORT

EXHIBIT A

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

01 | 0 | N | T | N | P | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | \_\_\_\_\_ | 5  
7 8 9 14 18 25 28 30 37 42 46 51 57 62

CON'T  
01 | REPORT SOURCE | L | 6 | 0 | 5 | 0 | - | 0 | 3 | 4 | 4 | 7 | 1 | 0 | 0 | 3 | 8 | 0 | 8 | 1 | 0 | 3 | 1 | 8 | 0 | 9  
7 8 80 81 86 88 90 94 95 98 100 102 104 106 108 110 112 114 116 118 120

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  
02 | NO. 80-21: DURING A TEMPORARY PLANT TEST, "C" MAIN STEAM ISOLATION  
03 | VALVE DID NOT GO FULLY CLOSED AS REQUIRED. THIS HAD NO EFFECT ON SAFETY  
04 | SINCE NO STEAM FLOW WAS PRESENT IN THE VALVES DURING THIS OCCURRENCE AND  
05 | THE VALVE IS DESIGNED TO GO SHUT WHEN THERE IS STEAM FLOW  
06 |  
07 |  
08 |

09 | SYSTEM CODE | C | D | 11 | CAUSE CODE | E | 12 | CAUSE SUBCODE | B | 13 | COMPONENT CODE | V | A | L | V | E | X | 14 | COMP. SUBCODE | E | 15 | VALVE SUBCODE | D | 16 |  
7 8 9 10 11 12 13 14 15 16 17 18 19 20  
17 | LER/RO REPORT NUMBER | 8 | 0 | EVENT YEAR | 8 | 0 | SEQUENTIAL REPORT NO. | 0 | 2 | 1 | OCCURRENCE CODE | 0 | 1 | REPORT TYPE | T | REVISION NO. | 0 |  
21 22 23 24 25 26 27 28 29 30 31 32  
ACTION TAKEN | D | 18 | FUTURE ACTION | X | 19 | EFFECT ON PLANT | Z | 20 | SHUTDOWN METHOD | Z | 21 | HOURS | 0 | 0 | 0 | 0 | ATTACHMENT SUBMITTED | Y | 23 | NPRO-4 FORM SUB. | Y | 24 | PRIME COMP. SUPPLIER | A | 25 | COMPONENT MANUFACTURER | A | 5 | 8 | 5 | 26  
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  
10 | THE CAUSE OF THIS OCCURENCE IS COMPONENT FAILURE. IMMEDIATE CORRECTIVE  
11 | ACTION WAS TO SHUT TLE VALVE WITH STEAM FLOW. PERMANENT CORRECTIVE ACTIO  
12 | IS STILL UNDER INVESTIGATION.  
13 |  
14 |

15 | FACILITY STATUS | C | 28 | % POWER | 0 | 0 | 2 | 29 | OTHER STATUS | NA | 30 | METHOD OF DISCOVERY | A | 31 | DISCOVERY DESCRIPTION | OPERATOR OBSERVATION | 32  
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

16 | ACTIVITY CONTENT RELEASED OF RELEASE | Z | 33 | 7 | 34 | AMOUNT OF ACTIVITY | NA | 35 | LOCATION OF RELEASE | 36  
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

17 | PERSONNEL EXPOSURES NUMBER | 0 | 0 | 0 | 37 | TYPE | Z | 38 | DESCRIPTION | NA | 39  
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

18 | PERSONNEL INJURIES NUMBER | 0 | 0 | 0 | 40 | DESCRIPTION | NA | 41  
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

19 | LOSS OF OR DAMAGE TO FACILITY TYPE | Z | 42 | DESCRIPTION | NA | 43  
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

20 | PUBLICITY ISSUED | N | 44 | DESCRIPTION | NA | 45  
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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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