

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 | T | N | S | N | P | 1 | 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 57 58
 LICENSEE CODE LICENSE NUMBER LICENSE TYPE JO CAT 58

CON'T
01 | R | P | L | 6 | 0 | 5 | 10 | 10 | 0 | 3 | 2 | 7 | 7 | 1 | 1 | 2 | 6 | 8 | 0 | 8 | 1 | 2 | 2 | 4 | 8 | 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

02 | Unit in mode 3 with RCS temperature 548 degrees F and pressure 2235 psig. On
03 | 11-24-80, at 1730 CST 20 containment purge isolation valves were stroked per surveillance
04 | requirement 4.6.3.1.3. The valves were not leak rate tested within 24 hours following
05 | the stroke test as required by surveillance requirement 4.6.3.1.4. There was no
06 | effect upon public health or safety. Previous Occurrence - none.
07 |
08 |

09 | S | D | 11 | A | 12 | A | 13 | Z | Z | Z | Z | Z | Z | 14 | Z | 15 | Z | 16
7 8 9 10 11 12 13 18 19 20
 SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP SUBCODE VALVE SUBCODE
17 | 8 | 0 | 18 | 1 | 9 | 0 | | 0 | 3 | 19 | 20 | 21
21 22 23 24 26 27 28 29 30 31
 LEA/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.
H | 18 | Z | 19 | Z | 20 | Z | 21 | 0 | 0 | 0 | 0 | 22 | N | 23 | N | 24 | Z | 25 | Z | 9 | 9 | 9 | 26
33 34 35 36 37 40 41 42 43 44 47
 ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPPD 4 FORM SUB. PRIME COMP SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27

10 | Following the stroke test, shift operations personnel submitted a maintenance request
11 | (MR) to perform the required leak rate tests. The results section did not receive
12 | the MR within the 24-hour time limit. The valves were satisfactorily tested within
13 | 41 hours of the stroke test. Operations personnel have been reinstructed to contact
14 | results personnel directly for tests required within specific time limits.

15 | B | 28 | 0 | 0 | 0 | 0 | 29 | NA | 30 | A | 31 | Operator Observation | 32
7 8 9 10 11 12 13 44 45 46
 FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION
16 | Z | 33 | Z | 34 | NA | NA | 35 | NA | 36
7 8 9 10 11 44 45
 ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE
17 | 0 | 0 | 0 | 37 | Z | 38 | NA | 39
7 8 9 11 12 13
 PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION
18 | 0 | 0 | 0 | 40 | NA | 41
7 8 9 11 12
 PERSONNEL INJURIES NUMBER DESCRIPTION
19 | Z | 42 | NA | 43
7 8 9 10 11 12
 LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION
20 | N | 44 | NA | 45
7 8 9 10 11 12
 PUBLICITY ISSUED DESCRIPTION

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