

LICENSEE EVENT REPORT

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

CON'T

| | |
|---|---|
| 0 | 1 |
|---|---|

REPORT SOURCE

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

60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During refueling outage while performing modifications; fuel pool cooling system
0 3 | auto isolated when power was removed for outage electrical work on refuel and Rx
0 4 | zone supply fan ducts. Fuel pool sampling each eight hours as required by TS
0 5 | 4.10.C.2.b was not accomplished. Two eight hour samples were missed. There were
0 6 | no significant resulting events. There was no danger to health or safety of public.
0 7 | No previous occurrences.

| | | | | | |
|------------------|----|----------------------|----|------------------------|----|
| 08 | | 9 | | 80 | |
| SYSTEM CODE | | CAUSE CODE | | CAUSE SUBCODE | |
| F | C | 11 | A | 12 | A |
| COMP. SUBCODE | | VALVE SUBCODE | | SEQUENTIAL REPORT NO. | |
| Z | 15 | Z | 16 | 0 | 0 |
| OCCURRENCE CODE | | REPORT TYPE | | REVISION NO. | |
| 0 | 3 | L | 31 | 0 | 32 |
| ACTION TAKEN | | FUTURE ACTION | | EFFECT ON PLANT | |
| H | 18 | Z | 19 | Z | 20 |
| SHUTDOWN METHOD | | HOURS | | ATTACHMENT SUBMITTED | |
| Z | 21 | 0 | 0 | 0 | 0 |
| NPRD-4 FORM SUB. | | PRIME COMP. SUPPLIER | | COMPONENT MANUFACTURER | |
| N | 24 | Z | 25 | Z | 9 |
| | | | | 9 | |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 Chemical lab was not notified by responsible personnel. Chemical lab personnel

1 1 discovered condition during routine sample. Personnel will be instructed to notify

1 2 chemical lab personnel of out of service equipment to meet minimum sampling

1 3 requirements for worst case condition, one each eight hours.

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|----|--------------------|----|----|----|--------------------|----|----|--|---------------------|--|-----------------------|----|-------------------|--|--|--|--------------|----|--|
| 1 | 4 | | | | | | | | | | | | | | | | | 30 | | |
| 7 | 8 | | | | | | | | | | | | | | | | | 30 | | |
| FACILITY STATUS | | % POWER | | | | OTHER STATUS | | | | METHOD OF DISCOVERY | | DISCOVERY DESCRIPTION | | | | | | 32 | | |
| 1 | 5 | H | 28 | 0 | 0 | 0 | 29 | NA | | | | B | 31 | Surveillance Test | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | | | | 30 | | |
| ACTIVITY RELEASED | | CONTENT OF RELEASE | | | | AMOUNT OF ACTIVITY | | | | | | LOCATION OF RELEASE | | | | | | 36 | | |
| 1 | 6 | Z | 33 | Z | 34 | NA | | | | | | NA | | | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | | | | 30 | | |
| PERSONNEL EXPOSURES | | NUMBER | | | | TYPE | | | | DESCRIPTION | | | | | | | | 39 | | |
| 1 | 7 | 0 | 0 | 0 | 37 | Z | 38 | NA | | | | | | | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | | | | 30 | | |
| PERSONNEL INJURIES | | NUMBER | | | | DESCRIPTION | | | | | | | | | | | | 41 | | |
| 1 | 8 | 0 | 0 | 0 | 40 | NA | | | | | | | | | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | | | | 30 | | |
| LOSS OF OR DAMAGE TO FACILITY | | TYPE | | | | DESCRIPTION | | | | | | | | | | | | 43 | | |
| 1 | 9 | Z | 42 | NA | | | | | | | | | | | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | | | | 30 | | |
| PUBLICITY ISSUED | | DESCRIPTION | | | | NA | | | | | | | | | | | | 45 | | |
| 1 | 10 | N | 44 | NA | | | | | | | | | | | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | | | | 30 | | |
| | | | | | | | | | | | | | | | | | | NRC USE ONLY | | |
| 1 | 11 | | | | | | | | | | | | | | | | | 68 | 69 | |

NAME OF PREPARER

PHONE

LER SUPPLEMENTAL INFORMATION

BFRO-50- 296 / 81003 Technical Specification Involved 4.10.C.2.b

Reported Under Technical Specification 6.7.2.b(3)

Date of Occurrence 1/7/81 Time of Occurrence 1400 Unit 3

Identification and Description of Occurrence:

Fuel pool sampling each eight hours was not accomplished. Two eight hour samples not taken.

Conditions Prior to Occurrence:

Unit 1 @ 99%

Unit 2 @ 97%

Unit 3 @ 0% refueling outage

Action specified in the Technical Specification Surveillance Requirements met due to inoperable equipment. Describe.

NA

Apparent Cause of Occurrence:

Responsible personnel did not notify chemical lab to take samples of the fuel pool each eight hours as required by Technical Specification.

Analysis of Occurrence:

There was no damage to plant equipment. There was no activity release, no personnel exposure or injury and no danger to the health or safety of the public. Water quality before and after event was well within the technical specification limits.

Corrective Action:

Personnel were instructed to notify chemical lab personnel of out of service equipment to meet minimum sampling requirements for worst case condition.

Failure Data:

NA

*Retention: Period - Lifetime; Responsibility - Administrative Supervisor

*Revision: 