

(7-11)

CONTROL BLOCK:

--	--	--	--	--	--

 (1)

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 T N S N P 1 0 0 - 0 0 0 0 0 - 0 0 4 57 CAT 55
7 8 9 14 15 25 26 30

0	1
---	---

REPORT SOURCE L 6 0 5 0 0 0 3 2 7 7 0 7 2 3 8 0 8 0 5 2 1 8 1 9

63 PACKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | A continuing review of maintenance requests (MR's) on 4/24/81 discovered that with

unit 1 in mode 4 on 7/23/80, maintenance was performed on valve 1-FCV-62-72 to adjust

0 4 | the limit switch and no post maintenance stroke test was performed as required by

05 | surveillance requirement 4.0.5 which invokes ASME Section XI. There was no effect

0 6 | upon public health or safety. Previous occurrences - 4 (Reference SORO-50-327/80190

0 7 | 80200, 81006, and 81048).

0	1	
---	---	--

7	8	9	SYSTEM CODE	CAUSE CODE	CAUSE SUBCODE	COMPONENT CODE	COMP SUBCODE	VALVE SUBCODE
1	2	3	4	5	6	7	8	9

0 9
P C
11
D
12
Z
13
V A L V O P
14
E
15
Z
16

(17) LER/RO REPORT NUMBER: 80-1-208-03-10-10-0

ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED		NPD-4 FORM SUB.		PRIME COMP. SUPPLIER		COMPONENT MANUFACTUR.	
									22								

33 X 18 34 X 19 35 Z 20 36 Z 21 37 38 39 40 41 N 23 42 N 24 43 I 25 44 A 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 Records had indicated that 1-FCV-62-72 had been stroke tested on 8/15/60, but subject

11 review discovered that the test had actually been performed on 1-FCV-62-75. An

1.2 emergency MR was issued on 4/24/81 to perform the required stroke test on 1-FCV-02-7

1 3 Actions to prevent recurrence of events of this type are under review at this time

A horizontal number line is shown. Above the line, there is a rectangular box divided into two sections. The left section contains the number '1' and the right section contains the number '4'. Below the line, there is a tick mark corresponding to the position of the box.

FACILITY STATUS	% POWER	OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 29	NA	C <input checked="" type="checkbox"/> J1	Review of MR's

ACTIVITY CONTENT AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36)

RELEASED BY RELEASE NO. AMOUNT OF PAYMENT

1 6 2 Z 33 34 NA 44 45 NA

PERSONNEL EXPOSURES				DESCRIPTION (30)
NUMBER	TYPE		NA	
1	2	3	4	
5	6	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	

PERSONNEL INJURIES

NUMBER				DESCRIPTION	
1	8	0	0	0	(40) NA

LOSS OF OR DAMAGE TO FACILITY		(43)
TYPE	DESCRIPTION	
1-1		

7 8 9 10 NA

PURCITY

NRC USE ONLY

ISSUED		DESCRIPTION			
2	0	N	44	NA	
				68	69

Name of Preparer M. R. Harling/G. B. Kirk

Phone (615) 842-8317

8105270/34