

LICENSEE EVENT REPORT

EXHIBIT A

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

0 1 N | C M | G | S | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5  
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 18 19 LICENSE TYPE 20 21 CAT 24

3 1 REPORT SOURCE L | 5 | 0 | 5 | 0 | 0 | 0 | 3 | 6 | 9 | 7 | 0 | 8 | 0 | 9 | 3 | 1 | 8 | 0 | 9 | 0 | 3 | 8 | 1 | 9  
7 8 9 DOCKET NUMBER 12 13 EVENT DATE 14 15 REPORT DATE 18 19

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

3 2 While in Mode 3, alarms were received at the HVAC panel in the Control Room  
3 3 indicating a loss of sample flow through a radiation monitor (EMF-43A) for the  
3 4 Control Room outside air intake. The monitor was declared inoperable per T.S.  
3 5 3.3.3.1 which is reportable pursuant to T.S. 6.9.1.13(b). Because of the  
3 6 availability of a redundant "B" train, in addition to respiratory protective  
3 7 equipment provided to Control Room personnel, this incident did not affect the  
3 8 safe operation of the plant or the health and safety of the public.

3 9 SYSTEM CODE B | B | 11 CAUSE CODE X | 12 CAUSE SUBCODE Z | 13 COMPONENT CODE I | N | S | T | R | U | 14 COMP SUBCODE E | 15 VALVE SUBCODE Z | 16  
17 LER/RO REPORT NUMBER 8 | 1 | 18 SEQUENTIAL REPORT NO. 1 | 3 | 4 | 19 OCCURRENCE CODE 0 | 1 | 3 | 20 REPORT TYPE L | 21 REVISION 0 | 22  
13 X | 23 Z | 19 EFFECT ON PLANT Z | 20 SHUTDOWN METHOD Z | 21 HOURS 0 | 0 | 0 | 22 ATTACHMENT SUBMITTED N | 23 NFROM FORM SUB N | 24 PRIME COMP SUPPLIER L | 25 COMPONENT MANUFACTURER G | 0 | 6 | 3 | 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 The cause of this incident is unknown. Action statement #27 of Table 3.3-6 was  
1 1 implemented when the monitor was declared inoperable. Examination of the moni-  
1 2 tor revealed the vacuum pump was in the "auto" mode but had stopped. When it  
1 3 was switched to "manual" mode the pump started. The flow rate, vacuum and alarm  
1 4 setpoints were checked and found to be properly working. The pump was restarted  
1 5 in the "auto" mode and the alarm cleared.

1 5 FACILITY STATUS X | 28 POWER 0 | 0 | 0 | 29 OTHER STATUS Mode 2 | 30 METHOD OF DISCOVERY A | 31 DISCOVERY DESCRIPTION Audible and visible alarms | 32

1 6 ACTIVITY CONTENT Z | 33 RELEASED OF RELEASE Z | 34 AMOUNT OF ACTIVITY N/A | 35 LOCATION OF RELEASE N/A | 36

1 7 PERSONNEL EXPOSURES NUMBER 0 | 0 | 0 | 37 TYPE Z | 38 DESCRIPTION N/A | 39

1 8 PERSONNEL INJURIES NUMBER 0 | 0 | 0 | 40 DESCRIPTION N/A | 41

1 9 LOSS OF OR DAMAGE TO FACILITY TYPE Z | 42 DESCRIPTION N/A | 43

2 0 PUBLICITY ISSUED N | 44 DESCRIPTION N/A | 45

NAME OF PREPARER Phillip B. Nardoci PHONE: (704) 373-7432