

LICENSEE EVENT REPORT

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

0 1 | F I L I T I P | S | 4 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | _____ 5
7 3 3 14 15 25 26 37 CAT 38
LICENSEE CODE LICENSE NUMBER LICENSE TYPE

CON'T
0 1 | _____ 8 | 0 | 5 | 0 | 0 | 0 | 2 | 5 | 1 | 7 | 0 | 9 | 0 | 3 | 8 | 1 | 8 | 1 | 0 | 0 | 5 | 8 | 1 | 9
7 3 30 31 38 39 74 75 80
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

0 2 | While performing a routine surveillance test, the "A" Auxiliary
0 3 | Feedwater (AFW) pump could not be properly tripped and was taken out of
0 4 | service to be repaired. The "B" and "C" AFW pumps were operable. Unit 3
0 5 | was in cold shutdown condition. Full power operation of Unit 4 continued
0 6 | pursuant to T.S. 3.8.1.b.1. This is reportable pursuant to T.S. 6.9.2.b.2.
0 7 | The most recent occurrences relating to the AFW systems were reported as
0 8 | LER's 250-81-04 and 251-81-05.
7 3 9 30

0 9 | H | H | X | Z | V I A I L I V I E | X | X | X | _____
7 3 9 10 11 12 13 18 19 20
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP SUBCODE VALVE SUBCODE
17 | LER/RO REPORT NUMBER | 8 | 1 | _____ | 0 | 1 | 1 | 0 | _____ | 0 | 3 | _____ | L | _____ | 0 | _____
21 22 23 24 25 26 27 28 29 30 31 32
EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.
18 | E | 19 | Z | 20 | Z | 21 | Z | 22 | 0 | 0 | 0 | 0 | 0 | 23 | N | 24 | N | 25 | A | 26 | T | 27 | 1 | 28 | 4 | 29 | 7 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPD-4 FORM SUB. PRIME COMP SUPPLIER COMPONENT MANUFACTURER

1 0 | The root cause of the problem was determined to be a loose set screw and
1 1 | a misaligned yoke on the emergency overspeed trip valve. The yoke was
1 2 | realigned and the set screw was retightened. The pump was then tested and
1 3 | returned to service within 20 hours.
1 4 | _____
7 3 9 30

1 5 | E | 1 | 0 | 0 | NA | B | Operator Observation
7 3 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
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION
1 6 | Z | Z | NA | NA | _____
7 3 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
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE
1 7 | 0 | 0 | 0 | Z | NA | _____
7 3 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
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION
1 8 | 0 | 0 | 0 | Z | NA | _____
7 3 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
PERSONNEL INJURIES NUMBER DESCRIPTION
1 9 | 0 | 0 | 0 | _____ | NA | _____
7 3 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
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION
2 0 | Z | _____ | NA | _____
7 3 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
PUBLICITY ISSUED DESCRIPTION
2 0 | N | _____ | NA | _____
7 3 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
NAME OF PREPARER P.L. Pace PHONE: (305) 552-3654