

(PLEASE PRINT ALL REQUIRED INFORMATION)

CONTROL BLOCK:										
1										
8										
LICENSEE NAME										
LICENSE NUMBER										
LICENSE TYPE										
EVENT TYPE										
01	M	I	B	R	P	1	0	0	0	
7	8	9	14	15	25	20	30	31	32	
REPORT TYPE										
REPORT SOURCE										
DOCKET NUMBER										
EVENT DATE										
REPORT DATE										
01	CONT									
7	8	57	58	59	60	61	68	69	74	
EVENT DESCRIPTION										
02	During routine rounds the diesel pump control panel lights were observed to be dim.									
7	8									80
03	A test start of the diesel fire pump was initiated and the diesel failed to start.									
7	8									80
04	Refueling operations were stopped until repair was made. The pump started in the									
7	8									80
05	manual mode on 8/29/77. Not repetitive.									
7	8									80
06	RO-77-37									
7	8									80
SYSTEM CODE										
CAUSE CODE										
COMPONENT CODE										
PRIME COMPONENT SUPPLIER										
COMPONENT MANUFACTURER										
VIOLATION										
07	A	B								
7	8	9	10	11	12	17	43	44	47	
CAUSE DESCRIPTION										
08	Two battery cables and a solenoid connection were found loose and retightened on the									
7	8									80
09	A battery unit. The B battery had discharged for reasons unknown and has subse-									
7	8									80
10	quently been recharged. Additional training and revised administrative (contd)									
7	8									80
FACILITY STATUS										
% POWER										
OTHER STATUS										
METHOD OF DISCOVERY										
DISCOVERY DESCRIPTION										
11	H									
7	8	9	10	12	13	44	45	48	80	
FORM OF ACTIVITY RELEASED										
CONTENT OF RELEASE										
AMOUNT OF ACTIVITY										
LOCATION OF RELEASE										
12	Z									
7	8	9	10	11	44	45			80	
PERSONNEL EXPOSURES										
NUMBER										
TYPE										
DESCRIPTION										
13	0	0	0							
7	8	9	11	12	13				80	
PERSONNEL INJURIES										
NUMBER										
DESCRIPTION										
14	0	0	0							
7	8	9	11	12					80	
PROBABLE CONSEQUENCES										
15	None. Redundant electric pump was operable during period of deficiency.									
7	8									80
LOSS OR DAMAGE TO FACILITY										
TYPE										
DESCRIPTION										
16	Z									
7	8	9	10						80	
PUBLCITY										
17	None									
7	8									80
ADDITIONAL FACTORS										
18	(Cause Description - Contd) controls are being considered to prevent recurrence.									
7	8									80
19	NA									
7	8									80

**END**

**DATE FILMED**

**2 / 3 / 78**