

LICENSEE EVENT REPORT

CONTROL BLOCK: _____ (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 | F | L | S | L | S | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | _____ | 5
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
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT

01 | L | 0 | 5 | 0 | 0 | 0 | 3 | 3 | 5 | 7 | 0 | 1 | 0 | 7 | 8 | 2 | 3 | 0 | 2 | 0 | 8 | 8 | 2 | 3
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
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | During a refueling outage and the subsequent startup period, radiation
 03 | levels in the fuel storage area exceeded the ARMS setpoint rendering Channel
 04 | #7 ARMS inoperable. The action statement in accordance with TS 3.3.3.1
 05 | requires daily surveys with portable instruments. Daily surveys were not
 06 | conducted each day between 11-29-81 and 1-7-82.

07 | _____
 08 | _____
 09 | _____

09 | B | A | 11 | X | 12 | Z | 13 | Z | Z | Z | Z | Z | 14 | Z | 15 | Z | 16 |
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
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP SUBCODE VALVE SUBCODE
 17 | 8 | 2 | 21 | 22 | - | 23 | 0 | 0 | 1 | 24 | 25 | / | 26 | 0 | 3 | 27 | L | 28 | - | 29 | 0 | 30 |
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
LETR/RQ REPORT NUMBER EVENT YEAR SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED VPROH FORM SUB PRIME COMP SUPPLIER COMPONENT MANUFACTURER
 18 | H | 19 | Z | 20 | Z | 21 | 0 | 0 | 0 | 0 | 22 | Y | 23 | N | 24 | Z | 25 | Z | 9 | 9 | 9 | 26 |
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED VPROH FORM SUB PRIME COMP SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 | Channel #7 ARMS was rendered inoperable when the fuel handling machine
 11 | hoist box was stored in the area. Surveys were not conducted daily
 12 | due to misunderstanding between the responsible supervisor and the person
 13 | taking the surveys. Daily surveys were immediately instituted as required
 14 | by TS 3.3.3.1 upon discovery of the deficiency. Continued on attachment.

15 | C | 23 | 0 | 0 | 0 | 29 | NA | 30 | B | 31 | QC Review of Required Surveillances
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
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

15 | Z | 33 | Z | 34 | NA | 35 | NA | 36
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
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

17 | 0 | 0 | 0 | 37 | Z | 38 | NA | 39
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
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

14 | 0 | 0 | 0 | 40 | _____ | 41 | NA | 42
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
PERSONNEL INJURIES NUMBER DESCRIPTION

19 | Z | 42 | _____ | 43 | NA | 44
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
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

20 | N | 44 | _____ | 45 | NA | 46
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
PUBLICITY ISSUED DESCRIPTION

NAME OF PREPARER P.L. Pace PHONE (305) 552-3654

LER 82-001

CAUSE DESCRIPTION AND CORRECTIVE ACTION CONTINUED

All personnel involved have been counseled on the importance of adherence to the surveillance requirements of the technical specifications and of proper communications.

The hoist box has been shielded to reduce radiation levels below the alarm setpoint and Channel 7 ARMS is operable.