

LICENSEE EVENT REPORT

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

0 1 N J O C P I 1 0 0 - 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 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

CON'T
0 1 REPORT SOURCE L 6 0 5 0 0 0 2 1 1 9 7 0 2 2 6 8 2 B 0 3 1 5 8 2 9
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

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10
0 2 On February 7, 1982, while performing a local leak rate test on the
0 3 Reactor Building to Suppression Chamber vacuum breakers, it was found
0 4 that air operated vacuum breaker V-26-18 exceeded the allowable leak
0 5 rate. Subsequent investigation revealed that the valve shaft was im-
0 6 properly aligned with the operator. This event is considered a violation
0 7 of Tech Spec 3.5.A.4 and A.3, reportable in accordance with paragraph
0 8 6.9.2.a.(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 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

0 9 SYSTEM CODE S A 11 CAUSE CODE D 12 CAUSE SUBCODE Z 13 COMPONENT CODE V A L V E X 14 COMP SUBCODE B 15 VALVE SUBCODE C 16
17 LER/RO REPORT NUMBER 8 2 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
ACTION TAKEN X 18 FUTURE ACTION G 19 EFFECT ON PLANT Z 20 SHUTDOWN METHOD Z 21 HOURS 0 0 0 0 22 ATTACHMENT SUBMITTED Y 23 NPRD-4 FORM SUB Y 24 PRIME COMP. SUPPLIER L 25 COMPONENT MANUFACTURER F 1 1 3 0 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27
1 0 The cause of this occurrence is due to inadequate procedures. The
1 1 maintenance procedure does not provide adequate instructions to
1 2 ensure proper valve shaft to operator alignment. The leak rate test
1 3 did not indicate a problem existed. Corrective action included
1 4 proper alignment of valve components.
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

1 5 FACILITY STATUS G 28 % POWER 0 0 0 29 OTHER STATUS NA 30 METHOD OF DISCOVERY B 31 DISCOVERY DESCRIPTION Surveillance Testing 32
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

1 6 ACTIVITY CONTENT Z 33 AMOUNT OF ACTIVITY NA 35 LOCATION OF RELEASE 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 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

1 7 PERSONNEL EXPOSURES NUMBER 0 0 0 37 TYPE Z 38 DESCRIPTION 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 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

1 8 PERSONNEL INJURIES NUMBER 0 0 0 40 DESCRIPTION NA 41
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

1 9 LOSS OF OR DAMAGE TO FACILITY TYPE Z 42 DESCRIPTION NA 43
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

2 0 PUBLICITY ISSUED DESCRIPTION NA 45 NRC USE ONLY
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

NAME OF PREPARER Raymond Smith PHONE (609) 693-6042

8203250192 820315
PDR ADOCK 05000219
S PDR