



Commonwealth Edison

Zion Generating Station  
101 Shiloh Blvd.  
Zion, Illinois 60099  
Telephone 708 / 746-2084

June 4, 1993

U. S. Nuclear Regulatory Commission  
Document Control Desk  
Washington, D.C. 20555

Dear Sir:

The enclosed supplemental Licensee Event Report Number 92-008-01, Docket No. 50-295/DPR-39 from Zion Generating Station is being transmitted to you to update the safety analysis of the event, and the corrective actions taken.

Very truly yours,

T. P. Joyce  
Station Manager  
Zion Generating Station

TPJ/jw

Enclosure: Licensee Event Report

cc: NRC Region III Administrator  
NRC Resident Inspector  
INPO Record Center  
CECo Distribution List

07:14Z  
9306080125 930604  
PDR ADOCK 05000295  
S PDR

ZDVRLE-583(2)

JE22 1/1

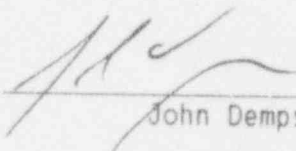
June 4, 1993

To: T. P. Joyce

Subject: On-Site Review of Licensee Event Report No. 92-008-01,  
Docket No. 50-295 (Unit 1)


We have reviewed the attached Supplemental Licensee Event Report on service water system butterfly valves that do not meet the design basis requirements and recommend its submittal to the NRC.


Prepared by:

  
John Dempsey

Disciplines required: A.B.G.

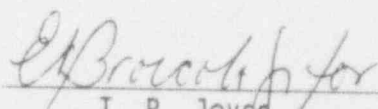
Station Review:

 <sup>ABEG</sup>  
Tech Staff Supervisor

  
Operating Engineer <sup>ABEG</sup>

N/A  
Asst. Superintendent

I concur and approve:

  
T. P. Joyce  
Station Manager  
Zion Station

TPJ/td

Attachment

cc: Production Superintendent  
Asst. Supt. Maint.  
Technical Staff Supervisor  
Training Supervisor  
QC Supervisor  
W Representative  
NQP Manager  
INPO Record Center  
VP BWR Operations  
Training (PTC) Zion

Oper. Eng./Shift Eng.  
Master Inst. Mech.  
Reg. Assur. Administrator (2)  
NPRDS Coordinator  
Nuclear Licensing Administrator  
NS/QA Manager  
Nuclear Station Managers(5)  
VP PWR Operations  
Performance Assessment (2)  
Master File

ATTACHMENT B  
(Continued)

Tracking Number: 29555492180-049

\*\*\*\*\* Section 2 Regulatory Assurance Supervisor (Designee) \*\*\*\*\*

- A. Verify appropriate immediate notification requirements as noted in Section B of page 1

Written Notification Determination Results:

10CFR50.9	<input type="checkbox"/>		LLIN	<input type="checkbox"/>
10CFR20.402	<input type="checkbox"/>	30 Day	T.S.	<input type="checkbox"/>
10CFR20.405	<input type="checkbox"/>	30 Day	10CFR21	<input type="checkbox"/>
10CFR20.403	<input type="checkbox"/>	30 Day	10CFR55	<input type="checkbox"/>
10CFR50.36	<input type="checkbox"/>	30 Day	None	<input type="checkbox"/>
10CFR50.73	<input checked="" type="checkbox"/>	30 Day		
10CFR73.71	<input type="checkbox"/>	30 Day		
Part 21	<input type="checkbox"/>	30 Day		

- B. Determination of investigation level. Review the event description as well as the Reporting Requirements then refer to the SLM (Attachment F) to determine the impact category and significance level.

Impact Cat.	<input type="checkbox"/> A	Sig. Level	<input type="checkbox"/> 3	With Sensitivity Factors	<input type="checkbox"/> 1
Impact Cat.	<input type="checkbox"/>	Sig. Level	<input type="checkbox"/>	With Sensitivity Factors	<input type="checkbox"/>
Impact Cat.	<input type="checkbox"/>	Sig. Level	<input type="checkbox"/>	With Sensitivity Factors	<input type="checkbox"/>

- C. Investigative techniques that should be used for this event.

Cause Determination Evaluation	<input checked="" type="checkbox"/>	Barrier Analysis	<input type="checkbox"/>
Event and Causal Factor Charting	<input type="checkbox"/>	Task Analysis	<input type="checkbox"/>
Change Analysis	<input type="checkbox"/>	Other	<input type="checkbox"/>

- D. Type of Report Issuance: E. Type of Review and or Approval

LER	<input checked="" type="checkbox"/>	Level 1 - Onsite/Offsite Review
PIR	<input checked="" type="checkbox"/>	Level 2 - Onsite/Offsite Review
HPES	<input type="checkbox"/>	Level 3 - LER/NOV response/200 Type Invst.
NPRDS/PADS	<input checked="" type="checkbox"/>	Onsite/Offsite Review
CDE	<input type="checkbox"/>	Others; Station Review
OTHER	<input type="checkbox"/>	Level 4 - Department Head
Corrective Action	<input type="checkbox"/>	
Sufficient		

Screening Approval

Suzanne L. Mika

Regulatory Assurance Supervisor/Designee

/05-11-92

Date

\*\*\*\*\* Investigative Report and Approval \*\*\*\*\*

Review: [Signature] ABEG

Review: [Signature] ABEG

Approval: [Signature] 1/6/93