



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

07.11.22
9306080125 930604
PDR ADOCK 05000295
S PDR

ZDVRLE-583(2)

JE22 11

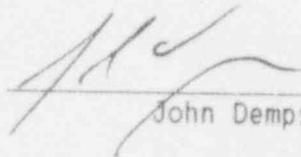
June 4, 1993

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

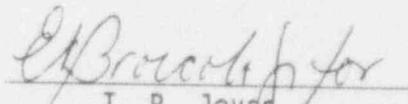
Station Review:

 ^{ABEG}
Tech Staff Supervisor


Operating Engineer ^{ABEG}

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 checked="" type="checkbox"/> A	Sig. Level	<input checked="" type="checkbox"/> 3	With Sensitivity Factors	<input checked="" 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"/> Y	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 /05-11-92
 Regulatory Assurance Supervisor/Designee Date

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

Review: *[Signature]* ABEG

Review: *[Signature]* ABCEG

Approval: *[Signature]* 1/6/93