

LICENSEE EVENT REPORT

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

01 | M | D | C | C | N | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | \_\_\_\_\_ | 5  
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 57 CAT 58

CON'T  
01 | L | 6 | 0 | 5 | 0 | 0 | 0 | 3 | 1 | 7 | 7 | 0 | 2 | 1 | 8 | 8 | 2 | 8 | 0 | 3 | 1 | 9 | 8 | 2 | 9  
7 8 REPORT SOURCE 60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  
02 | At 1415 and again at 2220 on 2-21-82, auxiliary feedwater flow indi-  
03 | cation to #12 steam generator indicated 70 gallons per minute with no  
04 | flow in that line. Flow indication was then declared inoperable  
05 | (T.S. 3.3.3.6.a). The instruments were checked and returned to service  
06 | at 1130 on 2-19-82 and 1240 on 2-22-82, respectively. Auxiliary feed-  
07 | water flow indication to #11 steam generator remained operable during  
08 | the events. Similar events: none.

09 | W | G | 11 | E | 12 | E | 13 | I | N | S | T | R | U | 14 | I | 15 | Z | 16 |  
7 8 SYSTEM CODE 9 10 CAUSE CODE 11 12 CAUSE SUBCODE 13 14 COMPONENT CODE 15 16 COLP. SUBCODE 17 18 VALVE SUBCODE 19 20  
17 | LER/RO REPORT NUMBER | 8 | 2 | 21 22 | - | 23 | 0 | 0 | 7 | 24 26 | / | 27 | 0 | 3 | 28 29 | L | 30 | - | 31 | 0 | 32  
18 | E | 18 | Z | 19 | Z | 20 | Z | 21 | 0 | 0 | 0 | 0 | 22 | N | 23 | N | 24 | N | 25 | F | 1 | 2 | 0 | 26  
33 34 35 36 37 40 41 42 43 44 47 ACTION TAKEN 33 FUTURE ACTION 34 EFFECT ON PLANT 35 SHUTDOWN METHOD 36 HOURS 40 ATTACHMENT SUBMITTED 41 NPRD-4 FORM SUB. 42 PRIME COMP. SUPPLIER 43 COMPONENT MANUFACTURER 44

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  
10 | On 2-18-82, troubleshooting revealed no cause. On 2-21-82 the symptom  
11 | returned. Troubleshooting revealed that the transmitter's zero adjust-  
12 | ment had shifted. Recalibrated the transmitter. Since the transmitter is  
13 | calibrated every refueling and operationally tested monthly, no further  
14 | corrective action is deemed necessary.

15 | E | 28 | 1 | 0 | 0 | 29 | NA | 30 | A | 31 | Operator Observation | 32  
7 8 FACILITY STATUS 9 10 % POWER 11 12 OTHER STATUS 13 14 METHOD OF DISCOVERY 15 16 DISCOVERY DESCRIPTION 17 18  
16 | Z | 33 | Z | 34 | NA | 35 | NA | 36  
7 8 ACTIVITY CONTENT 9 10 RELEASED OF RELEASE 11 12 AMOUNT OF ACTIVITY 13 14 LOCATION OF RELEASE 15 16  
17 | 0 | 0 | 0 | 37 | Z | 38 | NA | 39  
7 8 PERSONNEL EXPOSURES 9 10 NUMBER 11 12 TYPE 13 14 DESCRIPTION 15 16  
18 | 0 | 0 | 0 | 40 | NA | 41  
7 8 PERSONNEL INJURIES 9 10 NUMBER 11 12 DESCRIPTION 13 14  
19 | Z | 42 | NA | 43  
7 8 LOSS OF OR DAMAGE TO FACILITY 9 10 TYPE 11 12 DESCRIPTION 13 14  
PUBLICITY (44)

8204010139 820319  
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68 69 80