## LICENSEE EVENT REPORT

	EIGENSEE EVENT	L. O	
CONTROL BLOCK:	1 1 1 1 1 (PLEAS	SE PRINT OR TYPE ALL REQUIRED INFO	ORMATION)
O 1 N Y J A F 1 2	0 0 0 - 0 0 0 0 - 0	0 0 0 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 57 CAT 58 5
EVENT DESCRIPTION AND PRO	OCKET NUMBER 68 69  BEARLE CONSEQUENCES 10  down operations it was disc		
[0]   functional tests re	equired by TS Table 4.2-1	had not been performed in	the past 1
	error. Test of the valve		
	s not complete. Individua		
			1
	ocedures. No significant h	azard existed.	
0 7			
7 8 9	assist assist	COMP. VALVE	80
SYSTEM CODE  ZZZ111	CAUSE CODE SUBCODE COMPONE  D 12 Z 13 Z Z Z  SEQUENTIAL	SUBCODE SUBCOD	
17 REPORT LE 12 22	PEPORT NO.  0 0 4 26 27	ODE TYPE L 30 31	NO. 0
CAUSE DESCRIPTION AND CO	0 Z 0 0 0 0 0 0 0	ATTACHMENT SUBMITTED FORM SUB. PRIME COMP. SUPPLIER SUPPLIER 43	COMPONENT MANUFACTURER
	ssed surveillance was a pro	ocedure error. The proced	lure was
revised and the sur	rveillance performed with s	atisfactory results.	
112			
13			
FACILITY STATUS 1 5 0 0 0 0 29 0	OTHER STATUS 30 METHOD OF DISCOVERY NA A 31	Administrative Review	
ACTIONS CONTENT	AMOUNT OF ACTIVITY (35)	LOCATION OF RELEASE	e (36)
7 8 9 10 11 PERSONNEL EXPOSURES NUMBER TYPE DES	44 45 SCRIPTION (39)		80
7 8 9 PERSONNEL INJURIES 13	NA P		80
7 8 9 11 12	NA O		80
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION  1 9 Z 42	(43) NA		
PUBLICITY ISSUED DESCRIPTION 45			NRC USE ONLY
204010211 B20217	NA	68 69	80 3
DR ADOCK 05000333	W. Verne Childs		342-3840