

LICENSEE EVENT REPORT

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

0 1 | F | L | T | P | S | 3 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | _____ | 5

LICENSEE CODE 4 15 LICENSE NUMBER 25 26 LICENSE TYPE 29 31 DATE 38

CON'T

0 1 | L | 6 | 0 | 5 | 0 | 0 | 0 | 2 | 5 | 0 | 7 | 0 | 2 | 1 | 6 | 8 | 1 | 2 | 3 | 0 | 3 | 1 | 8 | 8 | 2 | 9

REPORT SOURCE 30 DOCKET NUMBER 38 39 EVENT DATE 74 75 REPORT DATE 30

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | While performing a periodic test of the fire pumps, the West pump failed to

0 3 | automatically start at its minimum accepted starting pressure. The East

0 4 | pump was fully operational. The health and safety of the public was not

0 5 | affected. This is reportable in accordance with TS 6.9.2.b.2 and TS

0 6 | 3.14.2.b.1

0 7 | _____

0 8 | _____

0 9 | A | B | 11 | E | 12 | E | 13 | I | N | S | T | R | U | 14 | S | 15 | Z | 16

SYSTEM CODE 9 10 CAUSE CODE 11 12 CAUSE SUBCODE 12 13 COMPONENT CODE 13 15 COMP. SUBCODE 19 20 VALVE SUBCODE 20 21

17 | LER/RD REPORT NUMBER | 8 | 2 | 21 22 | _____ | 23 24 | 0 | 0 | 2 | 25 26 | _____ | 27 28 | 0 | 3 | 29 30 | L | 31 32 | _____ | 33 34 | 0 | 32

18 | E | 19 | Z | 20 | Z | 21 | 0 | 0 | 0 | 0 | 22 | N | 23 | N | 24 | A | 25 | M | 2 | 3 | 5 | 25

ACTION TAKEN 18 19 FUTURE ACTION 20 21 EFFECT ON PLANT 22 23 SHUTDOWN METHOD 24 25 HOURS 26 27 ATTACHMENT SUBMITTED 28 29 NPRO-4 FORM 50LB 30 31 PRIME COMP SUPPLIER 32 33 COMPONENT MANUFACTURER 34 35

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The failure of the automatic start feature to initiate pump operation as

1 1 | required resulted from the trip switch and gauge being out of calibration.

1 2 | A recalibration was performed and the pump was tested successfully on

1 3 | March 12, 1982.

1 4 | _____

1 5 | G | 16 | 0 | 0 | 0 | 17 | NA | 18 | B | 19 | Inservice Inspection

FACILITY STATUS 16 17 % POWER 18 19 OTHER STATUS 20 21 METHOD OF DISCOVERY 22 23 DISCOVERY DESCRIPTION 24 25

1 6 | Z | 26 | Z | 27 | NA | 28 | NA | 29

ACTIVITY CONTENT 26 27 AMOUNT OF ACTIVITY 28 29 LOCATION OF RELEASE 30 31

1 7 | 0 | 0 | 0 | 30 | NA | 31

PERSONNEL EXPOSURES 30 31 NUMBER 32 33 TYPE 34 35 DESCRIPTION 36 37

1 8 | 0 | 0 | 0 | 38 | NA | 39

PERSONNEL INJURIES 38 39 NUMBER 40 41 DESCRIPTION 42 43

1 9 | Z | 44 | NA | 45

LOSS OF OR DAMAGE TO FACILITY 44 45 TYPE 46 47 DESCRIPTION 48 49

2 0 | N | 50 | NA | 51

PUBLICITY 50 51 ISSUED 52 53 DESCRIPTION 54 55

NAME OF PREPARER P. L. Pace PHONE (305) 552-3654