## LICENSEE EVENT REPORT

EXHIBIT A

|                 | CONTROL BLOCK: THE PRINT OR TYPE ALL REQUIRED INFORMATION   |
|-----------------|---|
| 0 1             | N CM G S 1 3 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 1 0 57 CAT 58  |
| O 1             | MEPORT L 8 0 5 10 10 10 13 16 19 7 0 5 12 9 8 2 8 0 6 2 8 8 2 9 SOUNCE SOUNCE SOUNCE SO 61 OCKET NUMBER SS 69 EVENT DATE 74 75 REPORT DATE SO   |
| 0 2             | EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10  [During performance of the Fire Protection System high velocity flush and chlorin   |
| 0 3             | ation periodic test, 5 fire hose stations in the auxiliary building were discov-  |
| 04              | [ered to be without adequate water pressure. The system was declared inoperable ]   |
|                 | per T.S.3.7.10.1, 3.7.10.2, and 3.7.10.4 which is reportable per T.S.6.9.1.13(b)  |
| 0 5             | Review of the procedure revealed previous times that sections of the system had   |
| 0 6             |   |
| 0 7             | been isolated during the run of the test. Because of the presence of fire de-   |
| 7 8             | tectors, fire walls and fire doors, portable extinguishers, and operable hose racks; in addition to no fires occurring while the system was isolated; health and constructed constructions suscope safety of the  |
| 0 9             | A B 10 D 12 Z Z Z Z Z Z Z Z Z Z S D D D D D D D D D   |
|                 | 17 REPORT NUMBER 2 23 24 26 27 28 29 30 31 32   |
|                 | ACTION PUTURE COMPONENT METHOD HOURS 22 ATTACHMENT PORM SUR. SUPPLIER MANUFACTURER |
| 10              | The valve line up of the test procedure mistakenly isolated sections of the Fire  |
|                 | Protection System. Although the same revision of the procedure was performed in   |
| 112             | November 1981, the valve alignment errors were not detected because the chlorin-  |
| 113             | lation section wasn't performed (inadequate water pressure discovered while att-  |
| -               | empting to detect presence of dissolved chlorine). The isolated section was re-   |
| , •,<br>ाडा     | e pressurized and vented, and the procedure revised.  ACLUTY TRATUS  TOTHER STATUS  OBSCOVERY DESCRIPTION (12)  B (3) Periodic Test   |
|                 | 2 10 10 TENT 12 13 44 48 48 48  |
| 1 6             | LEASED OF RELEASE AMOUNT OF ACTIVITY (35)    Z   33   Z   34   N/A   N/A    PERSONNEL EXPOSURES (36)  |
| 1 7             | NUMBER OESCRIPTION (39)  O O O O O O O O O O O O O O O O O O O  |
| 1 8             | PERSONNEL INJURIES MUMBER DESCRIPTION 41  O O O O N/A   |
| 1 9             | LOSS OF OR DAMAGE TO FACILITY 43 TYPE DESCRIPTION  Z 42 N/A   |
| 7 4             | PUBLICITY SSUED DESCRIPTION 45 NAC USE ONLY   |
| 2 0             | N (44) N/A  |
| 820<br>PDR<br>S | 7090076 820628<br>ADDCK 05000369<br>PDR   |