

LICENSEE EVENT REPORT

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

0 1 | F | L | S | L | S | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35
LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT

0 1 | R | 0 | 5 | 0 | 0 | 0 | 3 | 3 | 5 | 7 | 0 | 6 | 0 | 9 | 8 | 2 | 8 | 0 | 7 | 0 | 8 | 8 | 2 | 9
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

0 2 | On June 9, 1982 at 0110 hours the subcooled margin monitor failed. Action
0 3 | was taken in accordance with T.S. 3.3.3.8a. This is the first LER in this
0 4 | category. The health and safety of the public were not affected by this
0 5 | event.
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0 7 |
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0 9 |

0 9 | SYSTEM CODE: I D 11 CAUSE CODE: E 12 CAUSE SUBCODE: E 13 COMPONENT CODE: I N S T R U 14 COMP SUBCODE: E 15 VALVE SUBCODE: Z 16
17 LER/RO REPORT NUMBER: 8 2 22 EVENT YEAR: 8 2 22 SEQUENTIAL REPORTING NO: 0 2 2 27 OCCURRENCE CODE: 0 3 28 REPORT TYPE: L 30 REVISION NO.: 0 32
ACTION TAKEN: X 19 FUTURE ACTION: B 19 EFFECT ON PLANT: Z 20 SHUTDOWN METHOD: Z 21 HOURS: 0 0 0 22 ATTACHMENT SUBMITTED: N 23 NPRO-4 FORM SUB: N 24 PRIME COMP SUPPLIER: X 25 COMPONENT MANUFACTURER: R 3 3 5 26

1 0 | On investigation it was found that one of the input RTD's transmitter
1 1 | failed (1A2 Tc). The lead from this transmitter was lifted and the
1 2 | subcooled margin monitor was placed back inservice at 1414 hours on
1 3 | June 10, 1982. At present there are three remaining Tc inputs to the
1 4 | subcooled margin monitor.

1 5 | FACILITY STATUS: E 18 % POWER: 0 9 9 29 OTHER STATUS: N/A 30 METHOD OF DISCOVERY: A 31 DISCOVERY DESCRIPTION: OPERATOR OBSERVATION 32

1 6 | ACTIVITY CONTENT RELEASED: Z 33 Z 34 AMOUNT OF ACTIVITY: N/A 35 LOCATION OF RELEASE: N/A 36

1 7 | PERSONNEL EXPOSURES NUMBER: 0 0 0 37 TYPE: Z 38 DESCRIPTION: N/A 39

1 8 | PERSONNEL INJURIES NUMBER: 0 0 0 40 DESCRIPTION: N/A 41

1 9 | LOSS OF OR DAMAGE TO FACILITY TYPE: 2 42 DESCRIPTION: N/A 43

2 0 | PUBLICITY ISSUED: N 44 DESCRIPTION: N/A 45

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