

NOV 17 1980

COMMUNICATIONS UNIT

Metropolitan Edison Company
Post Office Box 48J
Middletown, Pennsylvania 17057
717 866-6544 948-8000

NOV 17 3 45 PM '80

Writer's Direct Dial Number

November 17, 1980
TEL. 607-607-6544
BRANCH

Office of Inspection and Enforcement

Rayce H. Crier, Director

U.S. Nuclear Regulatory Commission

631 Park Avenue

King of Prussia, Pennsylvania 19405

Dear Sir:

Three Mile Island Nuclear Station, Unit 2 (TMI-2)

Operating License No. DPK-73

Box No. 10-320

Licensee Event Report No. 80-52/1F

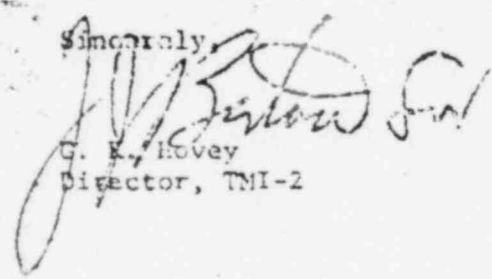
This letter is to confirm the conversation between Mr. T. L. Illjes, Unit 2 Shift Foreman, and Mr. T. A. Mosiak, Radiation Specialist, TMI Progress Office at 2233 hours on November 14, 1980.

A condition considered reportable under Technical Specification 6.9.1.3.b was entered at 2230 on November 14, 1980.

Following completion of the Reactor Building entry on November 13th, the doors of #2 Personnel Airlock were leak tested. At 2230 hours, the inner door leakrate test failed to meet the required limits. The door could not be returned to service within the 24 hours required by the action statement for Technical Specification 3.6.1.3, hence a prompt report is submitted.

Further details will be included in the follow-up report.

Sincerely,



G. E. Hovey
Director, TMI-2

M007
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1/1

CKI/BRU/lm

cc: J. T. Collins

8011240294

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LICENSEE EVENT REPORT

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

0	1															2															3															4															5
7	8	LICENSEE CODE														14	LICENSE NUMBER														25	LICENSE TYPE														30	CAT														58

CON'T		REPORT SOURCE		DOCKET NUMBER														EVENT DATE														REPORT DATE													
0	1	6	7	05000320														111480														111780													
7	8	60	61	68														74														80													

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0	2																																																																														
0	3																																																																														
0	4	SEE Attached Letter																																																																													
0	5																																																																														
0	6																																																																														
0	7																																																																														
0	8																																																																														

0	9	SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE				COMP. SUBCODE		VALVE SUBCODE															
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22														
LER/RO REPORT NUMBER		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.		ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED		NPRD-4 FORM SUB.		PRIME COMP. SUPPLIER		COMPONENT MANUFACTURER	
17	18	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1	0																																																																														
1	1																																																																														
1	2																																																																														
1	3																																																																														
1	4																																																																														

1	5	FACILITY STATUS														% POWER														OTHER STATUS														METHOD OF DISCOVERY														DISCOVERY DESCRIPTION													
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	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60																		

1	6	ACTIVITY RELEASED														CONTENT OF RELEASE														AMOUNT OF ACTIVITY														LOCATION OF RELEASE													
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	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60				

1	7	PERSONNEL EXPOSURES NUMBER														TYPE														DESCRIPTION																							
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	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

1	8	PERSONNEL INJURIES NUMBER														DESCRIPTION																																					
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	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

1	9	LOSS OF OR DAMAGE TO FACILITY TYPE														DESCRIPTION																																					
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	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

2	0	PUBLICITY ISSUED														DESCRIPTION														NRC USE ONLY																							
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	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

NAME OF PREPARER _____

PHONE: _____