LICENSEE EVENT REPORT

CONTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)
0 1 I L Z I S 2 2 0 0 - 0 0 0 0 - 0 0
CON'T O 1 SOURCE L 6 0 5 0 0 0 3 0 4 7 1 1 1 1 8 1 8 1 9 75 REPORT DATE 80
[0]2 With Unit 2 in hot shutdown and heating up following refueling, RCS
[0]3 [leakage was observed coming from the upper tap sensing line of the React
[0]4 [tor Vessel Level Indication System (RVLIS). The leak blocked access to]
[0]6 [the isol. valve, so the unit was depressurized and cooled down to approx]
[0]6 [400psig and 340 F,at which time personnel were able to isolate the leak]
[0]7 [There was no measurable radioactivity release associated with this
[0]8 event. The health and safety of the public were not affected.
SYSTEM CODE CODE SUBCODE COMPONENT CODE SUBCODE SUSCODE SUBCODE SUBCODE SUBCODE SUBCODE SUBCODE SUBCODE SUBCODE SUBCODE SUBCODE SUBCOD
LER/RO EVENT YEAR REPORT NO. 17 REPORT 8 1 22 23 24 26 27 28 29 30 31 32 32 32 32 33 34 35 36 37 37 40 41 23 42 43 43 43 44 47 60 60 60 60 60 60 60 6
1 0 A compression fitting seal on the upper tap sensing line of the RVLIS
[1] [failed due to deformation. The fitting was replaced. The RVLIS on
Unit 2 will remain isolated to prevent event reoccurrence. An evalua-
[1]3 [tion is being conducted to determine the feasibility of installing a]
different type sensing line connection system to the RVLIS.
FACILITY STATUS SPOWER OTHER STATUS 30 METHOD OF DISCOVERY DESCRIPTION 32 1 5 G 28 0 0 0 29 NA A 31 Operator Observation
7 8 9 10 12 13 44 45 46 80 RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36) NA NA
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION (39)
1 7 0 0 0 37 Z 38 NA 7 8 9 11 12 13 PERSONNEL INJURIES 80
1 7 0 0 0 37 Z 38 NA 7 8 9 PERSONNEL INJURIES 13 NUMBER DESCRIPTION 41 NA NA
1 7 0 0 0 37 Z 38 NA 7 8 9 PERSONNEL INJURIES 13 NUMBER DESCRIPTION 41 NA 1 8 9 11 12 LOSS OF OR DAMAGE TO FACILITY 43 1 8 9 LOSS OF OR DAMAGE TO FACILITY 43
1 7 0 0 0 37 Z 38 NA 7 8 9 PERSONNEL INJURIES NO NA 1 8 9 11 12 13 POSS OF OR DAMAGE TO FACILITY 43 1 9 Z 42 NA
1 7 0 0 0 37 Z 38 NA 7 8 9 PERSONNEL INJURIES NO NA 1 8 0 0 0 0 40 NA NA NA NA NA 1 8 9 11 12 80 LOSS OF DR DAMAGE TO FACILITY 43 TYPE DESCRIPTION NA NA