

LICENSEE EVENT REPORT

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

01 N J O C P I 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 _____ 5
7 8 U LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 31 CAT 36

CON'T
01 REPORT SOURCE L G 0 5 0 0 0 2 1 9 7 0 8 1 0 8 2 B 0 8 2 7 8 2 9
7 8 DOCKET NUMBER 58 59 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10

02 During operation, the stack gas was not continuously monitored as
03 required by Tech. Spec. paragraph 3.6.A.3, due to an electrical over-
04 load trip of stack gas sample pump "B". Due to the short period of
05 time that sample flow was lost, the safety significance is considered
06 minimal. This event is reportable per Tech. Specs., paragraph
07 6.9.2.a.2.
08 _____
7 8 9

09 SYSTEM CODE M C 11 CAUSE CODE X 12 CAUSE SUBCODE Z 13 COMPONENT CODE Z Z Z Z Z Z Z 14 COMP SUBCODE Z 15 VALVE SUBCODE Z 16
17 LER/RO REPORT NUMBER 8 2 22 EVENT YEAR 23 SEQUENTIAL REPORT NO. 0 4 4 24 OCCURRENCE CODE 0 1 28 REPORT TYPE T 31 REVISION NO. 0 32
ACTION TAKEN E 18 FUTURE ACTION Z 19 EFFECT ON PLANT Z 20 SHUTDOWN METHOD Z 21 HOURS 0 0 0 0 22 ATTACHMENT SUBMITTED Y 23 NRC-4 FORM SUB N 24 PRIME COMP. SUPPLIER Z 25 COMPONENT MANUFACTURER Z 9 9 9 26
33 34 35 36 37 40 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27

10 The stack gas sample system vent fan had been turned off and valve SGM-23
11 required adjusting to increase flow to the pump suction. Stack gas sample
12 system vent fan is now tagged "DO NOT TURN OFF" and valve SGM-23 has been
13 adjusted and will be checked thrice weekly. Procedures were revised to
14 assure Ops and Chem personnel used proper valve line-up.
7 8 9

15 FACILITY STATUS E 28 % POWER 0 6 9 29 OTHER STATUS NA 30 METHOD OF DISCOVERY A 31 DISCOVERY DESCRIPTION: Operator Observation 32
7 8 U 10 12 13 44 46 46 30

16 ACTIVITY CONTENT Z 33 Z 34 AMOUNT OF ACTIVITY NA 35 LOCATION OF RELEASE NA 36
7 8 U 10 11 44 46 30

17 PERSONNEL EXPOSURES NUMBER 0 0 0 37 TYPE Z 38 DESCRIPTION NA 39
7 8 U 11 12 30

18 PERSONNEL INJURIES NUMBER 0 0 0 40 DESCRIPTION NA 41
7 8 U 11 12 30

19 LOSS OF OR DAMAGE TO FACILITY TYPE Z 42 DESCRIPTION NA 43
7 8 U 10 30

20 PUBLICITY ISSUED N 44 DESCRIPTION NA 45 NRC USE ONLY
7 8 U 10 30 31 32

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