

LICENSEE EVENT REPORT

CONTROL BLOCK: _____ (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 | M S G G S I | 2 | 0 0 0 - 0 0 0 0 0 0 0 0 0 0 | 3 | 4 | 4 | 5

CONT REPORT SOURCE | L | 6 | 0 5 0 0 0 0 4 1 6 | 7 | 1 1 1 3 0 8 2 | 8 | 1 2 3 0 8 2 | 9

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10) 0 2 | During a Q.A. audit it was discovered that between receipt of the operating license 0 3 | on June 17, 1982, and September 9, 1982, the diesel fuel oil insolubles test required 0 4 | by T.S.4.8.1.1.2.c was not performed. This is being reported pursuant to 0 5 | T.S.6.9.1.13.c. The event had no effect on the health and safety of the public and 0 6 | did not constitute a threat to plant safety. 0 7 | 0 8 |

0 9 SYSTEM CODE | X X | 11 CAUSE CODE | A | 12 CAUSE SUBCODE | X | 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 | 21 22 SEQUENTIAL REPORT NO. | 1 5 2 | 24 26 OCCURRENCE CODE | 0 3 | 28 29 REPORT TYPE | L | 30 REVISION NO. | 0 | 32

ACTION TAKEN | X | 18 FUTURE ACTION | Z | 19 EFFECT ON PLANT | Z | 20 SHUTDOWN METHOD | Z | 21 HOURS | 0 0 0 0 | 22 ATTACHMENT SUBMITTED | N | 23 NPRD-4 FORM SUB. | N | 24 PRIME COMP. SUPPLIER | Z | 25 COMPONENT MANUFACTURER | Z 9 9 9 | 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27) 1 0 | Due to personnel error, the tests were overlooked, and the required equipment was not 1 1 | on-hand. The necessary equipment was ordered and received, and the tests were 1 2 | completed on September 9, 1982. Testing is now being performed as required. This is 1 3 | submitted as a final report. 1 4 |

1 5 FACILITY STATUS | B | 28 % POWER | 0 0 0 | 29 OTHER STATUS | NA | 30 METHOD OF DISCOVERY | C | 31 DISCOVERY DESCRIPTION | Quality Assurance Audit | 32

1 6 ACTIVITY CONTENT RELEASED OF RELEASE | Z | 33 AMOUNT OF ACTIVITY | NA | 35 LOCATION OF RELEASE | NA | 36

1 7 PERSONNEL EXPOSURES NUMBER | 0 0 0 | 37 TYPE | Z | 38 DESCRIPTION | NA | 39

1 8 PERSONNEL INJURIES NUMBER | 0 0 0 | 40 DESCRIPTION | NA | 41

1 9 LOSS OF OR DAMAGE TO FACILITY TYPE | Z | 42 DESCRIPTION | NA | 43

2 0 PUBLICITY ISSUED | N | 44 DESCRIPTION | 8301060370 821230 PDR ADOCK 05000416 S PDR NRC USE ONLY

GPO 917-926