

LICENSEE EVENT REPORT

CONTROL BLOCK:                     (1)

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

7 8 9 | G | A | E | I | H | I | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5

LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 57 CAT 58

CON'T  
 7 8 | 0 | 1 | REPORT SOURCE | L | 6 | 0 | 5 | 0 | 0 | 0 | 3 | 2 | 1 | 7 | 0 | 1 | 0 | 8 | 8 | 3 | 8 | 0 | 2 | 0 | 3 | 8 | 3 | 9

NO 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | While performing the "MAIN CONTROL ROOM ISOLATION AND PRESSURIZATION

0 3 | LSFT" surveillance procedure, the "A" control room supply fan was found

0 4 | to be inoperable. Units One and Two were placed in a 7-day LCO as requi-

0 5 | red by Unit 1 Tech. Specs. Section 3.12.A.1.a, and Unit 2 Tech. Specs.

0 6 | Section 3.7.2, ACTION a respectively. The health and safety of the pub-

0 7 | lic were not affected by this non-repetitive event.

7 8 9

0 9 | SYSTEM CODE | S | G | 11 | CAUSE CODE | E | 12 | CAUSE SUBCODE | A | 13 | COMPONENT CODE | R | E | L | A | Y | X | 14 | COMP. SUBCODE | J | 15 | VALVE SUBCODE | Z | 16

17 | LEH/RO REPORT NUMBER | 8 | 3 | 21 22 | SHUTDOWN METHOD | — | 23 | SEQUENTIAL REPORT NO. | 0 | 0 | 4 | 24 26 | OCCURRENCE CODE | / | 27 | REPORT TYPE | L | 30 | REVISION NO. | 0 | 32

ACTION TAKEN | C | 18 | FUTURE ACTION | Z | 19 | EFFECT ON PLANT | Z | 20 | SHUTDOWN METHOD | Z | 21 | HOURS | 0 | 0 | 0 | 0 | 22 37 | ATTACHMENT SUBMITTED | N | 23 | NPRD-4 FORM SUB. | N | 24 | PRIME COMP. SUPPLIER | A | 25 | COMPONENT MANUFACTURER | G | 0 | 8 | 0 | 26 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | The cause of this event has been attributed to component failure due to

1 1 | an inoperable time delay relay and flow switch. Both the relay and the

1 2 | flow switch were replaced and returned to operable status. The "A" cont-

1 3 | rol room supply fan was proven operable per procedure and returned to

1 4 | service on January 11, 1983.

7 8 9 | FACILITY STATUS | H | 28 | % POWER | 0 | 0 | 0 | 29 | OTHER STATUS | NA | 30 | METHOD OF DISCOVERY | B | 31 | DISCOVERY DESCRIPTION | Surveillance Test | 32

1 6 | ACTIVITY CONTENT | Z | 33 | RELEASED OF RELEASE | Z | 34 | 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 | N | 44 | ISSUED | N | 45 | DESCRIPTION | NA | 46

8302150025 830203  
 PDR ADOCK 05000321  
 S PDR

NRC USE ONLY

NAME OF PREPARER S. B. Tipps

PHONE: (912) 367-7851