

# LICENSEE EVENT REPORT

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

01 | C | A | S | 0 | S | 2 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5

7 8 9 14 15 25 26 57 58

LICENSEE CODE      LICENSE NUMBER      LICENSE TYPE JK      CAT 58

01 | L | 0 | 5 | 0 | 0 | 0 | 3 | 6 | 1 | 7 | 0 | 1 | 0 | 7 | 8 | 3 | 8 | 0 | 2 | 0 | 3 | 8 | 3 | 9

7 8 60 61 68 69 74 75 80

REPORT SOURCE      DOCKET NUMBER      EVENT DATE      REPORT DATE

**EVENT DESCRIPTION AND PROBABLE CONSEQUENCES** (10)

02 | With Units 2 and 3 in Mod's 1 and 4, respectively, Train B ammonia analyzer 2/3

03 | AIT-9782D2 failed to meet the channel functional test as required by Technical

04 | Specification Surveillance Requirement 4.3.2.1 and was declared inoperable. There

05 | was no impact on plant operation or the health and safety of plant personnel or the

06 | public as a result of this occurrence, since the redundant Train A analyzer

07 | remained operable throughout the event.

09 | S | G | E | E | I | N | S | T | R | U | E | Z

7 8 9 10 11 12 13 14 15 16

SYSTEM CODE      CAUSE CODE      CAUSE SUBCODE      COMPONENT CODE      COMP. SUBCODE      VALVE SUBCODE

17 | 8 | 3 | 0 | 0 | 6 | 0 | 3 | L | 0

7 8 21 22 23 24 25 26 27 28 29 30 31 32

LER/RO REPORT NUMBER      EVENT YEAR      SEQUENTIAL REPORT NO.      OCCURRENCE CODE      REPORT TYPE      REVISION NO.

A | Z | Z | Z | 0 | 0 | 0 | 0 | Y | N | A | B | 1 | 3 | 5

7 8 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47

ACTION TAKEN      FUTURE ACTION      EFFECT ON PLANT      SHUTDOWN METHOD      HOURS      ATTACHMENT SUBMITTED      NPRD-4 FORM SUB      PRIME COMP. SUPPLIER      COMPONENT MANUFACTURER

**CAUSE DESCRIPTION AND CORRECTIVE ACTIONS** (27)

10 | Inoperability of the analyzer was due to a faulty sample cell. The cell was

11 | replaced and the analyzer declared operable in accordance with Procedure

12 | S023-II-1.15 at 1100 on January 8, 1983. This was an isolated occurrence and

13 | no further corrective action is planned.

15 | B | 0 | 2 | 5 | NA | B | Surveillance testing

7 8 9 10 11 12 13 44 45 46 47 48 49 50

FACILITY STATUS      % POWER      OTHER STATUS      METHOD OF DISCOVERY      DISCOVERY DESCRIPTION

16 | Z | Z | NA | NA | NA

7 8 9 10 11 12 13 44 45 46 47 48 49 50

ACTIVITY RELEASED      CONTENT OF RELEASE      AMOUNT OF ACTIVITY      LOCATION OF RELEASE

17 | 0 | 0 | 0 | Z | NA

7 8 9 10 11 12 13 44 45 46 47 48 49 50

PERSONNEL EXPOSURES NUMBER      TYPE      DESCRIPTION

18 | 0 | 0 | 0 | NA

7 8 9 10 11 12 13 44 45 46 47 48 49 50

PERSONNEL INJURIES NUMBER      DESCRIPTION

19 | Z | NA

7 8 9 10 11 12 13 44 45 46 47 48 49 50

LOSS OF OR DAMAGE TO FACILITY TYPE      DESCRIPTION

20 | N | NA

7 8 9 10 11 12 13 44 45 46 47 48 49 50

PUBLICITY ISSUED      DESCRIPTION

8302150281 830203  
PDR ADOCK 05000361  
S PDR

*H. B. Pay*  
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