LICENSEE EVENT REPORT

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

|0|1| |C|A|S|0|S|2| (2) |0|0|-|0|0|0|0|0|-|0|0| (3) |4|1|1|1|1|1| (4) |__| (5)
7 8 9   LICENSEE CODE   14 15   LICENSE NUMBER   25 26   LICENSE TYPE 30   57 CAT 58

CON'T

|0|1| REPORT SOURCE |L| (6) |0|5|0|0|0|3|6|1| (7) |0|8|2|7|8|2| (8) |0|9|2|4|8|2| (9)
7 8   60   61   DOCKET NUMBER   68 69   EVENT DATE   74 75   REPORT DATE   80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

|0|2| | While in Mode 3, the turbine of Auxiliary Feedwater Pump 2P-140 tripped on high |

|0|3| | speed. Repeated attempts failed to restart the pump. There was no consequence |

|0|4| | to the public health and safety since any one of the two remaining operable pumps |

|0|5| | would have performed the necessary decay heat removal function if called upon to |

|0|6| | do so. |

|0|7| | |

|0|8| | |
7 8 9   80

|0|9|
7 8

	SYSTEM CODE	CAUSE CODE	CAUSE SUBCODE	COMPONENT CODE	COMP. SUBCODE	VALVE SUBCODE
	|H|H| (11)	|E| (12)	|A| (13)	|I|N|S|T|R|U| (14)	|E| (15)	|Z| (16)
	9 10	11	12	13 18	19	20

(17) LER/RO REPORT NUMBER | EVENT YEAR |8|2| 21 22 | |—| 23 | SEQUENTIAL REPORT NO. |1|0|1| 24   26 | OCCURRENCE CODE |/| 27 | |0|3| 28 29 | REPORT TYPE |L| 30 | REVISION NO. |—| 31 | |0| 32

ACTION TAKEN	FUTURE ACTION	EFFECT ON PLANT	SHUTDOWN METHOD	HOURS (22)	ATTACHMENT SUBMITTED	NPRD-4 FORM SUB.	PRIME COMP. SUPPLIER	COMPONENT MANUFACTURER
|B| (18) 33	|Z| (19) 34	|Z| (20) 35	|Z| (21) 36	|0|0|0|0| 37 40	|N| (23) 41	|N| (24) 42	|A| (25) 43	|X|9|9|9| (26) 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

|1|0| | The cause was due to defective speed sensor. Corrective measures included |

|1|1| | replacement of the speed sensor. |

|1|2| | |

|1|3| | |

|1|4| | |
7 8 9   80

	FACILITY STATUS	% POWER	OTHER STATUS (30)	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION (32)
|1|5|	|B| (28)	|0|0|0| (29)	N/A	|B| (31)	Operator observation
7 8 9		10 12	13 44	45 46	80

	ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY (35)	LOCATION OF RELEASE (36)
|1|6|	|Z| (33)	|Z| (34)	N/A	N/A
7 8 9		10 11	44	45 80

PERSONNEL EXPOSURES

	NUMBER	TYPE	DESCRIPTION (39)
|1|7|	|0|0|0| (37)	|Z| (38)	N/A
7 8 9		11 12 13	80

PERSONNEL INJURIES

	NUMBER	DESCRIPTION (41)
|1|8|	|0|0|0| (40)	N/A
7 8 9		11 12	80

LOSS OF OR DAMAGE TO FACILITY (43)

	TYPE	DESCRIPTION
|1|9|	|Z| (42)	N/A
7 8 9		10	80

PUBLICITY

	ISSUED	DESCRIPTION (45)		NRC USE ONLY
|2|0|	|N| (44)		8210050101 820924 PDR ADOCK 05000361 S PDR	|__|__|__|__|__|__|__|__|__|__|__|
7 8 9		10		68 69 80

NAME OF PREPARER ___ H.B. RAY   HB Ray / Manager   PHONE ___ 714-492-7700