

LICENSEE EVENT REPORT

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

0 1 | C | T | M | N | S | I | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 1 | 4 | 5
 7 8 9 14 15 25 26 30 57 58
 LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

CON'T
 0 1 | L | 6 | 0 | 5 | 0 | 0 | 0 | 2 | 4 | 5 | 7 | 1 | 0 | 0 | 5 | 8 | 2 | 8 | 1 | 1 | 0 | 4 | 8 | 2 | 9
 7 8 60 61 68 69 74 75 80
 REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)
 0 2 | On October 5, 1982, at 1500 hours, while performing the Local Leak Rate Test on the
 0 3 | Recirculation System sample isolation valves 1-RR-36 and 1-RR-37, both valves failed to
 0 4 | meet the acceptance criteria of 19.95 standard cubic feet per hour (SCFH) maximum
 0 5 | leakage. (Technical Specification 4.7.A.3.f.) The as found combined leakage from
 0 6 | both valves was 41 SCFH. There were no consequences. See attached sheet.
 0 7 |
 0 8 |

0 9 | C | B | 11 | E | 12 | B | 13 | V | A | L | V | E | X | 14 | G | 15 | N | 16
 7 8 9 10 11 12 13 18 19 20
 SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE
 17 | 8 | 2 | 21 | 22 | | | 23 | 0 | 2 | 3 | 24 | 26 | | | 27 | 0 | 3 | 28 | 29 | | | 30 | | | 31 | 0 | 32
 7 8 21 22 23 24 26 27 28 29 30 31 32
 LER/RO REPORT NUMBER EVENT YEAR SHUTDOWN METHOD SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.
 ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPRD-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER
 A | 18 | Z | 19 | Z | 20 | Z | 21 | 0 | 0 | 0 | 0 | 37 | Y | 23 | Y | 24 | N | 25 | A | 5 | 5 | 7 | 26
 33 34 35 36 37 40 41 42 43 44 47
 CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | Investigation of the disassembled valves revealed seat erosion on both valves and
 1 1 | plug erosion on valve 1-RR-37 only. New seats and plugs were installed in both
 1 2 | valves. Similar occurrences: RO 79-19/3L, 80-14/1T
 1 3 |
 1 4 |

1 5 | H | 28 | 0 | 0 | 0 | 29 | NA | 30 | 31 | Local Leak Rate Testing | 32
 7 8 9 10 12 13 44 45 46 80
 FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION
 1 6 | Z | 33 | Z | 34 | NA | 35 | NA | 36
 7 8 9 10 11 44 45 80
 ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE
 1 7 | 0 | 0 | 0 | 37 | Z | 38 | NA | 39
 7 8 9 11 12 13 80
 PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION
 1 8 | 0 | 0 | 0 | 40 | NA | 41
 7 8 9 11 12 80
 PERSONNEL INJURIES NUMBER DESCRIPTION
 1 9 | Z | 42 | NA | 43
 7 8 9 11 12 80
 LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION
 2 0 | N | 44 | NA | 45
 7 8 9 10 80
 PUBLICITY ISSUED DESCRIPTION

8211120466 821104
 PDR ADOCK 05000245
 S PDR
 NRC USE ONLY
 NAME OF PREPARER Trudy Schweikert Thull PHONE: (203) 447-1791
 68 69 80