

LICENSEE EVENT REPORT

EXHIBIT A

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

LICENSEE CODE, LICENSE NUMBER, LICENSE TYPE, REPORT SOURCE, DOCKET NUMBER, EVENT DATE, REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10

With the reactor at approximately 6% full power during a routine start-up, fires were discovered at the auto transformer connection and at the oil circuit breaker connection of the 22kv supply line to start-up transformer #3. This event caused one off-site power supply to Unit 2 to be temporarily inoperable. Start-up transformer #2 and both emergency diesel generators remained operable. There have been no similar occurrences. This is reportable per Technical Specification 6.9.1.9.b.

SYSTEM CODE, CAUSE CODE, CAUSE SUBCODE, COMPONENT CODE, COMP SUBCODE, VALVE SUBCODE, LER/RO REPORT NUMBER, EVENT YEAR, SEQUENTIAL REPORT NO., OCCURRENCE CODE, REPORT TYPE, REVISION NO., ACTION TAKEN, FUTURE ACTION, EFFECT ON PLANT, SHUTDOWN METHOD, HOURS, ATTACHMENT SUBMITTED, NPD-4 FORM SUB, PRIME COMP. SUPPLIER, COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27

This event was caused by the failure of the connection of the supply line to the transformer probably due to hair being trapped in the potting mixture at the time of the original connection. The fire at the breaker connection of the supply line is judged to be a result of the failure of the transformer connection because evidence of less heat was apparent at the breaker connection. Immediate actions were to dispatch the fire brigade, trip the reactor, shift unit loads to start-up transformer #2 and deenergize the transformer.

FACILITY STATUS, % POWER, OTHER STATUS, METHOD OF DISCOVERY, DISCOVERY DESCRIPTION

ACTIVITY RELEASED, CONTENT OF RELEASE, AMOUNT OF ACTIVITY, LOCATION OF RELEASE

PERSONNEL EXPOSURES, NUMBER, TYPE, DESCRIPTION

PERSONNEL INJURIES, NUMBER, DESCRIPTION

LOSS OF OR DAMAGE TO FACILITY, TYPE, DESCRIPTION

PUBLICITY ISSUED, DESCRIPTION

NAME OF PREPARER, PHONE

8303250027 830317 PDR ADOCK 05000368 S PDR

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LER No. 368/83-010/03L-0

Cause Description and Corrective Actions (Continued):

Corrective action was to replace the two failed connections and to visually inspect other connections. Because no other connections showed evidence of problems when inspected and because this is considered to be an isolated incident, no future action is planned.