

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 6 (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 MIDCC1 2 00-0000000-00 3 411 1 4 5

CON'T

REPORT SOURCE L 6 05000315 7 092082 8 101382 9

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10

02 | WITH THE REACTOR COOLANT SYSTEM IN MODE 3, THE CONTAINMENT GASEOUS RADIATION MONITOR

03 | CHANNEL (ERS-1305) WAS DECLARED INOPERABLE, DUE TO A FAIL HIGH CONDITION. TO PERMIT

04 | TROUBLESHOOTING OF ERS-1305, THE CONTAINMENT AIR PARTICULATE MONITOR CHANNEL

05 | (ERS-1301) HAD TO BE REMOVED FROM SERVICE, MAKING THIS EVENT NON-CONSERVATIVE WITH

06 | RESPECT TO TECHNICAL SPECIFICATION 3.3.2.1 TABLE 3.3-3 ITEM 3.c. CONTAINMENT PURGE

07 | WAS NOT IN PROGRESS DURING THE TIME PERIOD THE ERS-1301 AND ERS-1305 WERE INOPERABLE.

08 | THE PUBLIC HEALTH AND SAFETY WERE NOT AFFECTED.

09

SYSTEM CODE BB 11 CAUSE CODE E 12 CAUSE SUBCODE G 13 COMPONENT CODE INSITRU 14 COMP. SUBCODE E 15 VALVE SUBCODE Z 16

17 LER/RO REPORT NUMBER 812 23 SHUTDOWN METHOD - 24 SEQUENTIAL REPORT NO. 087 27 OCCURRENCE CODE 03 30 REPORT TYPE L 31 REVISION NO. 0 32

18 ACTION TAKEN A 33 19 FUTURE ACTION Z 34 20 EFFECT ON PLANT Z 35 21 HOURS 0000 37 22 ATTACHMENT SUBMITTED N 41 23 NPRD-4 FORM SUB. N 42 24 PRIME COMP. SUPPLIER A 43 25 COMPONENT MANUFACTURER E070 44 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27

10 | INVESTIGATION REVEALED THAT THE CAUSE OF THE FAIL HIGH CONDITION WAS A DEFECTIVE I/O

11 | CARD. THE I/O CARD WAS CAUSING THE CHECK SOURCE TO BE HELD IN THE IN POSITION. THE

12 | I/O CARD, MANUFACTURED BY EBERLINE INSTRUMENT CORP. WAS REPLACED, THE SYSTEM WAS

13 | VERIFIED TO BE OPERATING CORRECTLY AND RETURNED TO SERVICE.

14 |

FACILITY STATUS H 28 % POWER 000 29 OTHER STATUS NA 30 METHOD OF DISCOVERY B 31 DISCOVERY DESCRIPTION OPERATOR OBSERVATION 32

15 |

ACTIVITY CONTENT RELEASED OF RELEASE Z 33 34 AMOUNT OF ACTIVITY NA 35 LOCATION OF RELEASE NA 36

16 |

PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION 000 37 38 Z 39 NA

17 |

PERSONNEL INJURIES NUMBER DESCRIPTION 000 40 41 NA

18 |

LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION Z 42 43 NA

19 |

PUBLICITY ISSUED DESCRIPTION N 44 45 NA

20 |

**8210190404 821013
PDR ADOCK 05000315
S PDR**

NAME OF PREPARER R. A. PALMER PHONE 616-465-5901

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