. 0.12.	LICENSEE EVENT REPORT
	CONTROL BLOCK: [] [] (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)
0 1	M N P I N 1 2 0 0 - 0 0 0 0 0 3 4 1 1 1 1 4 5 5 CAT 56
0 1 7 8	REPORT L 6 0 5 0 0 0 2 8 2 7 0 9 1 5 8 2 8 1 0 1 5 8 2 9 EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10
0 2	During management review of the surveillance program, it was discovered that two
0 3	ventilation flow tests were not done as scheduled. Upon discovery the tests were done
0 4	and were acceptable, indicating the systems were operable throughout the period. No
0 5	effect on public health and safety. Recent similar event was RO-80-23. Tech Spec
0 6	4.14 and 4.15 apply.
0 7	
0 8	80
7 8	SYSTEM CAUSE CAUSE COMPONENT CODE SUBCODE SUBCODE SUBCODE SUBCODE
7 8	9 10 11 12 13 18 19 20 REVISION
	LER RO EVENT YEAR SEPORT NO. CODE TYPE NO. NO.
	ACTION FUTURE EFFECT SHUTDOWN HOURS (22) ATTACHMENT SUBMITTED FORM SUB. SUPPLIER MANUFACTURER SUPPLIER MANUFACTURER
	X 18 X 19 Z 20 Z 21 0 0 0 0 N 23 N 24 Z 25 Z 9 9 9 9 2 CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27
10	Personnel error. These tests will be rescheduled so that all the ventilation tests
111	are done at about the same time. This should decrease the likelihood of overlooking
1 2	these infrequent tests.
1 3	
1 4	80
7 8	STATUS POWER OTHER STATUS (30) METHOD OF DISCOVERY DESCRIPTION (32)
7 3	E 28 1 0 0 29 NA ACTIVITY CONTENT 12 13 NA 44 45 46 80
1 6	RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) NA LOCATION OF RELEASE (36) NA 45
1.17	PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION (39) 10 10 10 1(37) Z 1(38) NA
7 8	9 PERSONNEL INJURIES 13
1 A	O O O NA NA
1 9	LOSS OF OR DAMAGE TO FACILITY 43 8210250376
7 8	PUBLICITY NRC USE ONLY ISSUED DESCRIPTION 45
2 0	N (44) NA
	NAME OF PREPARER A. A. Hunstad PHONE: 612-388-1121