

LICENSEE EVENT REPORT

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

01 M I D I C C I 2 0 0 - 0 0 0 0 0 0 - 1 0 0 3 4 1 1 1 1 4 _____ 5
7 8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 31 CAT 32

CON'T
01 REPORT SOURCE L 5 0 5 0 0 0 3 1 5 7 1 2 2 7 8 2 3 0 1 2 6 8 3 9
7 8 9 DOCKET NUMBER 38 39 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)
02 DURING NORMAL PLANT OPERATION, A SECURITY OFFICER ON TOUR FOUND THE CO₂ SWITCH FOR
03 THE UNIT 1 4KV SWITCHGEAR ROOM IN THE ISOLATE POSITION WITH NO ONE IN THE ROOM. THIS
04 IS NON-CONSERVATIVE WITH RESPECT TO THE REQUIREMENTS OF T.S.3.7.9.3. THE CONDITION
05 EXISTED FOR TWENTY (20) MINUTES. THE FIRE DETECTION SYSTEM WAS OPERABLE DURING THIS
06 PERIOD. PUBLIC HEALTH AND SAFETY WERE NOT AFFECTED. PREVIOUS OCCURRENCES WERE REPORTED
07 VIA RO NOS. (UNIT I): 315/82-037, 044, 045, 049, 068, 081 & 082 - AND (UNIT II):
08 316/82-054, 062, 076, 058, 074 and 084.

09 SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP SUBCODE VALVE SUBCODE
A B 11 A 12 X 13 Z Z Z Z Z Z 14 Z 15 Z 16
17 LER RO REPORT NUMBER 8 2 21 22 SEQUENTIAL REPORT NO. 1 0 1 8 24 26 OCCURRENCE CODE 0 3 28 29 REPORT TYPE L 30 REVISION NO. 0 32
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPD-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER
X 18 Z 19 Z 20 Z 21 0 0 0 22 N 23 N 24 Z 25 Z 9 9 9 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)
10 THE PRIMARY CAUSE OF THE EVENT WAS A MISUNDERSTANDING OF THE RESPONSIBILITY FOR RE-
11 QUESTING A SECURITY GUARD AT THE ISOLATION SWITCH AND VERIFYING THAT THE SWITCH WAS
12 RETURNED TO NORMAL WHEN ALL PERSONNEL HAD LEFT THE AREA. A PROCEDURE CHANGE HAS
13 BEEN ISSUED WHICH CLEARLY DEFINES THE PERSON RESPONSIBLE FOR ASSURING THAT PROPER
14 PROCEDURES ARE FOLLOWED.

15 FACILITY STATUS E 28 % POWER 1 1 0 0 0 29 OTHER STATUS N.A. 30 METHOD OF DISCOVERY B 31 DISCOVERY DESCRIPTION SECURITY OFFICER OBSERVATION 32

16 ACTIVITY CONTENT RELEASED OF RELEASE Z 33 Z 34 AMOUNT OF ACTIVITY N.A. 35 LOCATION OF RELEASE N.A. 36

17 PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION 0 0 0 37 Z 38 N.A. 39

18 PERSONNEL INJURIES NUMBER DESCRIPTION 0 0 0 40 N.A. 41

19 LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION Z 42 8302040086 830126 PDR ADOCK 05000315 S PDR

20 PUBLICITY ISSUED DESCRIPTION N 44 N.A. 45

NAME OF PREPARER B. A. SVENSSON PHONE: 616-465-5901