

CONTROL BLOCK										(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)									
0 1 C A S O I S 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4										5 7 CAT 58									
CON'T																			
0 1 REPORT SOURCE L 0 5 0 0 0 3 6 1 7 0 2 0 9 8 3 8 1 2 1 2 8 3 9										DOCKET NUMBER EVENT DATE REPORT DATE									
EVENT DESCRIPTION AND PROBABLE CONSEQUENCES																			
0 2 Review of operational surveillance records revealed that the annual																			
0 3 Surveillance Test S023-3-3.36.1 for 10 Fire Suppression Valves due																			
0 4 2/9/83 was not completed within the required surveillance interval.																			
0 5 Compensatory measures prescribed by LCO 3.3.3.7, Action 'a' were not																			
0 6 implemented. The surveillance was completed on 10/5/83. Public health																			
0 7 and safety were not affected. See LER 83-067 (Docket No. 50-361).																			
0 8																			
SYSTEM CAUSE CAUSE COMPONENT COMP. VALVE CODE CODE SUBCODE CODE SUBCODE SUBCODE 0 9 A B 11 D 12 Z 13 V A L V E X 14 B 15 D 16																			
17 LER/RD REPORT NUMBER 8 3 18 ACTION TAKEN G 19 FUTURE ACTION Z 20 EFFECT ON PLANT Z 21 SHUTDOWN METHOD Z 22 HOURS 0 0 0 0 23 ATTACHMENT SUBMITTED N 24 NRPD-4 FORM SUB. N 25 PRIME COMP. SUPPLIER A 26 COMPONENT MANUFACTURER X 9 9 9																			
CAUSE DESCRIPTION AND CORRECTIVE ACTIONS																			
1 0 Performance of the surveillances was delayed by the valves having been																			
1 1 removed from service prior to the originally scheduled test on 2/9/83																			
1 2 and were not rescheduled upon their return to service. Appropriate																			
1 3 procedures will be revised to adequately control the rescheduling of																			
1 4 surveillances.																			
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION 1 5 B 28 0 0 0 29 NA C 31 Compliance Audit																			
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE 1 6 Z 33 Z 34 NA NA																			
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION 1 7 0 0 0 37 Z 38 NA																			
PERSONNEL INJURIES NUMBER DESCRIPTION 1 8 0 0 0 40 NA																			
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION 1 9 Z 42 NA																			
PUBLICITY ISSUED DESCRIPTION NRC USE ONLY 2 0 N 45 NA																			
NAME OF PREPARER J. G. HAYNES PHONE 714/492-7700																			