LICENSEE EVENT REPORT

CONTROL BLOCK: [ ] (1–6)

(PLEASE PRINT ALL REQUIRED INFORMATION)

1	2	LICENSEE NAME							LICENSE NUMBER											LICENSE TYPE					EVENT TYPE	
0	1	N	Y	N	M	P	1				–						–			4	1	1	1	1	0	3
7	8	9						14	15							25				26				30	31	32

1	2	CON'T	CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER								EVENT DATE						REPORT DATE					
0	1		M	I	L	L	0	5	0	–	0	2	2	0	1	1	2	1	7	5	1	2	0	3	7	5
7	8		57	58	59	60	61							68	69					74	75					80

EVENT DESCRIPTION

02	During reactor shutdown, #13 SRM failed to provide an adequate signal to the
03	monitor. Indication was downscale. Bypass was available for the system and
04	three SRM's were operable.
05	
06	AOR-75-33

	SYSTEM CODE		CAUSE CODE	COMPONENT CODE						PRIME COMPONENT SUPPLIER	COMPONENT MANUFACTURER				VIOLATION
07	I	E	E	I	N	S	T	R	U	N	G	0	8	0	N
7 8 9	10		11	12					17	43	44			47	48

CAUSE DESCRIPTION

08	Failed capacitor in the pre-amplifier unit.
09	
10	

	FACILITY STATUS		% POWER			OTHER STATUS	METHOD OF DISCOVERY	DISCOVERY DESCRIPTION
11	H		0	0	0		A	
7 8	9		10		12	13 44	45	46 80

	FORM OF ACTIVITY RELEASED	CONTENT OF RELEASE	AMOUNT OF ACTIVITY	LOCATION OF RELEASE
12	Z	Z	N/A	N/A
7 8	9	10	11 44	45 80

PERSONNEL EXPOSURES

	NUMBER			TYPE	DESCRIPTION
13	0	0	0	Z	N/A
7 8 9			11	12	13 80

PERSONNEL INJURIES

	NUMBER			DESCRIPTION
14	0	0	0	N/A
7 8 9			11	12 80

~~OFFSITE~~ CONSEQUENCES Probable

15	None

LOSS OR DAMAGE TO FACILITY

	TYPE	DESCRIPTION
16	Z	N/A
7 8 9	10	80

PUBLICITY

8302180098 751203
PDR ADOCK 05000220
S PDR

17	None

ADDITIONAL FACTORS

18	None
19	

NAME: T.J. Dente PHONE: (315) 343-2110