

LICENSEE EVENT REPORT

CONTROL BLOCK:

[PLEASE PRINT ALL REQUIRED INFORMATION]

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

CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER						EVENT DATE				REPORT DATE										
01	CONT	M	I	L	L	0 5 0 - 0 2 2 0						1 1 2 2 7 5				1 2 0 3 7 5								
7	8	57	58	59	60	61								68	69			74	75					80

EVENT DESCRIPTION

02	During surveillance testing, found 68-12A Torus Vacuum Relief Valve to operate																			80
03	at 3.5" H ₂ O rather than 6.8" H ₂ O (more conservative but beyond normal set point																			80
04	deviation). Other valves operated satisfactorily (Serial #P064756)																			80
05																				80
06																				80
06	AOR 75-34																			80

SYSTEM CODE		CAUSE CODE		COMPONENT CODE				PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER			VIOLATION		
07	I	E	E	I	N	S	T	R	U	N	M 2 3 5			N	
7	8	9	10	11	12					17	43	44		47	48

CAUSE DESCRIPTION

08	Recalibrated to acceptable values - set point drift.																			80
09																				80
10																				80

FACILITY STATUS		% POWER		OTHER STATUS				METHOD OF DISCOVERY		DISCOVERY DESCRIPTION			
11	H	0	0	0					B				
7	8	9	10	11	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

PERSONNEL INJURIES

NUMBER		DESCRIPTION	
14	0	0	0
7	8	9	11 12

QUESTIONS CONSEQUENCES Probable

15	None																			80
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LOSS OR DAMAGE TO FACILITY

TYPE		DESCRIPTION	
16	Z	N/A	
7	8	9	10

PUBLICITY

17	None																			80
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8302180100 751203
PDR ADOCK 05000220
S PDR

ADDITIONAL FACTORS

18	None																			80
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19																				80
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NAME: T.J. Dente PHONE: (315) 343-2110