

LICENSEE EVENT REPORT

EXHIBIT A

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

01 | F | L | C | R | P | 3 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5

LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 31 CAT 38 39

CONT

01 | L | 6 | 0 | 5 | 0 | - | 0 | 3 | 0 | 2 | 7 | 0 | 6 | 0 | 8 | 8 | 2 | 8 | 0 | 6 | 0 | 1 | 8 | 4 | 9

REPORT SOURCE 80 81 DOCKET NUMBER 85 86 EVENT DATE 74 75 REPORT DATE 80 81

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | At 2100, while verifying operability of boron injection sources and pumps

03 | (SP-320), DHV-111 failed to control flow, contrary to T.S. 3.5.2. This same

04 | event occurred on June 22, 1982. Redundancy was provided by the "A" decay

05 | heat train in both cases. Maintenance was initiated and operability restored

06 | on June 8, 1982 and June 23, 1982, respectively. There was no effect upon

07 | the health of the general public. This was the third and fourth occurrences

08 | for DHV-111 and the nineteenth report under this Specification.

09 |

SYSTEM CODE 9 | C | F | 11 | CAUSE CODE 11 | X | 12 | CAUSE SUBCODE 12 | Z | 13 | COMPONENT CODE 13 | I | N | S | I | T | R | U | 14 | COMP. SUBCODE 15 | C | 15 | VALVE SUBCODE 16 | Z | 16 |

LER/RO REPORT NUMBER 17 | 8 | 2 | 21 | 22 | SEQUENTIAL REPORT NO. 24 | 0 | 4 | 1 | 24 | 25 | OCCURRENCE CODE 26 | 0 | 3 | 26 | 27 | REPORT TYPE 28 | X | 28 | REVISION NO. 32 | 1 | 32 |

ACTION TAKEN 18 | E | 18 | FUTURE ACTION 19 | X | 19 | EFFECT ON PLANT 20 | Z | 20 | SHUTDOWN METHOD 21 | Z | 21 | HOURS 22 | 0 | 0 | 0 | 0 | 22 | ATTACHMENT SUBMITTED 23 | Y | 23 | NRC-4 FORM SUB. 24 | N | 24 | PRIME COMP. SUPPLIER 25 | A | 25 | COMPONENT MANUFACTURER 26 | B | 0 | 8 | 0 | 26 |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 | The cause of these events is attributed to a stuck high flow switch. The

11 | switch was exercised, calibrated, and functionally tested satisfactorily. An

12 | engineering evaluation has determined the following additional corrective

13 | action to be implemented: (1) replace existing flow switch with electronic

14 | controls; (2) change out helical gears in valve actuator.

15 |

FACILITY STATUS 15 | E | 28 | % POWER 10 | 0 | 9 | 0 | 29 | OTHER STATUS 30 | N/A | 30 | METHOD OF DISCOVERY 31 | B | 31 | DISCOVERY DESCRIPTION 32 | Operator Observation | 32 |

ACTIVITY RELEASED 16 | Z | 33 | CONTENT 10 | Z | 34 | AMOUNT OF ACTIVITY 35 | N/A | 35 | LOCATION OF RELEASE 36 | N/A | 36 |

PERSONNEL EXPOSURES 17 | 0 | 0 | 0 | 37 | TYPE 11 | Z | 38 | DESCRIPTION 36 | N/A | 36 |

PERSONNEL INJURIES 18 | 0 | 0 | 0 | 40 | DESCRIPTION 41 |

LOSS OF OR DAMAGE TO FACILITY 19 | Z | 42 | TYPE 10 | DESCRIPTION 43 |

PUBLICITY ISSUED 20 | N | 44 | DESCRIPTION 45 | N/A | 45 |

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NRC USE ONLY

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SUPPLEMENTARY INFORMATION

REPORT NO. : 50-302/82-041/03X-1

FACILITY : Crystal River Unit 3

REPORT DATE : June 1, 1984

OCCURRENCE DATE: June 8, 1982

IDENTIFICATION OF OCCURRENCE:

On two occasions the decay heat pump discharge throttle valve would not control flow in automatic, contrary to Technical Specification 3.5.2.

CONDITIONS PRIOR TO OCCURRENCE:

Mode 1, POWER OPERATION (90%)

DESCRIPTION OF OCCURRENCE:

At 2100, while performing SP-320, Operability of Boron Injection Sources and Pumps, the decay heat pump discharge throttle valve, DHV-111, would not control flow in automatic. This same event occurred June 22, 1982. Maintenance was initiated and operability restored on June 8 and 23, 1982, respectively.

DESIGNATION OF APPARENT CAUSE:

The cause of these events is attributed to a stuck high flow control switch.

ANALYSIS OF OCCURRENCE:

Redundancy was provided by Engineered Safeguard Subsystem "A". There was no effect upon the health or safety of the general public.

CORRECTIVE ACTION:

The flow control switch was exercised, calibrated, and functionally tested satisfactorily. An engineering evaluation determined the following additional corrective action to be implemented:

1. Replace existing flow switch with electronic controls.
2. Change out helical gears in valve actuator.

FAILURE DATA:

This is the third and fourth occurrences for this valve and the nineteenth report under this Specification.