Unit 2 LICENSEE EVENT REPORT

CONTROL BLOCK (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

1 | P A P B S 2 (2) 0 0 - 0 0 0 0 0 0 0 0 (3) 4 1 1 1 1 (4) (5)
8 9 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 57 CAT 58

CON'T

1 REPORT SOURCE L (6) 0 5 0 - 0 2 7 7 (7) 0 1 0 8 7 9 (8) 0 1 2 2 7 9 (9)
8 60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

2 The cable spreading room cardox system was disabled in AM of 1/8/79 so
3 that cable work in the overhead could proceed. A firewatch was posted at
4 that time. When cable work was completed for the day at about 4:30 PM,
5 the working group supervision failed to notify the shift that they were
6 finished. During the 5½ hours in which the firewatch was not present,
7 the fire detection system was fully operable and numerous people were in
8 and out of the area. Safety significance is minimal.
8 9 80

9 SYSTEM CODE A B (11) CAUSE CODE A (12) CAUSE SUBCODE E (13) COMPONENT CODE Z Z Z Z Z Z (14) COMP. SUBCODE Z (15) VALVE SUBCODE Z (16)
8 9 10 11 12 13 18 19 20

(17) LER/RO REPORT NUMBER EVENT YEAR 7 9 21 22 — 23 SEQUENTIAL REPORT NO 0 0 2 24 26 — 27 OCCURRENCE CODE 0 1 28 29 REPORT TYPE T 30 — 31 REVISION NO. 0 32

ACTION TAKEN H (18) FUTURE ACTION Z (19) EFFECT ON PLANT Z (20) SHUTDOWN METHOD Z (21) HOURS (22) 0 0 0 0 37 40 ATTACHMENT SUBMITTED Y (23) NPRD-4 FORM SUB N (24) PRIME COMP. SUPPLIER Z (25) COMPONENT MANUFACTURER Z 9 9 9 (26)
33 34 35 36 41 42 43 44 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

0 Construction supervision failed to notify shift upon completion of day's
1 work. The firewatch left the room upon work completion. The next operat-
2 ing shift, during normal surveillance of area, noticed the error and put
3 the cardox system in service. Construction personnel were instructed on
4 the importance of notifying shift supervision when work is completed.
8 9 80

5 FACILITY STATUS E (28) % POWER 1 0 0 (29) OTHER STATUS (30) Unit 3 at 0% METHOD OF DISCOVERY B (31) DISCOVERY DESCRIPTION (32) Routine Surveillance
8 9 10 12 13 44 45 46 80

6 ACTIVITY RELEASED Z (33) CONTENT OF RELEASE Z (34) AMOUNT OF ACTIVITY (35) N/A LOCATION OF RELEASE (36) N/A
8 9 10 11 44 45 80

PERSONNEL EXPOSURES
7 NUMBER 0 0 0 (37) TYPE Z (38) DESCRIPTION (39) N/A
8 9 11 12 13 80

PERSONNEL INJURIES
8 NUMBER 0 0 0 (40) DESCRIPTION (41) N/A
8 9 11 12 80

LOSS OF OR DAMAGE TO FACILITY (43)
9 TYPE Z (42) DESCRIPTION N/A
8 9 10 80

PUBLICITY
0 ISSUED N (44) DESCRIPTION (45) N/A
8 9 10 68 69 80

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