



# LICENSEE EVENT REPORT (LER)

(See Page 2 for required number of digits/characters for each block)

(See NUREG-1022, R.3 for instruction and guidance for completing this form  
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1. Facility Name	<input type="checkbox"/> 050 <input type="checkbox"/> 052	2. Docket Number	3. Page  1 OF
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4. Title

5. Event Date			6. LER Number			7. Report Date			8. Other Facilities Involved	
Month	Day	Year	Year	Sequential Number	Revision No.	Month	Day	Year	Facility Name	Docket Number
				-	-				<input type="checkbox"/> 050	
									Facility Name	<input type="checkbox"/> 052

9. Operating Mode	10. Power Level
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**11. This Report is Submitted Pursuant to the Requirements of 10 CFR §: (Check all that apply)**

<b>10 CFR Part 20</b>	<input type="checkbox"/> 20.2203(a)(2)(vi)	<b>10 CFR Part 50</b>	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	<input type="checkbox"/> 73.1200(a)
<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	<input type="checkbox"/> 73.1200(b)
<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)	<input type="checkbox"/> 73.1200(c)
<input type="checkbox"/> 20.2203(a)(1)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	<input type="checkbox"/> 50.73(a)(2)(x)	<input type="checkbox"/> 73.1200(d)
<input type="checkbox"/> 20.2203(a)(2)(i)	<b>10 CFR Part 21</b>	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<b>10 CFR Part 73</b>	<input type="checkbox"/> 73.1200(e)
<input type="checkbox"/> 20.2203(a)(2)(ii)	<input type="checkbox"/> 21.2(c)	<input type="checkbox"/> 50.69(g)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> 73.77(a)(1)	<input type="checkbox"/> 73.1200(f)
<input type="checkbox"/> 20.2203(a)(2)(iii)		<input type="checkbox"/> 50.73(a)(2)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(C)	<input type="checkbox"/> 73.77(a)(2)(i)	<input type="checkbox"/> 73.1200(g)
<input type="checkbox"/> 20.2203(a)(2)(iv)		<input type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(v)(D)	<input type="checkbox"/> 73.77(a)(2)(ii)	<input type="checkbox"/> 73.1200(h)
<input type="checkbox"/> 20.2203(a)(2)(v)		<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(vii)		

OTHER (Specify here, in abstract, or NRC 366A).

**12. Licensee Contact for this LER**

Licensee Contact	Phone Number (Include area code)
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**13. Complete One Line for each Component Failure Described in this Report**

Cause	System	Component	Manufacturer	Reportable to IRIS	Cause	System	Component	Manufacturer	Reportable to IRIS

**14. Supplemental Report Expected**

<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, complete 15. Expected Submission Date)	<b>15. Expected Submission Date</b>	Month	Day	Year
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**16. Abstract** (Limit to 1326 spaces, i.e., approximately 13 single-spaced typewritten lines)

**LICENSEE EVENT REPORT (LER) (Continued)**

**REQUIRED NUMBER OF DIGITS/CHARACTERS FOR EACH BLOCK**

BLOCK NUMBER	NUMBER OF DIGITS/CHARACTERS	TITLE
1	UP TO 127 / 2 LINES	FACILITY NAME
2	CHECK BOX FOR 050 OR 052 10 TOTAL 5 IN ADDITION TO 050 OR 052	DOCKET NUMBER
3	VARIES	PAGE NUMBER
4	UP TO 230 / 2 LINES	TITLE
5	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	EVENT DATE
6	9 TOTAL 4 FOR YEAR 3 FOR SEQUENTIAL NUMBER 2 FOR REVISIONS NUMBER	LER NUMBER
7	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	REPORT DATE
8	UP TO 29 -- FACILITY NAME CHECK BOX FOR 050 OR 052 10 TOTAL -- DOCKET NUMBER 5 IN ADDITION TO 050 OR 052	OTHER FACILITIES INVOLVED
9	1	OPERATING MODE
10	3	POWER LEVEL
11	VARIES CHECK ALL BOXES THAT APPLY	REQUIREMENTS OF 10 CFR
12	UP TO 90 FOR NAME 10 FOR TELEPHONE	LICENSEE CONTACT
13	CAUSE VARIES (UP TO 8) 2 FOR SYSTEM (UP TO 8) 4 FOR COMPONENT (UP TO 8) 4 FOR MANUFACTURER (UP TO 8) IRIS VARIES (UP TO 10)	EACH COMPONENT FAILURE
14	1 CHECK BOX THAT APPLIES	SUPPLEMENTAL REPORT EXPECTED
15	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	EXPECTED SUBMISSION DATE
16	13 LINES OF TYPING	ABSTRACT