

50-346

CONDITION REPORT						CR Number 02-05705	
TITLE: CLADDING CRACK FOUND IN ORIGINAL RVH CAVITY							
O R I G I N A T I O N	DISCOVERY DATE 9/6/2002	TIME N/A	EVENT DATE na	TIME N/A	SYSTEM / ASSET# N/A N/A		
	EQUIPMENT DESCRIPTION Original Davis-Besse Reactor Head Cavity						
	DESCRIPTION OF CONDITION and PROBABLE CAUSE (if known) Summarize any attachments. Identify what, when, where, why, how. The 17" diameter specimen that was removed from the original Davis-Besse Reactor Pressure vessel is currently undergoing examination in a laboratory. The laboratory informed Davis-Besse today that a crack approximately 3/8" long was found in the center of the exposed cladding area of the cavity. This new information will need to be evaluated for possible effects on the safety significance analysis.  The laboratory also performed cladding thickness measurements. The results were as follows:  Average - 0.256" Minimum - 0.202" Maximum - 0.314"  These results will also need to be evaluated to determine their effect on the safety significance analysis.						
	SUPV COMMENTS / IMMEDIATE ACTIONS TAKEN (Discuss CORRECTIVE ACTIONS completed, basis for closure.) NA						
	QUALITY ORGANIZATION USE ONLY Quality Org. Initiated <input type="checkbox"/> Yes Quality Org. Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		IDENTIFIED BY (Check one) <input checked="" type="checkbox"/> Individual/Work Group <input type="checkbox"/> Supervision/Management			<input type="checkbox"/> Self-Revealed <input type="checkbox"/> Internal Oversight <input type="checkbox"/> External Oversight	
ORIGINATOR MCLAUGHLIN, M		ORGANIZATION CH	DATE 9/9/2002	SUPERVISOR MCLAUGHLIN, M		DATE 9/9/2002	PHONE EXT. 8295
P L A N T  O P E R A T I O N S	SRO REVIEW <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EQUIPMENT OPERABLE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	EVALUATION REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IMMEDIATE INVESTIGATION REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		ORGANIZATION NOTIFIED N/A	MODE CHANGE RESTRAINT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	MODE N/A	ASSOCIATED TECH SPEC NUMBER(S) N/A		ASSOCIATED LCO ACTION STATEMENT(S) #1 N/A			
					#2		
					#3		
	DECLARED INOPERABLE (Date / Time) N/A		REPORTABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Eval Required	One Hour N/A Four Hour N/A Other N/A		APPLICABLE UNIT(S) <input checked="" type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> Both	
	COMMENTS N/A						
	Current Mode - Unit 1 N/A		Power Level - Unit 1 N/A	Current Mode - Unit 2 N/A		Power Level - Unit 2 N/A	
	SRO - UNIT 1 Approved By Supv		SRO - UNIT 2 N/A		DATE 9/9/2002		

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