

**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
<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/>)

Estimated burden per response to comply with this mandatory collection request: 80 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the FOIA, Privacy and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. FACILITY NAME**2. DOCKET NUMBER****05000****3. PAGE****1 OF****4. TITLE****5. EVENT DATE****6. LER NUMBER****7. REPORT DATE****8. OTHER FACILITIES INVOLVED**

| MONTH | DAY | YEAR | YEAR | SEQUENTIAL NUMBER | REV NO. | MONTH | DAY | YEAR | FACILITY NAME | DOCKET NUMBER |
|-------|-----|------|------|-------------------|---------|-------|-----|------|---------------|---------------|
| | | | | | | | | | | 05000 |
| | | | | | | | | | FACILITY NAME | DOCKET NUMBER |
| | | | | | | | | | | 05000 |

9. OPERATING MODE**11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: (Check all that apply)**

| | | | | |
|------------------------|---|---|---|---|
| | <input type="checkbox"/> 20.2201(b) | <input type="checkbox"/> 20.2203(a)(3)(i) | <input type="checkbox"/> 50.73(a)(2)(ii)(A) | <input type="checkbox"/> 50.73(a)(2)(viii)(A) |
| | <input type="checkbox"/> 20.2201(d) | <input type="checkbox"/> 20.2203(a)(3)(ii) | <input type="checkbox"/> 50.73(a)(2)(ii)(B) | <input type="checkbox"/> 50.73(a)(2)(viii)(B) |
| | <input type="checkbox"/> 20.2203(a)(1) | <input type="checkbox"/> 20.2203(a)(4) | <input type="checkbox"/> 50.73(a)(2)(iii) | <input type="checkbox"/> 50.73(a)(2)(ix)(A) |
| | <input type="checkbox"/> 20.2203(a)(2)(i) | <input type="checkbox"/> 50.36(c)(1)(i)(A) | <input type="checkbox"/> 50.73(a)(2)(iv)(A) | <input type="checkbox"/> 50.73(a)(2)(x) |
| 10. POWER LEVEL | <input type="checkbox"/> 20.2203(a)(2)(ii) | <input type="checkbox"/> 50.36(c)(1)(ii)(A) | <input type="checkbox"/> 50.73(a)(2)(v)(A) | <input type="checkbox"/> 73.71(a)(4) |
| | <input type="checkbox"/> 20.2203(a)(2)(iii) | <input type="checkbox"/> 50.36(c)(2) | <input type="checkbox"/> 50.73(a)(2)(v)(B) | <input type="checkbox"/> 73.71(a)(5) |
| | <input type="checkbox"/> 20.2203(a)(2)(iv) | <input type="checkbox"/> 50.46(a)(3)(ii) | <input type="checkbox"/> 50.73(a)(2)(v)(C) | <input type="checkbox"/> 73.77(a)(1) |
| | <input type="checkbox"/> 20.2203(a)(2)(v) | <input type="checkbox"/> 50.73(a)(2)(i)(A) | <input type="checkbox"/> 50.73(a)(2)(v)(D) | <input type="checkbox"/> 73.77(a)(2)(i) |
| | <input type="checkbox"/> 20.2203(a)(2)(vi) | <input type="checkbox"/> 50.73(a)(2)(i)(B) | <input type="checkbox"/> 50.73(a)(2)(vii) | <input type="checkbox"/> 73.77(a)(2)(ii) |
| | | <input type="checkbox"/> 50.73(a)(2)(i)(C) | <input type="checkbox"/> OTHER | Specify in Abstract below or in NRC Form 366A |

12. LICENSEE CONTACT FOR THIS LER

LICENSEE CONTACT

TELEPHONE NUMBER (Include Area Code)

13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT

| CAUSE | SYSTEM | COMPONENT | MANU-FACTURER | REPORTABLE TO EPIX | CAUSE | SYSTEM | COMPONENT | MANU-FACTURER | REPORTABLE TO EPIX |
|-------|--------|-----------|---------------|--------------------|-------|--------|-----------|---------------|--------------------|
| | | | | | | | | | |

14. SUPPLEMENTAL REPORT EXPECTED☐ YES (If yes, complete 15. EXPECTED SUBMISSION DATE) ☐ NO**15. EXPECTED SUBMISSION DATE**

| MONTH | DAY | YEAR |
|-------|-----|------|
| | | |

ABSTRACT (Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)

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

| BLOCK NUMBER | NUMBER OF DIGITS/CHARACTERS | TITLE |
|-------------------------|---|------------------------------|
| 1 | UP TO 120 / 2 LINES | FACILITY NAME |
| 2 | 8 TOTAL 3 IN ADDITION TO 05000 | 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 37 -- FACILITY NAME 8 TOTAL -- DOCKET NUMBER 3 IN ADDITION TO 05000 | 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 100 FOR NAME 10 FOR TELEPHONE | LICENSEE CONTACT |
| 13 | CAUSE VARIES (UP TO 10) 2 FOR SYSTEM (UP TO 10) 4 FOR COMPONENT (UP TO 10) 4 FOR MANUFACTURER (UP TO 10) EPIX 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 | 1400 OR 15 LINES OF TYPING | ABSTRACT |