

LICENSEE EVENT REPORT

CONTROL BLOCK: 1

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 M I D C C 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 5
7 8 9 14 15 25 26 30 57 CAT 58

CON'T

0 1 REPORT SOURCE L 6 0 5 0 0 0 3 1 6 7 0 3 2 5 8 0 8 0 4 1 5 8 0 9
7 8 60 61 68 69 74 75 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 DURING AN OPERATIONAL RETEST OF THE TURBINE DRIVEN AUXILIARY FEED PUMP,
0 3 AUX. FEED VALVE FMO-221 FOR NO. 2 STEAM GENERATOR DID NOT OPERATE.
0 4 THIS CONSTITUTED AN INOPERABLE AUX. FEED FLOW PATH REQUIRED BY TECH.
0 5 SPEC. 3.7.1.2. ACTION ITEMS WERE OBSERVED. ALL OTHER AUX. FEED FLOW
0 6 PATHS AND ASSOCIATED PUMPS REMAINED OPERABLE DURING THIS EVENT.
0 7 NO PREVIOUS SIMILAR EVENTS. PUBLIC HEALTH AND SAFETY WERE NOT AFFECTED.
0 8

0 9
7 8 9

SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE
H H 11 B 12 C 13 V A L V O P 14 B 15 Z 16
9 10 11 12 13 18 19 20
17 LER/RO REPORT NUMBER EVENT YEAR 8 0 23 SHUTDOWN METHOD Z 21 0 0 0 0 22 HOURS 0 3 28 OCCURRENCE CODE L 30 REPORT TYPE 0 32 REVISION NO.
21 22 23 24 25 26 27 28 29 30 31 32
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPRD-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER
A 18 Z 19 Z 20 Z 21 0 0 0 0 22 N 23 N 24 A 25 L 2 0 0 0 26
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 THE ARMATURE LEAD FROM THE LIMITORQUE VALVE OPERATOR MOTOR HAD PULLED OUT
1 1 OF ITS WIRE LUG. A NEW LUG WAS CRIMPED ON THE LEAD AND FMO-221 WAS
1 2 SUCCESSFULLY RETESTED. ALTHOUGH THIS TYPE OF FAILURE HAS NOT BEEN
1 3 PREVIOUSLY EXPERIENCED, A POOR LUG CRIMP DURING INSTALLATION AND OPERATIONAL
1 4 VIBRATIONS MAY HAVE BEEN CONTRIBUTING FACTORS.
7 8 9

1 5 FACILITY STATUS F 28 % POWER 1 0 0 0 29 OTHER STATUS NA 30 METHOD OF DISCOVERY C 31 DISCOVERY DESCRIPTION AUX. FEED PUMP RETEST 32
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

1 6 ACTIVITY CONTENT RELEASED OF RELEASE Z 33 Z 34 AMOUNT OF ACTIVITY NA 35 LOCATION OF RELEASE NA 36
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

1 7 PERSONNEL EXPOSURES NUMBER 0 0 0 37 TYPE 38 DESCRIPTION NA 39
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

1 8 PERSONNEL INJURIES NUMBER 0 0 0 40 DESCRIPTION NA 41
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

1 9 LOSS OF OR DAMAGE TO FACILITY TYPE Z 42 DESCRIPTION NA 43
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

2 0 PUBLICITY ISSUED N 44 DESCRIPTION NA 45
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

NAME OF PREPARER M. S. BROWN

PHONE: 616-465-5901, EXT. 1398

800 423 0432

