

LICENSEE EVENT REPORT

CONTROL BLOCK:

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

7 8 9 M I D C C 1 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

LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

CON'T
3 1 8

REPORT SOURCE L 6 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

DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 DURING A PERFORMANCE OF THE SURVEILLANCE TEST FOR THE LOWER ICE CONDENSER INLET DOOR

03 OPENING TORQUE TWO DOORS EXCEEDED THE TORQUE SPECIFIED IN T.S. 4.6.5.3.1b.5. THIS

04 CONDITION WAS NONCONSERVATIVE WITH RESPECT TO T.S. 3.6.5.3.

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|-------------------------|--|--------------------------------------|--|------------------------------|--|------------------------------------|--|---------------------------|--|---------------------------------|--|-----------------------------|--|---------------------------------|--|--|--|
| SYSTEM CODE S B 11 | | CAUSE CODE B 12 | | CAUSE SUBCODE A 13 | | COMPONENT CODE Z Z Z Z Z Z Z 14 | | | | | | COMP. SUBCODE Z 15 | | VALVE SUBCODE Z 16 | | | |
| EVENT YEAR 8 0 21 22 | | SEQUENTIAL REPORT NO. 0 2 8 24 26 | | OCCURRENCE CODE 0 3 28 29 | | REPORT TYPE L 30 | | REVISION NO. 0 32 | | | | | | | | | |
| ACTION TAKEN F 18 | | FUTURE ACTION Z 19 | | EFFECT ON PLANT Z 20 | | SHUTDOWN METHOD Z 21 | | HOURS 0 0 0 0 22 37 40 | | ATTACHMENT SUBMITTED Y 23 41 | | NPRO-4 FORM SUB. N 24 42 | | PRIME COMP. SUPPLIER N 25 43 | | COMPONENT MANUFACTURER W 1 2 0 26 44 47 | |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 THE INSULATION AROUND THE TWO DOORS WAS FOUND TO BE SLIPPING IN THE DOWNWARD DIRECTION

11 THE RUBBING BETWEEN THE DOORS AND THE INSULATION AT THIS INTERFACE WAS THE CAUSE OF THE

12 EXCESSIVE TORQUE. BY DESIGN, THE INSULATION IS BONDED TO THE METAL BY AN ADHESIVE

13 AND IT WAS THIS BOND THAT FAILED. AN EMERGENCY DESIGN CHANGE WAS ISSUED (RFC 01-1819)

14 TO ADD SHEET METAL SCREWS TO THE INSULATION ON ALL THE LOWER DOORS. THIS WAS DONE

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|-------------------------------|---|---------------------|----|----|--------------------|----|---------------------|----|-----------------------|----|-------------------|----|
| FACILITY STATUS | | % POWER | | | OTHER STATUS | | METHOD OF DISCOVERY | | DISCOVERY DESCRIPTION | | | |
| 1 | 5 | G | 28 | 0 | 0 | 0 | 29 | NA | B | 31 | SURVEILLANCE TEST | 32 |
| ACTIVITY CONTENT | | RELEASED OF RELEASE | | | AMOUNT OF ACTIVITY | | LOCATION OF RELEASE | | | | | |
| 1 | 6 | Z | 33 | Z | 34 | NA | 35 | NA | 36 | | | |
| PERSONNEL EXPOSURES | | NUMBER | | | TYPE | | DESCRIPTION | | | | | |
| 1 | 7 | 0 | 0 | 0 | 37 | Z | 38 | NA | 39 | | | |
| PERSONNEL INJURIES | | NUMBER | | | DESCRIPTION | | | | | | | |
| 1 | 8 | 0 | 0 | 0 | 40 | NA | 41 | | | | | |
| LOSS OF OR DAMAGE TO FACILITY | | TYPE | | | DESCRIPTION | | | | | | | |
| 1 | 9 | Z | 42 | NA | 43 | | | | | | | |
| PUBLICITY | | ISSUED | | | DESCRIPTION | | | | NRC USE ONLY | | | |
| 2 | 0 | N | 44 | NA | 45 | | | | | | | |

NAME OF PREPARER STEVE DELONG

PHONE: 616-465-5901

810129052/

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS - 27

AND ALL DOORS WERE TESTED AND FOUND TO MEET TECHNICAL SPECIFICATIONS. A JOB ORDER HAS BEEN WRITTEN TO CHECK THE UNIT 2 LOWER ICE CONDENSER DOOR INSULATION DURING THE NEXT REFUELING OUTAGE.

