



INDIANA & MICHIGAN POWER COMPANY

DONALD C. COOK NUCLEAR PLANT
P.O. Box 458, Bridgman, Michigan 49106

August 18, 1978

Mr. J.G. Keppler, Regional Director
Office of Inspection and Enforcement
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

US NRC
DIST. DIVISION SERVICES
BRANCH

1978 SEP 8 AM 11 52

RECEIVED DISTRIBUTION
SERVICES UNIT

Operating License DPR-74
Docket No. 50-316

Dear Mr. Keppler:

Pursuant to the requirements of the Appendix A Technical Specifications
the following reports are submitted:

RO 78-052/03L-0
RO 78-053/03L-0
RO 78-054/03L-0
RO 78-055/03L-0.

Sincerely,

D.V. Shaller
D.V. Shaller
Plant Manager

/bab

cc: J.E. Dolan
R.W. Jurgensen
R.F. Kroeger
R. Kilburn
R.J. Vollen BPI
K.R. Baker RO:III
R.C. Callen MPSC
P.W. Steketee, Esq.
R. Walsh, Esq.
G. Charnoff, Esq.
J.M. Hennigan
G. Olson
PNSRC
J.F. Stietzel
R.S. Keith
T.P. Beilman/J.L. Rischling
Dir., IE (30 copies)
Dir., MIPC (3 copies)

AUG 21 1978

A002
5/1

CONTROL BLOCK:

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0	1	M	I	D	C	C	2	2	0	0	0	0	0	0	0	0	0	0	0	3	4	1	1	1	1	4			5	
7	8	LICENSEE CODE						14	15	LICENSE NUMBER											25	26	LICENSE TYPE				30	57	CAT 58	

CON'T

0	1	REPORT SOURCE										DOCKET NUMBER										EVENT DATE										REPORT DATE									
7	8	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80																			
		L	6	0	5	0	0	0	3	1	6	7	0	7	1	9	7	8	8	0	8	1	8	7	8	9															

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

UNIT IN MODE 1 CONDUCTING SCHEDULED SURVEILLANCE TESTS. RHR PUMP SUCTION VALVE

IMO-320 CYCLE TIME EXCEEDED MAXIMUM STROKE TIME OF 2 MIN. IN VIOLATION OF APP. A

TECH SPEC CRITERIA ESTABLISH IN 4.0.5. THE VALVE WAS RETESTED AND OPERATED AT THE

NORMAL TIME CYCLE DETERMINED FROM PREVIOUS TESTS. THIS IS FIRST OCCURRENCE OF THIS

TYPE. THIS EVENT HAD NO EFFECT ON THE HEALTH AND SAFETY OF THE PUBLIC.

7 8 9

09		SYSTEM CODE C F		11	CAUSE CODE X		12	CAUSE SUBCODE Z		13	COMPONENT CODE V A L V E X					14	COMP. SUBCODE E		15	VALVE SUBCODE D		16	
7	8	9	10		11			12		13					14			15			16		
17 LER/RO REPORT NUMBER		EVENT YEAR 7 8		21	22	SEQUENTIAL REPORT NO. 0 5 2		24	25	OCCURRENCE CODE 0 3		28	29	REPORT TYPE L		30	REVISION NO. 0		32				
ACTION TAKEN X		FUTURE ACTION X		18	19	EFFECT ON PLANT Z		20	SHUTDOWN METHOD Z		21	HOURS 0 0 0 0		22	ATTACHMENT SUBMITTED N		23	NPRD-4 FORM SUB. N		24	PRIME COMP. SUPPLIER H		25
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | IMO-320 WAS BEING TESTED PER ESTABLISH TEST PROCEDURE. THE REASON FOR EXCEEDING THE

1 1 | TWO MINUTE MAXIMUM LIMIT COULD NOT BE FOUND. RETEST VERIFIED VALVE CYCLED AT

1 2 | PREVIOUSLY ESTABLISHED NORMAL TIME. CYCLING FREQUENCY WAS REDUCED TO ONCE PER MONTH

1 3 | FOR NEXT THREE MONTHS TO MONITOR CYCLING TIME.

1 4 |

8 9
FACILITY STATUS 0 5 7 12 13 44
1 5 E 28 0 5 7 29 NA 30
7 8 9 10 12 13 44 45 46 80
METHOD OF DISCOVERY DISCOVERY DESCRIPTION 32
B 31 CONDUCTING SURVEILLANCE TEST

ACTIVITY CONTENT
RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36)

1 6 Z (33) NA (34) NA (35) NA (36)

7 8 9 10 11 44 45 81

PERSONNEL EXPOSURES									
NUMBER			TYPE	DESCRIPTION					
1	7	0	0	0	(37) Z (38) NA				

PERSONNEL INJURIES										
NUMBER				DESCRIPTION						
1	8	0	0	0	(40)	NA				

1		9		7		8		9		10		8		
LOSS OF OR DAMAGE TO FACILITY (43)														
TYPE				DESCRIPTION										
Z		(42)		NA										

PUBLICITY										NRC USE ONLY										
ISSUED		DESCRIPTION																		
2	0	N	NA	(44)	(45)															
7	8	9	10															68	69	80

NRC USE ONLY

NAME OF PREPARER R. S. Keith

PHONE: (616) 465-5901

CONTROL BLOCK:

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0	1	M	I	D	C	C	2	2	0	0	0	0	0	0	0	0	0	0	0	3	4	1	1	1	1	4			5		
7	8	LICENSEE CODE						14	15	LICENSE NUMBER											25	26	LICENSE TYPE				30	57	CAT		58

CON'T

REPORT SOURCE 0 1 7 8 .L 6 0 5 0 0 0 3 1 6 7 0 7 2 1 7 8 8 0 8 1 8 7 8 9
60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | DURING A PLANNED UNIT SHUTDOWN WITH THE REACTOR IN OPERATIONAL MODE 2 THE AVERAGE
0 3 | REACTOR COOLANT TEMP. DECREASED BELOW 541°F TWICE AND WAS RECOVERED EACH TIME. ONCE
0 4 | FOR A PERIOD OF 10 MIN. AND THE SECOND TIME FOR A PERIOD OF 9 MIN. THE MINIMUM TEMP.
0 5 | OF BOTH TRANSIENTS WAS 540.2°F. RECOVERY FROM EACH TRANSIENT WAS WITHIN THE 15 MIN.
0 6 | ALLOWED BY TECH. SPEC.
0 7 |
0 8 |

[illegible]

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 UNIT WAS UNLOADED FROM 57% BY BORATION TO STAY WITHIN THE AXIAL FLUX TARGET BAND AND...
1 1 THEN HELD AT 4% FOR 53 MIN. FOR COOLING OF TURBINE METAL. CONTROL RODS HAD BEEN
1 2 MAINTAINED TOO FAR OUT OF THE CORE TO COMPENSATE FOR THE XENON TRANSIENT ON POWER
1 3 REDUCTION. DURING FUTURE SHUTDOWNS CONTROL RODS WILL BE DRIVEN FURTHER IN THE CORE
1 4 TO ASSURE REACTOR CONTROL.

FACILITY STATUS (1) 5 (2) D (28) % POWER (3) 0 (4) 0 (5) 4 (29) OTHER STATUS (30) NA
 METHOD OF DISCOVERY (31) A (32) OPERATIONAL DISCOVERY DESCRIPTION (32) OBSERVATION AND ALARM
 ACTIVITY CONTENT (33) 1 (34) 6 (35) Z (36) Z (37) 3 (38) 3 (39) 3 (40) 3 (41) 3 (42) 3 (43) 3 (44) 3 (45) 3 (46) 3 (47) 3 (48) 3 (49) 3 (50) 3 (51) 3 (52) 3 (53) 3 (54) 3 (55) 3 (56) 3 (57) 3 (58) 3 (59) 3 (60) 3 (61) 3 (62) 3 (63) 3 (64) 3 (65) 3 (66) 3 (67) 3 (68) 3 (69) 3 (70) 3 (71) 3 (72) 3 (73) 3 (74) 3 (75) 3 (76) 3 (77) 3 (78) 3 (79) 3 (80) 3 (81) 3 (82) 3 (83) 3 (84) 3 (85) 3 (86) 3 (87) 3 (88) 3 (89) 3 (90) 3 (91) 3 (92) 3 (93) 3 (94) 3 (95) 3 (96) 3 (97) 3 (98) 3 (99) 3 (100) 3 (101) 3 (102) 3 (103) 3 (104) 3 (105) 3 (106) 3 (107) 3 (108) 3 (109) 3 (110) 3 (111) 3 (112) 3 (113) 3 (114) 3 (115) 3 (116) 3 (117) 3 (118) 3 (119) 3 (120) 3 (121) 3 (122) 3 (123) 3 (124) 3 (125) 3 (126) 3 (127) 3 (128) 3 (129) 3 (130) 3 (131) 3 (132) 3 (133) 3 (134) 3 (135) 3 (136) 3 (137) 3 (138) 3 (139) 3 (140) 3 (141) 3 (142) 3 (143) 3 (144) 3 (145) 3 (146) 3 (147) 3 (148) 3 (149) 3 (150) 3 (151) 3 (152) 3 (153) 3 (154) 3 (155) 3 (156) 3 (157) 3 (158) 3 (159) 3 (160) 3 (161) 3 (162) 3 (163) 3 (164) 3 (165) 3 (166) 3 (167) 3 (168) 3 (169) 3 (170) 3 (171) 3 (172) 3 (173) 3 (174) 3 (175) 3 (176) 3 (177) 3 (178) 3 (179) 3 (180) 3 (181) 3 (182) 3 (183) 3 (184) 3 (185) 3 (186) 3 (187) 3 (188) 3 (189) 3 (190) 3 (191) 3 (192) 3 (193) 3 (194) 3 (195) 3 (196) 3 (197) 3 (198) 3 (199) 3 (200) 3 (201) 3 (202) 3 (203) 3 (204) 3 (205) 3 (206) 3 (207) 3 (208) 3 (209) 3 (210) 3 (211) 3 (212) 3 (213) 3 (214) 3 (215) 3 (216) 3 (217) 3 (218) 3 (219) 3 (220) 3 (221) 3 (222) 3 (223) 3 (224) 3 (225) 3 (226) 3 (227) 3 (228) 3 (229) 3 (230) 3 (231) 3 (232) 3 (233) 3 (234) 3 (235) 3 (236) 3 (237) 3 (238) 3 (239) 3 (240) 3 (241) 3 (242) 3 (243) 3 (244) 3 (245) 3 (246) 3 (247) 3 (248) 3 (249) 3 (250) 3 (251) 3 (252) 3 (253) 3 (254) 3 (255) 3 (256) 3 (257) 3 (258) 3 (259) 3 (260) 3 (261) 3 (262) 3 (263) 3 (264) 3 (265) 3 (266) 3 (267) 3 (268) 3 (269) 3 (270) 3 (271) 3 (272) 3 (273) 3 (274) 3 (275) 3 (276) 3 (277) 3 (278) 3 (279) 3 (280) 3 (281) 3 (282) 3 (283) 3 (284) 3 (285) 3 (286) 3 (287) 3 (288) 3 (289) 3 (290) 3 (291) 3 (292) 3 (293) 3 (294) 3 (295) 3 (296) 3 (297) 3 (298) 3 (299) 3 (300) 3 (301) 3 (302) 3 (303) 3 (304) 3 (305) 3 (306) 3 (307) 3 (308) 3 (309) 3 (310) 3 (311) 3 (312) 3 (313) 3 (314) 3 (315) 3 (316) 3 (317) 3 (318) 3 (319) 3 (320) 3 (321) 3 (322) 3 (323) 3 (324) 3 (325) 3 (326) 3 (327) 3 (328) 3 (329) 3 (330) 3 (331) 3 (332) 3 (333) 3 (334) 3 (335) 3 (336) 3 (337) 3 (338) 3 (339) 3 (340) 3 (341) 3 (342) 3 (343) 3 (344) 3 (345) 3 (346) 3 (347) 3 (348) 3 (349) 3 (350) 3 (351) 3 (352) 3 (353) 3 (354) 3 (355) 3 (356) 3 (357) 3 (358) 3 (359) 3 (360) 3 (361) 3 (362) 3 (363) 3 (364) 3 (365) 3 (366) 3 (367) 3 (368) 3 (369) 3 (370) 3 (371) 3 (372) 3 (373) 3 (374) 3 (375) 3 (376) 3 (377) 3 (378) 3 (379) 3 (380) 3 (381) 3 (382) 3 (383) 3 (384) 3 (385) 3 (386) 3 (387) 3 (388) 3 (389) 3 (390) 3 (391) 3 (392) 3 (393) 3 (394) 3 (395) 3 (396) 3 (397) 3 (398) 3 (399) 3 (400) 3 (401) 3 (402) 3 (403) 3 (404) 3 (405) 3 (406) 3 (407) 3 (408) 3 (409) 3 (410) 3 (411) 3 (412) 3 (413) 3 (414) 3 (415) 3 (416) 3 (417) 3 (418) 3 (419) 3 (420) 3 (421) 3 (422) 3 (423) 3 (424) 3 (425) 3 (426) 3 (427) 3 (428) 3 (429) 3 (430) 3 (431) 3 (432) 3 (433) 3 (434) 3 (435) 3 (436) 3 (437) 3 (438) 3 (439) 3 (440) 3 (441) 3 (442) 3 (443) 3 (444) 3 (445) 3 (446) 3 (447) 3 (448) 3 (449) 3 (450) 3 (451) 3 (452) 3 (453) 3 (454) 3 (455) 3 (456) 3 (457) 3 (458) 3 (459) 3 (460) 3 (461) 3 (462) 3 (463) 3 (464) 3 (465) 3 (466) 3 (467) 3 (468) 3 (469) 3 (470) 3 (471) 3 (472) 3 (473) 3 (474) 3 (475) 3 (476) 3 (477) 3 (478) 3 (479) 3 (480) 3 (481) 3 (482) 3 (483) 3 (484) 3 (485) 3 (486) 3 (487) 3 (488) 3 (489) 3 (490) 3 (491) 3 (492) 3 (493) 3 (494) 3 (495) 3 (496) 3 (497) 3 (498) 3 (499) 3 (500) 3 (501) 3 (502) 3 (503) 3 (504) 3 (505) 3 (506) 3 (507) 3 (508) 3 (509) 3 (510) 3 (511) 3 (512) 3 (513) 3 (514) 3 (515) 3 (516) 3 (517) 3 (518) 3 (519) 3 (520) 3 (521) 3 (522) 3 (523) 3 (524) 3 (525) 3 (526) 3 (527) 3 (528) 3 (529) 3 (530) 3 (531) 3 (532) 3 (533) 3 (534) 3 (535) 3 (536) 3 (537) 3 (538) 3 (539) 3 (540) 3 (541) 3 (542) 3 (543) 3 (544) 3 (545) 3 (546) 3 (547) 3 (548) 3 (549) 3 (550) 3 (551) 3 (552) 3 (553) 3 (554) 3 (555) 3 (556) 3 (557) 3 (558) 3 (559) 3 (560) 3 (561) 3 (562) 3 (563) 3 (564) 3 (565) 3 (566) 3 (567) 3 (568) 3 (569) 3 (570) 3 (571) 3 (572) 3 (573) 3 (574) 3 (575) 3 (576) 3 (577) 3 (578) 3 (579) 3 (580) 3 (581) 3 (582) 3 (583) 3 (584) 3 (585) 3 (586) 3 (587) 3 (588) 3 (589) 3 (590) 3 (591) 3 (592) 3 (593) 3 (594) 3 (595) 3 (596) 3 (597) 3 (598) 3 (599) 3 (600) 3 (601) 3 (602) 3 (603) 3 (604) 3 (605) 3 (606) 3 (607) 3 (608) 3 (609) 3 (610) 3 (611) 3 (612) 3 (613) 3 (614) 3 (615

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

LOSS OF OR DAMAGE TO FACILITY		(43)
TYPE	DESCRIPTION	

1	9	7	8	9	10	80

PUBLICITY		DESCRIPTION (45)		NRC USE ONLY											
2	0	N	NA												

NRC USE ONLY

NAME OF PREPARER R. S. LEASE

PHONE: (616) 465-5901

LICENSEE EVENT REPORT

CONTROL BLOCK:

						(1)
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(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0	1	M	I	D	C	C	2	0	0	0	0	0	0	0	0	0	0	3	4	1	1	1	1	4			5	
7	8	LICENSEE CODE						14	LICENSE NUMBER										25	LICENSE TYPE					30	CAT		58

CON'T

0 1 7 8
REPORT SOURCE L 6 0 5 0 0 0 3 1 6 7 0 7 2 6 7 8 8 0 8 1 8 7 8 9
60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | WITH THE REACTOR IN MODE 4 CONTAINMENT ISOLATION MANUAL VALVES DW211 AND 212
0 3 | WERE OPENED IN VIOLATION OF TECH. SPEC. 3.6.1.1. THESE VALVES WERE OPENED TWO
0 4 | SEPARATE TIMES. REACTOR COOLANT SYSTEM TEMP. WAS 225°F AND PRES. OF 375 PSIG.
0 5 | MAXIMUM OPEN TIME WAS 7 HOURS. TECH. SPEC. ACTION REQUIRES BEING IN MODE 3 WITHIN
0 6 | TOTAL OF 7 HOURS. UNIT WAS IN MODE 4 THROUGHOUT THIS EVENT.
0 7 |
0 8 |
7 8 9

09		SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE						COMP. SUBCODE		VALVE SUBCODE													
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24												
LER/RO REPORT NUMBER		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.		ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED		NPRD-4 FORM SUB.		PRIME COMP. SUPPLIER		COMPONENT MANUFACTURER	
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	51	52	53	54
H		78		054		03		L		0		H		H		Z		Z		0000		N		N		Z		Z999	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 THE VALVES WERE OPENED UNDER ADMINISTRATIVE CONTROL FOR DECON. CLEANING, WITH THE
1 1 ASSUMPTION THAT THIS WAS ALLOWED BY TECH. SPEC. AS SOME VALVES ARE. THIS WAS WRONG
1 2 AND THE PERSON HAS BEEN CORRECTED. A TECH. SPEC. REVISION WILL BE REQUESTED TO ALLOW
1 3 OPENING OF THESE VALVES UNDER ADMINISTRATIVE CONTROL SO DECON. WATER NEED NOT BE
1 4 TRANSPORTED BY BUCKET.

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

FACILITY STATUS (28) % POWER (29) OTHER STATUS (30) METHOD OF DISCOVERY (31) DISCOVERY DESCRIPTION (32)

1 5 D 0 0 0 NA A TECH. SPEC. REVIEW

ACTIVITY CONTENT
RELEASED OF RELEASE AMOUNT OF ACTIVITY (35)

1 6 Z (33) Z (34) NA

7 8 9 10 11

NA LOCATION OF RELEASE (36)

45 80

PERSONNEL EXPOSURES										
NUMBER			TYPE	DESCRIPTION (39)						
1	7	0	0	0	(37)	Z	(38)	NA		

PERSONNEL INJURIES	
NUMBER	DESCRIPTION
00040	NA

7		8	9	11	12	80
		LOSS OF OR DAMAGE TO FACILITY (43)				
		TYPE DESCRIPTION				
1	9	Z	(42)	NA		

7		8	9	10											8										
PUBLICITY																									
ISSUED		DESCRIPTION (45)													NRC USE ONLY										
2	0	N (44)	NA																						

NRC USE ONLY

NAME OF PREPARER R. S. LEASE

PHONE: (616) 465-5901

THE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: [REDACTED]

BY: [REDACTED]

1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

18. [REDACTED]

19. [REDACTED]

20. [REDACTED]

LICENSEE EVENT REPORT

CONTROL BLOCK:

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(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0	1	M	I	D	C	C	2	2	0	0	0	0	0	0	0	0	0	0	0	3	4	1	1	1	1	4			5		
7	8	LICENSEE CODE						14	15	LICENSE NUMBER											25	26	LICENSE TYPE					30	57	CAT 58	

CON'T

REPORT SOURCE 01 60 61 0 5 0 0 0 3 1 6 68 69 7 0 7 2 6 7 8 74 8 75 0 8 1 8 7 8 80

DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

UNIT SHUT DOWN FOR SCHEDULED OUTAGE. A TEMPORARY CHANGE SHEET WRITTEN FOR
20HP4030STP017 ON JULY 17, 1978 WAS NOT REVIEWED BY PNSRC AND APPROVED BY
PLANT MANAGER WITHIN 14 DAYS IN VIOLATION OF APPENDIX A TECH SPEC 6.8.3.C.
VIOLATION DISCOVERED BY OPER. SUPT. ON JULY 26, 1978 AND TEMPORARY CHANGE
PRESENTED TO PNSRC AND APPROVED BY PLANT MANAGER JULY 27, 1978 IDENTICAL
OCCURENCES REPORTED IN LER 50-316/78-02 AND 78-034/L. NO ADVERSE EFFECTS
ON HEALTH AND SAFETY OF THE PUBLIC.

09		SYSTEM CODE Z Z		11	CAUSE CODE A		12	CAUSE SUBCODE B		13	COMPONENT CODE Z Z Z Z Z Z						14	COMP. SUBCODE Z		15	VALVE SUBCODE Z		16								
7	8	9	10		11		12		13						18		19		20												
17		LER/RO REPORT NUMBER		EVENT YEAR 7 8		21	22	SEQUENTIAL REPORT NO. 0 5 5		24	25	26	OCCURRENCE CODE 0 3		28	29	REPORT TYPE L		30	REVISION NO. 0		32									
ACTION TAKEN H		FUTURE ACTION Z		EFFECT ON PLANT Z		33	34	SHUTDOWN METHOD Z		36	37	38	39	HOURS 0 0 0 0		40	ATTACHMENT SUBMITTED N		41	NPRD-4 FORM SUB. N		42	PRIME COMP. SUPPLIER Z		43	COMPONENT MANUFACTURER Z 9 9 9		44	45	46	47
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		

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | FREQUENT CHANGE OVER OF CLERICAL HELP IN OPERATIONS DEPARTMENT RESULTED

1 1 | IN INCOMPLETE TRAINING IN METHOD OF HANDLING TEMPORARY CHANGE SHEETS TO

1 2 | INSURE THEY ARE PRESENTED TO PNSRC AND PLANT MANAGER IN REQUIRED TIME FRAME.

1 3 | TEMPORARY EMPLOYEES REPLACED BY TWO PERMANENT EMPLOYEES AND REQUIRED TRAINING

1 4 | OF NEW EMPLOYEES WAS CONDUCTED.

FACILITY STATUS (1) 5 (2) E (28) % POWER (10) 9 (12) 7 (12) (29) NA OTHER STATUS (30) METHOD OF DISCOVERY (31) A (31) OPER. SUPT. RECORD REVIEW (32) DISCOVERY DESCRIPTION (32)

ACTIVITY CONTENT
RELEASED OF RELEASE

1 6 Z 33 Z 34 NA

7 8 9 10 11

AMOUNT OF ACTIVITY (35)

NA

LOCATION OF RELEASE (36)

PERSONNEL EXPOSURES				DESCRIPTION	
NUMBER			TYPE		
1	7	000	Z	NA	

PERSONNEL INJURIES									
NUMBER				DESCRIPTION					
1	8	0	0	0	40	NA			

		LOSS OF OR DAMAGE TO FACILITY		(43)
		TYPE		DESCRIPTION
7	8	9	10	
1	9	Z	(42)	NA

PUBLICATION										NRC USE ONLY											
<div>ISSUED</div>		<div>(44)</div>	<div>DESCRIPTION</div>							<div>(45)</div>											
<div>2</div>	<div>0</div>	<div>N</div>	<div>NA</div>																		
<div>7</div>	<div>8</div>	<div>9</div>	<div>10</div>							<div>68</div>		<div>69 80</div>									

NAME OF PREPARER R. S. KEITH

PHONE: (616) 465-5901

6

THE UNITED STATES OF AMERICA
DO hereby certify that
[Name] [Title]
[Address]
[City, State, and Zip]
[Country]
is a [Nationality] of the [Country]
and is [Status]
[Additional Information]

RECEIVED BY [Name]
[Address]
[City, State, and Zip]
[Country]
ON [Date]
FOR [Purpose]
[Signature]

THIS CERTIFICATE IS VALID FOR [Duration]
[Additional Information]
[Signature]
[Date]