

NRC DISTRIBUTION FOR PART 50 DOCKET MATERIAL
(TEMPORARY FORM)

CONTROL NO: 1039

FILE: INCIDENT FILE

FROM: IND & MICH PWR CO BRIDGMAN, MICH R W JURGENSEN			DATE OF DOC 1-27-76	DATE REC'D 2-3-76	LTR XXX	TWX	RPT	OTHER XXX
TO: MR J G KEPPLER			ORIG 1 SIGNED	CC	OTHER	SENT NRC PDR SENT LOCAL PDR XXXX		
CLASS	UNCLASS XXXXXXX	PROP INFO	INPUT	NO CYS REC'D 1		DOCKET NO: 50-315		

DESCRIPTION:

LTR TRANS THE FOLLOWING.....

ENCLOSURES:

LICENSE EVENT REPORT RO 50-315/76-02 ON
1-18-76 RE FAILURE OF THE MONITOR,
CHANNEL R-2.....

(1 CY OF ENCL REC'D)

ACKNOWLEDGED
DO NOT REMOVE

PLANT NAME:

FOR ACTION/INFORMATION RKB 2-4-76

BRANCH CHIEF KNIEL (3)

LIC. ASST. SERVICE W/16 cys ACRS

INTERNAL DISTRIBUTION

REG FILE

NRC PDR
I&E (2)
MIPC (3)
SCHRODER/IPPOLITO
HOUSTON
NOVAK/CHECK
GRIMES/SCHWENCER
CASE
F. WILLIAMS
HANAUER
TEDESCO/MACCARY
EISENHUT
BAER
SHAO

VOLLMER/BUNCH
KREGER/J. COLLINS

NOTE: IF PERSONEL EXPOSURE IS INVOLVED
SEND DIRECTLY TO KREGER/J. COLLINS

EXTERNAL DISTRIBUTION

LOCAL PDR ST JOSEPH, MI

TIC

NSIC

DISTRIBUTION REVISED 1-19-76 by D. CRUTCHFIELD, TECH REVIEW COORDINATOR

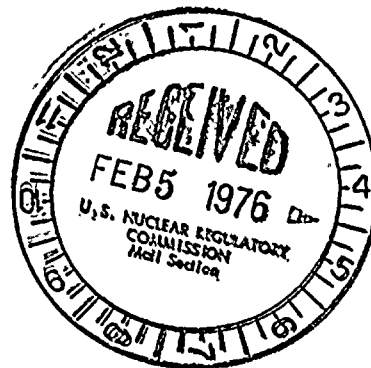
.....

1 1



INDIANA & MICHIGAN POWER COMPANY

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



January 27, 1976

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

Operating License DPR-58
Docket No. 50-315

Dear Mr. Keppler:

Pursuant to the requirements of Appendix A Technical Specifications and the United States Nuclear Regulatory Commission Regulatory Guide 1.16, Revision 3, Section 2.b, the following reportable occurrence is submitted:

RO 50-315/76-02

Sincerely,

R.W. Jurgensen
Plant Manager

/bab

cc: R.S. Hunter
J.E. Dolan
G.E. Lien
R. Kilburn
R.J. Vollen BPI
R.C. Callen MPSC
K.R. Baker RO:III
P.W. Steketee, Esq.
R. Walsh, Esq.
G. Charnoff, Esq.
G. Olson
J.M. Hennigan
PNSRC
R.S. Keith
Dir., IE (30 copies)
Dir., MIPC (3 copies)

FFR

99/76

4133

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 1 1 1 1 6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME														LICENSE NUMBER														LICENSE TYPE										EVENT TYPE																	
01 M I D C C 1														0 0 - 0 0 0 0 0 - 0 0														4 1 1 1 1										0 3																	
7 8 9 14														15 25														26 30										31 32																	
01 CONT														CATEGORY				REPORT TYPE				REPORT SOURCE				DOCKET NUMBER										EVENT DATE										REPORT DATE									
01														57 58				59 60				0 5 0 - 0 3 1 5										0 1 1 8 7 6										0 1 2 7 7 6													
7 8 9														57 58				59 60				61 68										69 74										75 80													

EVENT DESCRIPTION

02	WHILE IN MODE 1, AT 80% POWER, THE CONTAINMENT AREA MONITOR CHANNEL R-2 FAILED LOW. NO	80
03	RESPONSE WAS RECEIVED WHEN THE CHECK SOURCE WAS TRIED. DETECTOR CABLE CONNECTOR WAS	80
04	DISASSEMBLED, INSPECTED, CLEANED AND RECONNECTED. WHEN DRAWER WAS RESTORED TO SERVICE	80
05	IT FUNCTIONED SATISFACTORILY (RO-50-315/76-02)	80
06		80

SYSTEM CODE				CAUSE CODE		COMPONENT CODE										PRIME COMPONENT SUPPLIER				COMPONENT MANUFACTURER						VIOLATION			
07 B A				F		I N S T R U										N				W 1 2 0						N			
7 8 9 10				11		12 17										43				44 47						48			

CAUSE DESCRIPTION

08	CAUSE OF FAILURE APPEARS TO HAVE BEEN A DIRTY CONNECTOR AT THE DETECTOR.	80
09		80
10		80

FACILITY STATUS				% POWER				OTHER STATUS				METHOD OF DISCOVERY				DISCOVERY DESCRIPTION											
11 E				0 8 0				NA				A				OPERATIONAL EVENT											
7 8 9				10 12 13				44 45				46 80															
FORM OF ACTIVITY RELEASED				CONTENT OF RELEASE				AMOUNT OF ACTIVITY				LOCATION OF RELEASE															
12 Z				Z NA				NA				NA															
7 8 9				10 11				44 45				80															

PERSONNEL EXPOSURES

NUMBER				TYPE				DESCRIPTION											
13 0 0 0				Z				NA											
7 8 9 11				12 13				80											

PERSONNEL INJURIES

NUMBER				DESCRIPTION											
14 0 0 0				NA											
7 8 9 11				12 80											

OFFSITE CONSEQUENCES

15	NA	80
----	----	----

LOSS OR DAMAGE TO FACILITY

TYPE				DESCRIPTION											
16 Z				NA											
7 8 9 10				80											

PUBLICITY

17	NA	80
----	----	----

ADDITIONAL FACTORS

18	RADIATION SURVEYS WERE INSTITUTED AT 8 HOUR INTERVALS PER TECHNICAL SPECIFICATION	80
----	---	----

19	PARAGRAPH 3.3.3.1b.	80
----	---------------------	----

NAME: G. Swan

PHONE: 465-5901 (368)

