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(TEMPORARY FORM)**

CONTROL NO: 12795

FILE: INCIDENT REPORT FILE

FROM: Indiana & Michigan Power Co. Bridgman, Mich. 49106 R.W. Jurgensen		DATE OF DOC 10-31-75	DATE REC'D 11-7-75	LTR XX	TWX	RPT	OTHER
TO: Mr. J. G. Keppler		ORIG	CC 30	OTHER	SENT AEC PDR <u>XX</u> SENT LOCAL PDR <u>XX</u>		
CLASS	UNCLASS XXX	PROP INFO	INPUT	NO CYS REC'D 30	DOCKET NO: 50-315		
DESCRIPTION: Ltr trans the following:				ENCLOSURES: Licensee Event Report AO-50-315/75-68 on 10-1-75 re failure of the valve IMO 316 during the cycling test... (30 cys encl rec'd)			
PLANT NAME: Donald C. Cook Plant Unit 1				<div style="display: flex; justify-content: space-between;"> Do Not Remove ACKNOWLEDGED </div>			

FOR ACTION/INFORMATION

DHL 11-8-75

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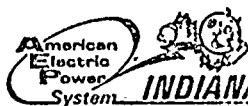
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Regulatory Docket File



INDIANA & MICHIGAN POWER COMPANY

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

October 31, 1975



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

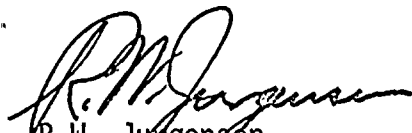
Operating License DPR-58
Docket No. 50-315

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 Abnormal Occurrence Report is submitted:

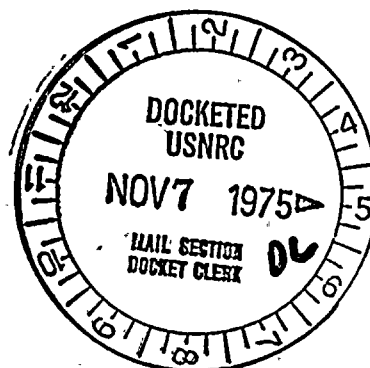
AO 50-315/75-68

Sincerely,


R.W. Jurgensen
Plant Manager

/bab

cc: R.S. Hunter
J.E. Dolan
G.E. Lien
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R. Kilburn
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12795

LICENSEE EVENT REPORT

Regulatory Docket File

CONTROL BLOCK: 1 6

PRINT ALL REQUIRED INFORMATION

LICENSEE NAME 01 M I O C C I														LICENSE NUMBER 00-000000-00														LICENSE TYPE 41111				EVENT TYPE 01					
CATEGORY 01 CONT P 0														REPORT TYPE L				REPORT SOURCE L				DOCKET NUMBER 050-0315								EVENT DATE 100175				REPORT DATE 100675			

EVENT DESCRIPTION

02 While performing routine surveillance per Plant procedure OHP 4030.STP.008, the motor																																																																															
03 operator would not close valve IM0 316 (East Residual Heat Removal Pump to loops 1																																																																															
04 and 4 cold legs) during the cycling test. Torque switch setting in motor operator																																																																															
05 reset from factory setting of 2.0 up to 3.0 and valve then operated properly during																																																																															
06 cycling. Appendix A Technical Specifications Section 4.5.2.a.5.																																																																															

SYSTEM CODE 07 C F				CAUSE CODE E		COMPONENT CODE V A L V O P												PRIME COMPONENT SUPPLIER N		COMPONENT MANUFACTURER L 2 0 0				VIOLATION Y				AO-050-315/75-68											
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CAUSE DESCRIPTION

08 Valve has one of four new motor operators recently installed. Others are on IM0 315,																																																																															
09 IM0 325, IM0 326. Experience shows factory settings too low for this application.																																																																															
10 Torque switch settings on the four new motor operators have been increased to 3.5 to																																																																															

FACILITY STATUS 11 B		% POWER 080				OTHER STATUS NA				METHOD OF DISCOVERY B		DISCOVERY DESCRIPTION Surveillance Test																																																																									
FORM OF ACTIVITY RELEASED 12 Z		CONTENT OF RELEASE Z				AMOUNT OF ACTIVITY NA				LOCATION OF RELEASE NA																																																																											

PERSONNEL EXPOSURES

NUMBER 13 000				TYPE Z		DESCRIPTION NA																																																																									
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PERSONNEL INJURIES

NUMBER 14 000				DESCRIPTION NA																																																																											
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OFFSITE CONSEQUENCES

15 None																																																																															
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LOSS OR DAMAGE TO FACILITY

TYPE 16 Z		DESCRIPTION None																																																																													
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PUBLICITY

17 Not applicable																																																																															
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ADDITIONAL FACTORS

18 (Cause Description - cont.) - assure positive operation.																																																																															
19																																																																															

NAME: Walter Cornell

PHONE: 465-5901 (Ext. 352)

