

LICENSEE EVENT REPORT

*CONTROL BLOCK: 1 2 3 4 5 6

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE NAME: 01 2 3 4 5 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

CON'T: 01 2 3 4 5 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

EVENT DESCRIPTION

02 3 4 5 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

SYSTEM CODE: 07 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

CAUSE DESCRIPTION

08 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

FACILITY STATUS: 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

PERSONNEL EXPOSURES

NUMBER: 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

PERSONNEL INJURIES

NUMBER: 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

OFFSITE CONSEQUENCES

15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

LOSS OR DAMAGE TO FACILITY

TYPE: 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

PUBLICITY

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

ADDITIONAL FACTORS

18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

NAME: _____

PHONE: _____

7910250 509