

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

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CONT

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 0 | 1 | | | | | | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | | | | | | | |

REPORT SOURCE

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

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

| | | | | | | | | | | | | | | | | | |
|--------------|--|---------------|--|----------------------|--|-----------------|--|-------------------|--|----------------------|--|-----------------|--|---------------------|--|------------------------|--|
| 09 | | SYSTEM CODE | | CAUSE CODE | | CAUSE SUBCODE | | COMPONENT CODE | | | | | | COMP SUBCODE | | VALVE SUBCODE | |
| 09 | | S F | | D | | Z | | Z Z Z Z Z Z | | | | | | Z | | Z | |
| 8 | | 9 10 | | 11 | | 12 | | 13 14 15 16 17 18 | | | | | | 19 | | 20 | |
| 17 | | EVENT YEAR | | SEQUENTIAL REPORT NO | | OCCURRENCE CODE | | REPORT TYPE | | REVISION NO. | | | | | | | |
| 17 | | 7 9 | | 0 2 5 | | 0 3 | | L | | 0 | | | | | | | |
| 21 22 | | 23 | | 24 25 26 | | 27 | | 28 29 | | 30 | | 31 | | 32 | | | |
| ACTION TAKEN | | FUTURE ACTION | | EFFECT ON PLANT | | SHUTDOWN METHOD | | HOURS | | ATTACHMENT SUBMITTED | | NFRD 1 FORM SUB | | PRIME COMP SUPPLIER | | COMPONENT MANUFACTURER | |
| G | | X | | Z | | Z | | 0 0 0 0 | | N | | N | | Z | | Z 9 9 9 | |
| 33 34 | | 35 | | 36 | | 37 | | 38 39 40 | | 41 | | 42 | | 43 | | 44 45 46 47 | |

1 0 These valves were omitted from the original issue of the PT covering the timing of

1 1 associated valves and this omission had not been detected. The appropriate PT has

1 2 been revised to include these valves. A continuing, thorough review is in progress to

1 3 determine and correct other possible omissions.

1 4

| | | | | | | | | | | | | |
|-----------------|---|-------|----|--------------|----|---------------------|----|-----------------------|----|----|------------------|----|
| FACILITY STATUS | | POWER | | OTHER STATUS | | METHOD OF DISCOVERY | | DISCOVERY DESCRIPTION | | | | |
| 1 | 5 | E | 28 | 1 | 0 | 0 | 29 | NA | A | 31 | Procedure Review | 32 |
| 8 | 9 | | | 10 | 12 | 13 | | 44 | 45 | 46 | | 80 |

ACTIVITY CONTENT
RELEASED OF RELEASE

1 6 Z 33 Z 34 NA

AMOUNT OF ACTIVITY (35)

LOCATION OF RELEASE (36)

| PERSONNEL EXPOSURES | | | | | | | | | | |
|---------------------|---|--|------|---|-------------|----|---|----|----|----|
| NUMBER | | | TYPE | | DESCRIPTION | | | | | |
| 1 | 7 | | 0 | 0 | 0 | 37 | Z | 38 | NA | 39 |

PERSONNEL INJURIES
NUMBER DESCRIPTION (41)
1 0 0 (41) NA

LOSS OF OR DAMAGE TO FACILITY
TYPE DESCRIPTION NA (43) 79072 30343 100

ISSUED DESCRIPTION (45) 413 ~~099~~ NBC USE ONLY

A. C. Tollison, Jr.

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