

Unit

LICENSEE EVENT REPORT

Report No. 3-79- J/IT

CONTROL BLOCK:

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

1 P A P B S 3 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4

LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 CAT 34

1 6 0 5 0 - 0 2 7 8 7 0 7 2 4 7 9 8 0 8 0 7 7 9 9

REPORT SOURCE 60 61 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

2 Inspection program performed in response to IE Bulletin 79-02 identified

3 two anchors in one support which failed to torque test properly. These

4 anchors are associated with the emergency service water line in Unit 3

5 B RHR room. Failure of the pipe during a seismic event could lead to

6 flooding of one RHR room. Because redundant pumps and back up ECCS

7 systems are available, the safety significance is considered minimal.

8

1 S H 11 B 12 C 13 S U P P O R T 14 B 15 Z 16

SYSTEM CODE 9 10 CAUSE CODE 11 12 CAUSE SUBCODE 13 14 COMPONENT CODE 15 16 COMP SUBCODE 17 18 VALVE SUBCODE 19 20

7 9 0 2 3 0 1 T 0

EVENT YEAR 21 22 SEQUENTIAL REPORT NO. 23 24 OCCURRENCE CODE 25 26 REPORT TYPE 27 28 REVISION No. 29 30

7 9 0 0 0 0 Y N A I 2 0 9

EVENT YEAR 21 22 SEQUENTIAL REPORT NO. 23 24 OCCURRENCE CODE 25 26 REPORT TYPE 27 28 REVISION No. 29 30

7 9 0 0 0 0 Y N A I 2 0 9

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7 9 0 0 0 0 Y N A I 2 0 9

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 The most probable cause of failure was improper installation. The two

2 test failed anchor bolts were replaced with wedge type anchors and

3 successfully torque tested.

4

1 E 24 0 9 7 29 NA 30 D 31 Work in IE Bulletin 79-02 32

ACTIVITY STATUS 24 25 POWER 26 27 OTHER STATUS 28 29 METHOD OF DISCOVERY 30 31 DISCOVERY DESCRIPTION 32 33

2 Z 33 Z 34 NA 35 NA 36

RELEASED OF RELEASE 33 34 AMOUNT OF ACTIVITY 35 36 LOCATION OF RELEASE 37 38

1 0 0 0 37 Z 38 NA 39

PERSONNEL EXPOSURES 37 38 DESCRIPTION 39 40

1 0 0 0 40 NA 41

PERSONNEL INJURIES 40 41 DESCRIPTION 42 43

1 Z 42 NA 43 566354 7908150 571 S

DAMAGE TO FACILITY 42 43 TYPE 44 DESCRIPTION 45 46

1 N 44 NA 45

TO FACILITY 44 45 DESCRIPTION 46 47

NAME OF PREPARED

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