

LICENSEE EVENT REPORT

CONTROL BLOCK: 1 (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 F L T P S 3 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 1 5
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
LICENSEE CODE LICENSE NUMBER LICENSE TYPE DAY YEAR

CONT
01 L 5 0 5 0 0 0 2 5 0 7 0 2 1 3 7 9 3 0 3 1 3 7 9 9
1 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
REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10
02 During an insurance inspection, the A fire pump was found to be inoperable
03 Subsequent investigation determined that the pump may have been inoperable
04 for 8 days due to its power supply breaker not having been closed following
05 a maintenance clearance. Inoperability of a fire pump in excess of 7 days
06 is reportable pursuant to TS 3.14.2.b.1. The breaker was closed and the
07 pump tested. The pump was then declared operable.
08 _____
7 8 9 30

09 A B 11 A 12 B 13 P U M P X X 14 B 15 Z 16
1 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
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

17 7 9 0 0 1 0 3 L 0
1 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
LER/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

X 18 H 19 Z 20 Z 21 0 0 0 0 N 22 N 23 A 24 F 0 1 0 25
1 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
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED APPROX. FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27
13 The cause of the failure was improper operation of the power supply
14 breaker by the operator following a maintenance clearance, i.e., the
15 breaker was charged but not closed. The long term corrective action
16 is the addition of a log entry requiring each shift to verify power
17 available to the fire pumps.
7 8 9 30

18 H 23 0 0 0 29 NA 20 C 31 Underwriter's inspection 22
1 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
FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

19 Z 33 Z 34 NA 35 NA 36
1 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
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

17 0 0 0 37 Z 38 NA 39
1 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
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

18 0 0 0 40 NA 41
1 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
PERSONNEL INJURIES NUMBER DESCRIPTION

19 Z 42 NA 43
1 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
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

20 N 44 NA 45
1 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
PUBLICITY ISSUED DESCRIPTION NRC USE ONLY

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