

LICENSEE EVENT REPORT

CONTROL BLOCK:

--	--	--	--	--	--	--

 ①

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0	1	M	N	P	I	N	1	(2)	0	0	-	0	0	0	0	-	0	0	(3)	4	1	1	1	1	(4)								
7	8	LICENSEE CODE						14	15	LICENSE NUMBER									25	26	LICENSE TYPE						30						

CON'T

REPORT SOURCE 0 1 7 8

DOCKET NUMBER 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

EVENT DATE 0 1 2 3 4 5 6 7 8 9

REPORT DATE 0 1 2 3 4 5 6 7 8 9

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 | During a review of plant status on August 2nd at hot shutdown, it was discovered that

03 | SP 1088, Safety Injection Pumps Test, had not been done prior to leaving cold shutdown.

04 | on July 31st. The test was done on August 2nd and was acceptable, so there is reason

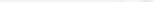
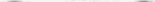


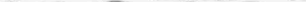


05 | to believe the pumps were capable of performing their intended function. No effect on:

[b] (6) on public health and safety.

07 | Page

0 8 | Page

7 8 9

17 LER/RO REPORT NUMBER [7 9] [—] [0 2 4] [/] [0 3] [L] [—] [0]

ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS				ATTACHMENT SUBMITTED		NPRD-4 FORM SUB		PRIME COMP SUPPLIER		COMPONENT MANUFACTURER			
H	18	Z	19	Z	20	Z	21	0	0	0	0	N	23	N	24	Z	25	Z	9	9	9
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

10 | Personnel error in establishing the pre-heatup surveillance requirements. Involved

[] personnel will review this report.

1 2

1 3

14

FACILITY STATUS: 1 5 C (28)
 % POWER: 0 0 0 (29)
 OTHER STATUS: NA (31)
 METHOD OF DISCOVERY: A (31)
 DISCOVERY DESCRIPTION: Review of Plant Status

ACTIVITY CONTENT
RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36)

1 6 2 33 3 34 NA NA

PERSONNEL EXPOSURES									
NUMBER			TYPE	DESCRIPTION					
1	7	0	0	0	(3)	Z	(38)	NA	(39)

PERSONNEL INJURIES		NUMBER		DESCRIPTION	
1	2	0	0	0	NA

POOR ORIGINAL

5041-199

		LOSS OF OR DAMAGE TO FACILITY		(43)
		TYPE	DESCRIPTION	
1	9	Z	(42) NA	

7 8 9 10

PUBLICITY

ISSUED DESCRIPTION (45)

(2) (0) (N) (44) NA

NR 100 100

NAME OF PREPARER A. A. Hunstad

PHONE 612-388-4767

7808280597