

LICENSEE EVENT REPORT

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

0	1	N	E	C	P	R	1	2	0	0	-	0	0	0	0	-	0	0	0	3	4	1	1	1	1	4		5		
7	8	LICENSEE CODE						14	15	LICENSEE NUMBER						25	26	LICENSEE TYPE						30	31	57		CAT 58		

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

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During inspection of cable spreading room it was noted that one 4 inch pipe sleeve

0 3 | in the wall between cable spreading room and cable expansion room was not sealed

0 4 | T.S. 3.19.B. The possibility of a fire in this area is minimal because no combus-

0 5 | tible material was present. Cable spreading room is equipped with an automatic

0 6 | sprinkler system. No significant occurrence took place. This event had no effect

0 7 | upon public health and safety. This event is not repetitive.

0	9																												
7	8																												

SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE						COMP SUBCODE		VALVE SUBCODE			
A	B	A	E	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z			
9	10	11	12	13	14	15	16	17	18	19	20	21	22	23			
LER NO. REPORT NUMBER		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.							
17	18	19	20	21	22	23	24	25	26	27	28						
B	H	Z	Z	0	0	0	0	0	3	L	0						
33	34	35	36	37	38	39	40	41	42	43	44						
ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED		NPRD-4 FORM SUB.		PRIME COMP. SUPPLIER		COMPONENT MANUFACTURER	
B	H	Z	Z	0	0	0	0	0	3	N	Z	Z	9	9	9	9	
45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | Four inch sleeve in the wall has apparently been unsealed since December 1978.

1 1 | The sleeve was immediately sealed. All other sleeves in this area were also in-

1 2 | spected and verified to be properly sealed. The incident was discussed with ap-

1 3 | propriate personnel.

1	4																												
7	8																												

FACILITY STATUS		POWER		OTHER STATUS		METHOD OF DISCOVERY		DISCOVERY DESCRIPTION		
E	0	9	5	NA	B	Shift Supervisor Observation				
7	8	9	10	11	12	13	14	15	16	

ACTIVITY RELEASED		CONTENT		AMOUNT OF ACTIVITY		LOCATION OF RELEASE	
Z	Z	NA	NA				
7	8	9	10	11	12	13	14

PERSONNEL EXPOSURES		TYPE		DESCRIPTION	
0	0	Z	NA		
7	8	9	10	11	12

PERSONNEL INJURIES		TYPE		DESCRIPTION	
0	0	0	NA		
7	8	9	10	11	12

LOSS OF OR DAMAGE TO FACILITY		TYPE		DESCRIPTION	
Z	NA				
7	8	9	10	11	12

PUBLICITY		DESCRIPTION	
N	NA		
7	8	9	10

NAME OF PREPARER Ladislav F. BednarPHONE 402-825-3811

7911290 385

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