

**LICENSEE EVENT REPORT**

**EXHIBIT A**

CONTROL BLOCK										(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)									
1 N C M G S 1 2 0 0 0 - 0 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 5 LICENSE CODE LICENSE NUMBER LICENSE TYPE CAT																			
6 1 REPORT SOURCE L 6 0 5 0 0 0 0 3 6 9 7 0 3 2 9 8 1 8 0 4 2 8 8 1 9 DOCKET NUMBER EVENT DATE REPORT DATE																			
10 2 Operations personnel were notified that the noble gas activity monitor, EMF-33,																			
3 for the Condenser Evacuation System was not functioning. Technical Specifi-																			
4 cation 3.3.3.9 requires EMF-33 to be operable at all times. This failure																			
5 necessitated implementation of Action Statement No. 37 of Table 3.3-13 and is																			
6 reportable per Technical Specification 6.9.1.13.b. The health and safety of																			
7 the public were not affected.																			
8 9 SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE B A 11 B 12 A 13 I N S T R U 14 E 15 Z 16 17 LERNG REPORT NUMBER 8 1 0 3 5 0 3 L 0 ACTION FUTURE TAKEN ACTION EFFECT ON PLANT SHUTDOWNS METHOD HOURS ATTACHMENT SUBMITTED WFOU FORM 5.6 PRIME COMP. SUPPLIER COMPONENT MANUFACTURER X 18 F 19 Z 20 Z 21 0 0 0 0 0 N 22 N 24 L 25 G 0 6 3 26 CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27 10 The monitor failed due to excessive amounts of moisture in the sample lines.																			
11 Grab samples are being taken as required and a modification to the equipment																			
12 to eliminate the problem is still in progress. The unit was returned to ser-																			
13 vice before the modification was made and subsequently failed from the same																			
14 causes as previously identified.																			
15 FACILITY STATUS 1 POWER 0 0 0 0 2 OTHER STATUS 30 Mode 5 METHOD OF DISCOVERY 31 Personnel Observation 32 ACTIVITY CONTENT RELEASED 33 2 34 NA AMOUNT OF ACTIVITY 35 NA LOCATION OF RELEASE 36																			
16 PERSONNEL EXPOSURES: NUMBER 37 0 0 0 TYPE 38 Z DESCRIPTION 39 NA																			
17 PERSONNEL INJURIES: NUMBER 40 0 0 0 DESCRIPTION 41 NA																			
18 LOSS OF OR DAMAGE TO FACILITY TYPE 42 2 DESCRIPTION 43 NA																			
19 PUBLICITY ISSUED 44 N DESCRIPTION 45 NA																			
20 NAME OF PREPARER R. W. Queller PHONE: (704) 373-7530																			

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