

LICENSEE EVENT REPORT

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

7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

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LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

CON'T

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REPORT SOURCE L 0 5 0 0 0 2 3 7 0 4 0 8 8 1 0 4 2 7 8 1

DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES

0 2 During unit outage, a routine Quality Assurance Audit noted that the Off Stream

0 3 Liquid Effluent Monitor had not been functionally tested on a monthly basis as re-

0 4 quired by Technical Specification 4.8.C.1. There was no effect upon public health

0 5 or safety because all liquid radwaste effluent are sampled prior to discharge. This

0 6 event has not occurred previously.

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SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE

M A D Z Z Z Z Z Z Z Z Z Z

EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.

8 1 0 1 6 0 3 X 1

LER/RO REPORT NUMBER ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPRO-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

G Z Z Z 0 0 0 0 N N Z Z 9 9 9 9

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS

1 0 The cause was due to deletion of the monthly functional surveillance after replacing

1 1 the on-stream monitor with the off-stream monitor. An action item is in progress

1 2 to prepare a procedure and add a functional test to the instrument maintenance

1 3 monthly surveillance. This action will be completed by May 1, 1981. No further action

1 4 is deemed necessary.

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FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION

H 0 0 0 N/A B Quality Assurance Audit

ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE

Z Z N/A N/A

PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION

0 0 0 Z N/A

PERSONNEL INJURIES NUMBER DESCRIPTION

0 0 0 N/A

LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION

Z N/A

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PUBLICITY ISSUED DESCRIPTION

N N/A

8108110626 810713 PDR ADOCK 05000237 S PDR

NRC USE ONLY

Sam Bader

942-2920 Ext. 529

NAME OF PREPARER

PHONE

SUPPLEMENT TO DVR

DVR NO.	STA	UNIT	YEAR	NO.
D -	12	- 2	- 81	- 29

PART 1	TITLE OF EVENT	OCCURRED
	Radwaste Off-Stream Liquid Effluent Monitor	4/8/81 0900 DATE TIME
REASON FOR SUPPLEMENTAL REPORT		
To correct a statement in the Cause section.		
PART 2		
ACCEPTANCE BY STATION REVIEW	<u>J. A. Custer</u>	<u>John D. Wajciga</u>
DATE	<u>7-14-81</u>	<u>7/23/81</u>
SUPPLEMENTAL REPORT APPROVED AND AUTHORIZED FOR DISTRIBUTION	<u>R. M. Pagan Jr</u> STATION SUPERINTENDENT	<u>7/27/81</u> DATE