

LICENSEE EVENT REPORT

EXHIBIT A

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

01 N C M G S 1 2 0 0 - 0 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 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 CAT

CONT
 01 L 5 0 5 0 0 0 3 6 9 7 0 8 0 7 8 1 8 0 9 0 4 8 1 9
 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
 012 While in Mode 3, a review of the Auxiliary Feedwater Low Suction Functional
 013 Test revealed that surveillance requirements of T.S. 3.3.2 were not being accom-
 014 plished completely due to the exclusion of control components (valve operating
 015 functions of 4 auxiliary feedwater suction header pressure switches) from the
 016 test procedure. This is reportable per T.S. 6.9.1.13(c). Since the safety fea-
 017 tures of the instruments involved were operational and were tested satisfactor-
 018 ily after the omission was discovered, the health and safety of the public were
 019 unaffected.

SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP SUBCODE VALVE SUBCODE
 019 S F 11 D 12 Z 13 Z Z Z Z Z Z 14 Z 15 Z 16
 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
 017 8 1 13 5 0 3 L 0
 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
 017 G 18 X 19 Z 20 Z 21 0 0 0 0 N 22 N 23 Z 24 Z 25 Z 26 9 9 9 26
 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27
 110 The addition of the 4 pressure switches was part of a modification to provide
 111 nuclear service water supply to the turbine driven auxiliary feedwater pump.
 112 The test procedure was never updated to include the functions of these compon-
 113 ents. The test was modified, and the Tech. Specs. are being reviewed to insure
 114 all required instruments are covered by the periodic testing program.

FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION
 015 X 28 0 0 0 29 Mode 3 B 31 Procedure review
 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 OR RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE
 015 Z 32 Z 34 N/A N/A
 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
 017 0 37 Z 38 N/A
 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
 018 0 40 N/A
 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
 019 Z 42 N/A
 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
 020 N 44 N/A
 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

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