

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

M I P I A L 1 1										0 0 0 1 - 0 0 0 0 0 0 - 0 0 0										3 4 1 1 1 1 1 1										4 5																																																											
LICENSEE CODE										LICENSE NUMBER										LICENSE TYPE										CAT 56																																																											
CON'T																																																																																									
REPORT SOURCE										L 6 0 5 0 0 0 2 5 5 7										1 0 0 6 8 1 1										1 1 0 5 8 1																																																											
DOCKET NUMBER										EVENT DATE										REPORT DATE																																																																					
EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)																																																																																									
During routine surveillance of radiation monitors, it was determined																																																																																									
that RIA 2316 was inoperable. This monitor provides containment isolation																																																																																									
signal during refueling operations. Redundant monitor was operable.																																																																																									
RIA 2316 required to be operable during refueling per TS 3.8.1. No																																																																																									
threat to public health or safety existed. Reportable per TS 6.9.2.B.2.																																																																																									
SYSTEM CODE										CAUSE CODE										CAUSE SUBCODE										COMPONENT CODE										COMP SUBCODE										VALVE SUBCODE																																							
I B 11										E 12										A 13										I N S T R U 14										E 15										Z 16																																							
LER-RO REPORT NUMBER										EVENT YEAR										SEQUENTIAL REPORT NO.										OCCURRENCE CODE										REPORT TYPE										REVISION NO.																																							
18 1										21 22										0 4 3										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									
C 18										X 19										Z 20										Z 21										0 0 0 0										N 23										N 24										A 25										V 1 1 5									
CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)																																																																																									
Cause not positively identified. Detector was replaced; subsequent checks																																																																																									
revealed no problems with replaced detector. Intermittent cable connec-																																																																																									
tion problems are suspected. A review will be made of other area monitors																																																																																									
using same type of cable connections to determine if replacement or modi-																																																																																									
fication is necessary.																																																																																									
FACILITY STATUS										% POWER										OTHER STATUS										METHOD OF DISCOVERY										DISCOVERY DESCRIPTION																																																	
H 28										O C 29										NA										B 31										Routine Surveillance																																																	
ACTIVITY RELEASED										CONTENT RELEASED										AMOUNT OF ACTIVITY										LOCATION OF RELEASE																																																											
Z 33										Z 34										NA										NA																																																											
PERSONNEL EXPOSURES NUMBER										TYPE										DESCRIPTION																																																																					
0 0 0										Z 37										NA																																																																					
PERSONNEL INJURIES NUMBER										DESCRIPTION																																																																															
0 0 0										NA																																																																															
LOSS OF OR DAMAGE TO FACILITY TYPE										DESCRIPTION																																																																															
Z 42										NA																																																																															
PUBLICITY ISSUED										DESCRIPTION																																																																															
N 44										NA																																																																															
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