

## (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 | N | Y | N | M | P | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | 5

7 8 9 14 15 25 26 30 37 38

LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT

CON'T

|   |   |
|---|---|
| 0 | 1 |
| 7 | 8 |

REPORT SOURCE

|               |    |   |   |   |   |   |   |   |   |            |    |   |   |   |   |    |    |   |   |             |   |   |   |    |
|---------------|----|---|---|---|---|---|---|---|---|------------|----|---|---|---|---|----|----|---|---|-------------|---|---|---|----|
| L             | 6  | 0 | 5 | 0 | 0 | 0 | 2 | 2 | 0 | 7          | 1  | 0 | 2 | 0 | 8 | 1  | 3  | 1 | 1 | 1           | 0 | 8 | 7 | 9  |
| 60            | 61 |   |   |   |   |   |   |   |   | 68         | 69 |   |   |   |   | 74 | 75 |   |   |             |   |   |   | 80 |
| DOCKET NUMBER |    |   |   |   |   |   |   |   |   | EVENT DATE |    |   |   |   |   |    |    |   |   | REPORT DATE |   |   |   |    |

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During normal operation, while reviewing surveillance records, it was found that sur-  
0 3 |veillance test N1-RPT-32, Routine Calibration of Refueling Platform High Range Area  
0 4 |Radiation Monitors, was not completed within the allowable test interval. This event  
0 5 |had minimal safety consequences.  
0 6 |  
0 7 |  
0 8 |

|              |    |                      |    |                   |                 |                 |    |                                |    |    |                               |    |                        |                  |    |    |                      |                    |    |                        |                    |    |    |
|--------------|----|----------------------|----|-------------------|-----------------|-----------------|----|--------------------------------|----|----|-------------------------------|----|------------------------|------------------|----|----|----------------------|--------------------|----|------------------------|--------------------|----|----|
| 09           |    | SYSTEM CODE<br>B A   |    | 11                | CAUSE CODE<br>A |                 | 12 | CAUSE SUBCODE<br>D             |    | 13 | COMPONENT CODE<br>Z Z Z Z Z Z |    |                        |                  |    |    | 14                   | COMP. SUBCODE<br>Z |    | 15                     | VALVE SUBCODE<br>Z |    | 16 |
| 7            | 8  | 9                    | 10 |                   | 11              |                 | 12 |                                | 13 |    |                               |    |                        | 14               |    |    | 15                   |                    |    | 16                     |                    |    |    |
| 17           |    | LEP 80 REPORT NUMBER |    | EVENT YEAR<br>8 1 |                 | 21              | 22 | SEQUENTIAL REPORT NO.<br>0 4 7 |    | 24 | 25                            | 26 | OCCURRENCE CODE<br>0 3 |                  | 28 | 29 | REPORT TYPE<br>L     |                    | 30 | 31                     | REVISION NO.<br>0  |    | 32 |
| ACTION TAKEN |    | FUTURE ACTION        |    | EFFECT ON PLANT   |                 | SHUTDOWN METHOD |    | HOURS                          |    | 22 | ATTACHMENT SUBMITTED          |    | 23                     | NPRD-4 FORM SUB. |    | 24 | PRIME COMP. SUPPLIER |                    | 25 | COMPONENT MANUFACTURER |                    | 26 |    |
| X            | 13 | Z                    | 19 | Z                 | 20              | Z               | 21 | 0                              | 0  | 0  | 0                             | N  | 23                     | N                | 24 | Z  | 25                   | Z                  | 9  | 9                      | 9                  | 9  |    |
| 33           |    | 34                   |    | 35                |                 | 36              |    | 37                             |    |    |                               | 40 |                        | 41               |    | 42 |                      | 43                 |    | 44                     |                    | 47 |    |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 | A review of the surveillance schedule revealed a failure to perform a test on schedule.

1 1 | This was caused, in part, by an unusually heavy test load during this period of time.

1 2 | The test was successfully completed 7 days after the required date. A redundant check

1 3 | system for Radiation Protection surveillance tests has been established as a preventive

1 4 | measure against missing test intervals.

| FACILITY STATUS |   |   |      | % POWER |    |    | OTHER STATUS |     | METHOD OF DISCOVERY |      | DISCOVERY DESCRIPTION |    |
|-----------------|---|---|------|---------|----|----|--------------|-----|---------------------|------|-----------------------|----|
| 1               | 5 | E | (28) | 0       | 9  | 8  | (29)         | N/A | A                   | (31) | Surveillance Review   |    |
| 7               | 8 | 9 |      | 10      | 11 | 12 |              | 13  | 14                  | 15   | 16                    | 17 |

ACTIVITY CONTENT  
RELEASED OF RELEASE

|   |   |   |    |   |    |
|---|---|---|----|---|----|
| 1 | 6 | Z | 33 | Z | 34 |
|---|---|---|----|---|----|

AMOUNT OF ACTIVITY (35)

N/A

LOCATION OF RELEASE (36)

N/A

| PERSONNEL EXPOSURES |       |      | DESCRIPTION |     |
|---------------------|-------|------|-------------|-----|
| NUMBER              | TYPE  |      |             |     |
| 1 7                 | 0 0 0 | 37 Z | 38          | N/A |

| PERSONNEL INJURIES |   | DESCRIPTION |     |
|--------------------|---|-------------|-----|
| NUMBER             |   |             |     |
| 1                  | 8 | 0           | 0   |
|                    |   | 40          | N/A |

| 7                             |  | 8 |  | 9 |  | 10          |  | 11 |  | 12 |  |     |
|-------------------------------|--|---|--|---|--|-------------|--|----|--|----|--|-----|
| LOSS OF OR DAMAGE TO FACILITY |  |   |  |   |  | (43)        |  |    |  |    |  |     |
| TYPE                          |  |   |  |   |  | DESCRIPTION |  |    |  |    |  |     |
| 1                             |  | 9 |  | Z |  | (42)        |  |    |  |    |  | N/A |

7 8 9 10  
PUBLICITY  
ISSUED DESCRIPTION (45) 8111250594 811110  
2 0 N (44) PDR ADOCK 05000220  
S PDR N/A NRC USE ONLY

NAME OF PREPARER Kevin McLaughlin

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