

LICENSEE EVENT REPORT

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

01 M I D C C 2 2 0 0 0 0 0 0 0 0 0 0 0 3 4 1 1 1 1 4 5
7 8 9 14 15 25 26 30 57 CAT 58
 LICENSEE CODE LICENSE NUMBER LICENSE TYPE CAT 58

CON'T
01 L 6 0 5 0 0 0 3 1 6 7 0 4 0 4 8 2 8 0 4 2 9 8 2 9
7 8 60 61 68 69 74 75 80
 REPORT SOURCE DOCKET NUMBER EVENT DATE REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10

02 DURING NORMAL OPERATION, THE FLOW INDICATOR (SFR-201) FOR THE TURBINE GLAND SEAL
03 LEAK OFF (GSLO) FAILED HIGH. THE INSTRUMENTATION WAS DECLARED INOPERABLE AT 1137
04 HOURS ON APRIL 4, 1982. CONTINUOUS FLOW MEASUREMENT IS REQUIRED BY TECHNICAL SPEC-
05 IFICATION, APPENDIX B, 2.4.4.b AND TABLE 2.2.4.
06 _____
07 _____
08 _____
7 8 9 80

09 M C 11 B 12 A 13 I N S T R U 14 E 15 Z 16
9 10 11 12 13 18 19 20
 SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE
17 8 2 0 2 8 0 4 L 0
21 22 23 24 26 27 28 29 30 31 32
 LER/RO REPORT NUMBER EVENT YEAR SEQUENTIAL REPORT NO. OCCURRENCE CODE REPORT TYPE REVISION NO.
X 18 Z 19 Z 20 Z 21 0 0 0 0 N 23 Y 24 N 25 X 9 9 9 9 26
33 34 35 36 37 40 41 42 43 44 47
 ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPD-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27

10 THE FLOW INDICATING PROBE (SFR-201) WAS EXAMINED AND FOUND TO HAVE EXCESSIVE
11 MOISTURE ON THE SENSING ELEMENT. THE MOISTURE WAS REMOVED, THE PROBE WAS REINSTALLED
12 AND THE INDICATOR RETURNED TO NORMAL AT 1000 HOURS ON APRIL 5, 1982. INVESTIGATION
13 IS CONTINUING TO REDUCE THE MOISTURE IN THIS AREA.
14 _____
7 8 9 80

15 E 28 1 0 0 29 NA B 31 OPERATOR OBSERVATION 32
7 8 9 10 12 13 44 45 46 80
 FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION
16 Z 33 Z 34 NA NA 36
7 8 9 10 11 44 45 80
 ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE
17 0 0 0 37 Z 38 NA 39
7 8 9 11 12 13 80
 PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION
18 0 0 0 40 NA 41
7 8 9 11 12 80
 PERSONNEL INJURIES NUMBER DESCRIPTION
19 Z 42 NA 43
7 8 9 10 80
 LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION
20 N 44 NA 45
7 8 9 10 80
 PUBLICITY ISSUED DESCRIPTION
 NAME OF PREPARER R. A. PALMER PHONE: 616-465-5901
68 69 80

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 PDR ADOCK 05000316
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