

LICENSEE EVENT REPORT

CONTROL BLOCK 1 2 3 4 5 6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME														LICENSE NUMBER										LICENSE TYPE										EVENT TYPE																																							
01 H M M N P 1														0 0 - 0 0 0 0 0 - 0 0										4 1 1 1 1										0 1																																							
7 8 9 14														15 25										26 30										31 32																																							
01 CONT														CATEGORY										REPORT TYPE										REPORT SOURCE										DOCKET NUMBER										EVENT DATE										REPORT DATE									
57 58														T										L										0 5 0 - 0 2 6 3										0 9 1 0 7 7										1 1 1 8 7 7																			
7 8 9														59 60										61 68										69 74										75 80																													

EVENT DESCRIPTION

02 While performing local leak rate tests the main steam drain inboard isolation valve
 03 MO-2373 was found leaking in excess of the technical specification acceptance
 04 criteria. Redundant isolation valve operable. Two previous similar events. Valve
 05 seats lapped and plug machined.
 06 (M-R0-77-24-2)

SYSTEM CODE										CAUSE CODE										COMPONENT CODE										PART COMPONENT SUPPLIER										COMPONENT MANUFACTURER										VIOLATION									
S 1										E										V A L V E X										A										A 3 9 5										Y									
7 8 9 10										11 12										13 17										43 44										45 47										48									

CAUSE DESCRIPTION

08 Anchor Mfg. Co. 3" gate valve, Model RS.600 lb class. Light deposits of foreign
 09 material on seats, and minor steam cutting of seats. Seats lapped, plug machined
 10 and valve retested satisfactory.

FACILITY STATUS										N. POWER										OTHER STATUS										METHOD OF DISCOVERY										DISCOVERY DESCRIPTION									
H										0 0 0										NA										B										NA									
7 8 9										10 12										13 44										45 46										80									
FORM OF ACTIVITY RELEASED										CONTENT OF RELEASE										AMOUNT OF ACTIVITY										LOCATION OF RELEASE																			
Z										Z										NA										NA																			
7 8 9										10 11										44 45										80																			

PERSONNEL EXPOSURES

NUMBER										TYPE										DESCRIPTION									
0 0 0										Z										NA									
7 8 9 11										12 13										80									

PERSONNEL INJURIES

NUMBER										DESCRIPTION									
0 0 0										NA									
7 8 9 11										12 80									

OFFSITE CONSEQUENCES

15 NA

LOSS OR DAMAGE TO FACILITY

TYPE										DESCRIPTION									
Z										NA									
7 8 9 10										80									

PUBLICITY

17 NA

ADDITIONAL FACTORS

18 NA

19

NAME P A Tobin

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GPO 881-667