

LICENSER NAME														LICENSE NUMBER														LICENSE TYPE														EVENT TYPE			
01	M	N	M	N	P	1	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																					
CATEGORY						REPORT TYPE		REPORT SOURCE		DOCKET NUMBER								EVENT DATE						REPORT DATE																					
01	CONT					T	L	0	5	0	-	0	2	6	3	1	0	0	4	7	7	1	1	1	8	7	7																		
7	8					57	58	59	60	61					68	69						74	75				80																		

EVENT DESCRIPTION

02	During local leak test, RCIC-9 turbine exhaust line check valve was found leaking																								80
03	in excess of technical specification acceptance criteria. Disc washer bent due to																								80
04	disc striking valve body. Damaged parts replaced and stop added to prevent																								80
05	striking. Not repetitive. (M-RO-77-24-5)																								80
06																									80

SYSTEM CODE				CAUSE CODE		COMPONENT CODE						PRIME COMPONENT SUPPLIER		COMPONENT MANUFACTURER				VIOLATION	
07	S	D	E	V	A	L	V	E	X	A	A	3	9	5	Y				
7	8	9	10	11	12	13	14	15	16	17	43	44	45	46	47	48			

CAUSE DESCRIPTION

08	Anchor Valve Co. 8-inch, 150 lb Mark N237, swing check valve. Failed test due to																								80
09	improper seating due to bent disc washer caused by disc striking valve body.																								80
10	Following repair, valve retested satisfactory.																								80

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

PERSONNEL EXPOSURES

NUMBER				TYPE		DESCRIPTION																	
13	0	0	0	Z	NA																		
7	8	9	10	11	12	13	80																

PERSONNEL INJURIES

NUMBER				DESCRIPTION																		
14	0	0	0	NA																		
7	8	9	10	11	12	80																

OFFSITE CONSEQUENCES

15	NA																								80
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LOSS OR DAMAGE TO FACILITY

TYPE				DESCRIPTION																	
16	Z	NA																			
7	8	9	10	80																	

PUBLICITY

17	NA																								80
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ADDITIONAL FACTORS

18	NA																								80
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19																									80
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NAME S J Hammer PHONE 612/295-5151

GPO 881-887

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CF ADOCK 05000263
CF