

CONTROL BLOCK

(PLEASE PRINT ALL REQUIRED INFORMATION)

EVENTS														EXTENSION NUMBER														INCIDENT TYPE														EVENT TYPE																																																																																																	
M N M N P 1														0 0 - 0 0 0 0 0 - 0 0														4 1 1 1 1														0 1																																																																																																	
7 8 9														15														25														30														31 32																																																																																			
CONT														CATEGORY														REPORT TYPE														REPORT SOURCE														DOCKET NUMBER														EVENT DATE														REPORT DATE																																																							
7 8 9														57 58														59														60														61														68														69														74														75														80													

EVENT DESCRIPTION

During local leak test, CV-7436, inboard isolation valve on the nitrogen instrument														air system, was found leaking in excess of acceptance criteria. Redundant														isolation valve was operable. Not repetitive occurrence. Cleaned valve seat.														(M-R0-77-24-6)																																																							
7 8 9														80														80														80														80														80														80													

SYSTEM CODE														CAUSE CODE														COMPONENT CODE														FORM COMPONENT SUPPLIER														COMPONENT MANUFACTURER														VIOLATION																																																							
S D														E														V A L V E X														L														W 2 5 5														Y																																																							
7 8 9														10														11														12														13														43														44														47														48													

CAUSE DESCRIPTION

Failed leak rate test due to accumulation of dirt and scale on seating surfaces.														Cleaned valve seats and retested satisfactory. WCM Valve Co. 1 inch ANSI 6000 lb														plug valve.																																																																					
7 8 9														80														80														80														80														80														80													

FACILITY STATUS														POWER														OTHER STATUS														METHOD OF DISCOVERY														DISCOVERY DESCRIPTION																																																							
11														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																																																																					
12														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

NA																											
7 8 9														80													

LOSS OR DAMAGE TO FACILITY

TYPE														DESCRIPTION																											
Z														NA																											
7 8 9														10														80													

PUBLICITY

NA																											
7 8 9														80													

ADDITIONAL FACTORS

NA																											
7 8 9														80													

NA																											
7 8 9														80													

NAME R A Goranson PHONE 612/295-5151

CPD 881-687

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