

## LICENSEE EVENT REPORT

CONTROL BLOCK

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSE SET 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				14	15											25	26				30	31	32

  

CATEGORY		REPORT TYPE	REPORT SOURCE	DOCKET NUMBER						EVENT DATE					REPORT DATE										
01	CONT	P	O	T	L	0	5	0	-	0	2	6	3	0	9	2	0	7	5	1	1	1	1	7	5
7	8	57	58	59	60	61							68	69						74	75				80

EVENT DESCRIPTION	DATE	TIME	LOCATION	STATUS
...	...	...	...	...

02	Local Leak rate test indicated combined leakage of drywell equipment drain sump	80
03	isolation valves, AO-2561A and B in excess of acceptance criteria. No previous	80
04	similar failure of these valves. Valve seats cleaned. Retested satisfactory.	80
05	(AO-263/75-17-5)	80
06		80

SYSTEM CODE				CAUSE CODE		COMPONENT CODE				COMPONENT SUPPLIER		COMPONENT MANUFACTURER				VIOLATION				
0	7	S	D	A		V	A	L	V	E	X	A				V	1	3	5	Y
7	8	9	10	11		12					17	43				44			47	48

## CAUSE DESCRIPTION

08	VOGT 2"-800# Gate Valves. Failed local leak rate test due to piece of flexitallic	80
09	gasket lodged in seat of AO 2561A, gasket material from maintenance on upstream	80
10	valve. Seat cleaned and valves tested satisfactory.	80

FACILITY STATUS		% POWER			OTHER STATUS		METHOD OF DISCOVERY		DISCOVERY DESCRIPTION	
1	1	H	0	0	0	NA	B	NA		
7	8	9	10	11	12	13	44	45	46	60

FORM OF ACTIVITY RELEASED      CONTENT OF RELEASE      AMOUNT OF ACTIVITY      LOCATION OF RELEASE

1 2      2      NA      an NA

7 8      9      10 11      44      45      80

#### PERSONNEL EXPOSURES

NUMBER			TYPE	DESCRIPTION
13	0	0	Z	NA

## PERSONNEL INJURIES

NUMBER				DESCRIPTION
7	8	9	11	12
1	4	0	00	NA
				60

## OFFSITE CONSEQUENCES

## LOSS OR DAMAGE TO FACILITY

## PUBLICITY

### ADDITIONAL FACTORS

NAME

PHONE

612/295-5151

9105070385 751111  
CF ADDCK 05000263  
CF

GPO 5581-667