

LICENSEE EVENT REPORT

CONTROL BLOCK

[PLEASE PRINT ALL REQUIRED INFORMATION]

LICENSEE 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	P	0	T	L	0	5	0	-	0	2	6	3	0	9	1	2	7	5	1	1	1	1	7	5	
7	8	57	58	59	60	61							68	69						74	75					80

EVENT	DESCRIPTION
1	...
2	...
3	...
4	...
5	...
6	...
7	...
8	...
9	...
10	...
11	...
12	...
13	...
14	...
15	...
16	...
17	...
18	...
19	...
20	...
21	...
22	...
23	...
24	...
25	...
26	...
27	...
28	...
29	...
30	...
31	...
32	...
33	...
34	...
35	...
36	...
37	...
38	...
39	...
40	...
41	...
42	...
43	...
44	...
45	...
46	...
47	...
48	...
49	...
50	...
51	...
52	...
53	...
54	...
55	...
56	...
57	...
58	...
59	...
60	...
61	...
62	...
63	...
64	...
65	...
66	...
67	...
68	...
69	...
70	...
71	...
72	...
73	...
74	...
75	...
76	...
77	...
78	...
79	...
80	...
81	...
82	...
83	...
84	...
85	...
86	...
87	...
88	...
89	...
90	...
91	...
92	...
93	...
94	...
95	...
96	...
97	...
98	...
99	...
100	...

02	During local leak rate test it was found that HPCI-9 turbine exhaust line check	B
03	valve was leaking in excess of Technical Specification acceptance criteria. Lapped	B
04	seats and retested. Passed local leak rate test. Similar previous events.	B
05	(AO 263/75-17-7)	B
06		B

SYSTEM CODE		CAUSE CODE	COMPONENT CODE					COMPONENT SUPPLIER	COMPONENT MANUFACTURER				VIOLATION	
07	3D	E	V	A	L	V	E	X	A	A	3	9	5	Y
7	8	9	10						43	44	45	46	47	48

CAUSE DESCRIPTION

08	Anchor Mfg. Co. 16"-150#, Swing Check valve. Scratched seating surface found.	80
09	Seating surfaces lapped.	80
10		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	

FORM OF ACTIVITY RELEASED		CONTENT OF RELEASE		AMOUNT OF ACTIVITY		LOCATION OF RELEASE	
1	2	2	NA	NA			
7	8	9	10	11	44	45	80

PERSONNEL EXPOSURES

NUMBER			TYPE	DESCRIPTION
13	000		Z	NA

PERSONNEL INJURIES

NUMBER				DESCRIPTION
14	0	0	0	NA

OFFSITE CONSEQUENCES

15	NA
----	----

LOSS OR DAMAGE TO FACILITY

PUBLICITY

17	NA	
----	----	--

ADDITIONAL FACTORS

ADUCK 05000263
CF

NAME T. W. Grue

PHONE 612/295-5151