

LICENSEE EVENT REPORT

CONTROL BLOCK:

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(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

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|---|---|---------------|---|---|---|---|---|----|----------------|---|---|---|---|---|---|---|---|---|----|--------------|---|---|---|---|----|-----------|--|---|
| 0 | 1 | M | S | G | G | S | 1 | 2 | 0 | 0 | - | 0 | 0 | 0 | 0 | - | 0 | 0 | 3 | 4 | 1 | 1 | 1 | 1 | 4 | | | 5 |
| 7 | 8 | LICENSEE CODE | | | | | | 14 | LICENSE NUMBER | | | | | | | | | | 25 | LICENSE TYPE | | | | | 30 | 57 CAT 58 | | |

CON'T

| | |
|---|---|
| 0 | 1 |
| 7 | 8 |

REPORT SOURCE

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----|----|---------------|---|---|---|---|---|----|----|------------|---|---|---|---|---|----|----|-------------|---|---|---|---|---|----|
| 1 | 6 | 0 | 5 | 0 | 0 | 4 | 1 | 6 | 7 | 0 | 9 | 0 | 2 | 8 | 2 | 8 | 1 | 2 | 1 | 4 | 8 | 2 | 9 | |
| 60 | 61 | DOCKET NUMBER | | | | | | 68 | 69 | EVENT DATE | | | | | | 74 | 75 | REPORT DATE | | | | | | 80 |

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

0 2 | During shutdown several fire-rated cable penetration seals were broken on field
0 3 | termination cabinets in the Control Room. The broken seals could provide a path for
0 4 | fire to spread from the affected cabinet. An LCO was entered and an hourly fire watch
0 5 | was established in accordance with T.S.3.7.7. There was no effect on the health and
0 6 | safety of the public. This event did not constitute a threat to plant safety.
0 7 |
0 8 |
7 8 9 8

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|----------------------|---|-------------|----|---------------------|----|-----------------|------------|-------------|----|---------------|----|--------------|----------------|---------------|----|-----------------|----|-----------------|----|---------|----|----------------------|----|------------------|----|----------------------|----|------------------------|---------------|----|----|----|----|----|----|----|----|----|----|----|
| 0 | 9 | SYSTEM CODE | | A | B | 11 | CAUSE CODE | X | 12 | CAUSE SUBCODE | Z | 13 | COMPONENT CODE | | | | | | X | X | X | X | X | X | 14 | COMP. SUBCODE | Z | 15 | VALVE SUBCODE | Z | 16 | | | | | | | | | |
| 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 |
| LER/RO REPORT NUMBER | | EVENT YEAR | | SEQUENCE REPORT NO. | | OCCURRENCE CODE | | REPORT TYPE | | REVISION NO. | | ACTION TAKEN | | FUTURE ACTION | | EFFECT ON PLANT | | SHUTDOWN METHOD | | HOURS | | ATTACHMENT SUBMITTED | | NPRD-4 FORM SUB. | | PRIME COMP. SUPPLIER | | COMPONENT MANUFACTURER | | | | | | | | | | | | |
| 17 | | 8 2 | | 0 6 3 | | 9 9 | | X | | 1 | | X | | X | | Z | | Z | | 0 0 0 0 | | N | | N | | Z | | Z 9 9 9 | | | | | | | | | | | | |

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 The seals were broken in order to route additional cable. Upon completion of the

1 1 maintenance activities, the seals were repaired, and the LCO was lifted on October 30,

1 2 1982. All corrective action is considered complete. This is being submitted as a

1 3 final report.

1 4

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|-------------------------------|---|---|---------------------|---|----|--------------------|----|----|---------------------|----|----------------------|-----------------------|--|--|--|
| FACILITY STATUS | | | % POWER | | | OTHER STATUS | | | METHOD OF DISCOVERY | | | DISCOVERY DESCRIPTION | | | |
| 1 | 5 | G | 28 | 0 | 0 | 0 | 29 | NA | B | 31 | Operator Observation | | | | |
| ACTIVITY CONTENT | | | RELEASED OF RELEASE | | | AMOUNT OF ACTIVITY | | | LOCATION OF RELEASE | | | | | | |
| 1 | 6 | Z | 33 | Z | 34 | NA | | | NA | | | | | | |
| PERSONNEL EXPOSURES | | | NUMBER | | | TYPE | | | DESCRIPTION | | | | | | |
| 1 | 7 | 0 | 0 | 0 | 37 | Z | 38 | NA | | | | | | | |
| PERSONNEL INJURIES | | | NUMBER | | | DESCRIPTION | | | | | | | | | |
| 1 | 8 | 0 | 0 | 0 | 40 | NA | | | | | | | | | |
| LOSS OF OR DAMAGE TO FACILITY | | | TYPE | | | DESCRIPTION | | | | | | | | | |
| 1 | 9 | Z | 42 | | | | | | | | | | | | |
| PUBLICITY | | | ISSUED | | | DESCRIPTION | | | | | | | | | |
| 2 | 0 | N | 44 | | | | NA | | | | | | | | |

NAME OF PREPARER Original signed by John M. Albert

PHONE: _____

SPO 917-926