

## (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

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CON'T

0	1
7	8

REPORT SOURCE

L	6	0	5	0	0	0	3	2	1	7	1	1	0	8	8	2	8	1	2	0	7	8	2	9
60	61	DOCKET NUMBER						68	69	EVENT DATE						74	75	REPORT DATE						80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 With Unit 1 in cold shutdown for refueling and Unit 2 operating steady  
03 state at 100 percent power, it was discovered that the Unit 1 and 2  
04 "LIQUID RADWASTE MONITOR INSTRUMENT FT&C" procedures were not being  
05 performed monthly as required by ETS 2.1.2.F. The Radwaste effluent  
06 high radiation alarms were operable. Plant operations were not  
07 affected by this event. The health and safety of the public were not  
08 affected by this non-repetitive event.

0 9		SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMPONENT CODE				COMP. SUBCODE		VALVE SUBCODE			
7	8	M	A	D	B	V	A	L	V	O	P	E	D				
		9	10	11	12	13					14	15	16				
LER/RO REPORT NUMBER		EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE		REVISION NO.							
17		8	2		0	9	8		L		0						
		21	22	23	24	25	26	27	28	29	30	31	32				
ACTION TAKEN		FUTURE ACTION		EFFECT ON PLANT		SHUTDOWN METHOD		HOURS		ATTACHMENT SUBMITTED		NPRD-4 FORM SUB.		PRIME COMP. SUPPLIER		COMPONENT MANUFACTURER	
H	Z	Z	Z		0	0	0	0	N	N	A	D	2	4	5		
33	34	35	36	37	38	39	40	41	42	43	44	45	46	47			

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 The cause of this event was inadequate procedures. The monthly  
1 1 procedures did not meet the requirement of ETS 2.1.2.F. The procedures  
1 2 listed above met the requirement; however, they were being done  
1 3 quarterly. The above listed procedures are now being done monthly.

1	4																	
7	8	9																
FACILITY STATUS			% POWER			OTHER STATUS			30	METHOD OF DISCOVERY			DISCOVERY DESCRIPTION			32		
1	5	H	28	0	0	0	29	NA		D	31	NRC Resident Inspector						
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		

ACTIVITY CONTENT  
RELEASED OF RELEASE

1 6 33 Z 34 NA

7 8 9 10 11 44

AMOUNT OF ACTIVITY (35)

NA

45 80

LOCATION OF RELEASE (36)

PERSONNEL EXPOSURES									
NUMBER			TYPE	DESCRIPTION					
1	7	0	0	0	(37)	Z	(38)	NA	

PERSONNEL INJURIES		DESCRIPTION	
NUMBER			
0	0	0	NA

7	8	9	11	12	80
LOSS OF OR DAMAGE TO FACILITY					
TYPE		DESCRIPTION			
1	9	Z	(42)	NA	8212210196 821207
					25000321

7 8 9 10  
PDR ADOCK 05000051  
S PDR  
PUBLICITY  
ISSUED DESCRIPTION (45)  
2 0 N (44) NA  
NRC USE ONLY

NAME OF PREPARER S. B. Tipps

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