

## LICENSEE EVENT REPORT

CONTROL BLOCK: 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

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0 1 A L J M F 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 5  
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

REPORT SOURCE 1 6 0 5 0 0 0 3 6 4 7 1 2 0 1 8 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

## EVENT DESCRIPTION AND PROBABLE CONSEQUENCES 10

0 2 At 0830 on 12/01/82, Containment Atmosphere Activity Monitor R-11 (particulate monitor)  
0 3 and R-12 (gaseous monitor) were declared inoperable when the vacuum pump tripped due to  
0 4 an erroneous high flow signal. Tech. Spec. 3.4.7.1 requires R-11 and R-12 to be oper-  
0 5 able. Tech. Spec. 3.4.7.1 action statement requirements were met. Health/safety of  
0 6 the public was not affected. Similar occurrences were reported in LER 82-038/03L-0 and  
0 7 LER 82-025/03L-0.  
0 8  
0 9SYSTEM CODE 11 CAUSE CODE 12 CAUSE SUBCODE 13 COMPONENT CODE 14 COMP. SUBCODE 15 VALVE SUBCODE 16  
C I E E R E L A Y X A Z  
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

LER RO REP. NO. NUMBER

EVENT YEAR

SEQUENTIAL 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

## CAUSE DESCRIPTION AND CORRECTIVE ACTIONS 27

1 0 This event was attributed to a defective high flow relay. The relay was replaced and  
1 1 R-11 and R-12 were returned to service at 1000 on 12/01/82.  
1 2  
1 3  
1 4FACILITY STATUS 22 % POWER 29 OTHER STATUS 30 METHOD OF DISCOVERY 31 DISCOVERY DESCRIPTION 32  
B 0 0 0 NA A Operational Event  
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

ACTIVITY CONTENT RELEASED OF RELEASE

AMOUNT OF ACTIVITY 35

LOCATION OF RELEASE 36

PERSONNEL EXPOSURES

NUMBER

TYPE

DESCRIPTION 39

PERSONNEL INJURIES

NUMBER

TYPE

DESCRIPTION 41

LOSS OF OR DAMAGE TO FACILITY

TYPE

DESCRIPTION 43

PUBLICATION

ISSUED

DESCRIPTION 45

NAME OF PREPARER W. G. Hairston, III

PHONE (205) 899-5156

NRC USE ONLY