

## EXHIBIT A

CONTROL BLOCK: (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

01 C I A D I C I P I 1 2 0 0 0 - 1 0 0 0 0 0 0 - 1 0 0 3 4 1 1 1 1 1 4 5  
 LICENSEE CODE 14 15 LICENSE NUMBER 25 26 LICENSE TYPE 30 37 CAT 58

CON'T  
 01 REPORT SOURCE L 6 0 1 5 1 0 1 0 0 2 1 7 5 7 1 2 0 6 8 2 8 1 2 1 1 5 8 1 2 9  
 DOCKET NUMBER 68 69 EVENT DATE 74 75 REPORT DATE 80

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)  
 02 Prior to fuel load, with spent fuel pool radiation monitor (RE-5) inoperable  
 03 for calibration maintenance, a radiation survey was not performed within 24  
 04 hours as required by Technical Specification 3.3.3.1 action statement 30.  
 05 Approximately 35 hours elapsed between radiation surveys. The surveys  
 06 performed indicated that no radiation was present. This event in no way  
 07 affected the public health and safety. Reportable per Technical  
 08 Specification Section 6.9.1.12.b.

09  
 SYSTEM CODE 9 10 CAUSE CODE 11 CAUSE SUBCODE 12 COMPONENT CODE 13 COMP. SUBCODE 14 VALVE SUBCODE 15  
 Z Z 11 A 12 D 13 Z Z Z Z Z Z 14 Z 15 Z 16

17 LEH/RO REPORT NUMBER 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32  
 8 12 0 1 1 2 0 1 1 T 0

ACTION TAKEN 33 FUTURE ACTION 34 EFFECT ON PLANT 35 SHUTDOWN METHOD 36 HOURS 37 ATTACHMENT SUBMITTED 40 NPRO-4 FORM SUB. 42 PRIME COMP. SUPPLIER 43 COMPONENT MANUFACTURER 44  
 H 18 G 19 Z 20 Z 21 0 0 0 0 0 Y 23 N 24 Z 25 Z 9 9 9 9 26

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)  
 10 The shift Chemical and Rad Protection Technician failed to comply with the  
 11 requirement indicated on the Shift Turnover Checklist. The checklist showed  
 12 the "inoperable" status of RE-5 with the 24-hour survey requirement and  
 13 date and time of the previous survey. Due to inattention, he failed to  
 14 realize that the next survey was due on the day shift. C&RP personnel were

15 FACILITY STATUS 28 % POWER 29 OTHER STATUS 30 METHOD OF DISCOVERY 31 DISCOVERY DESCRIPTION 32  
 B 28 0 0 0 0 29 NA 30 A 31 Operator Observation 32

16 ACTIVITY CONTENT 33 RELEASED OF RELEASE 34 AMOUNT OF ACTIVITY 35 LOCATION OF RELEASE 36  
 Z 33 Z 34 NA 35 NA 36

17 PERSONNEL EXPOSURES 37 PERSONNEL INJURIES 40  
 0 0 0 0 37 Z 38 NA 39 0 0 0 0 40 NA 41

18 LOSS OF OR DAMAGE TO FACILITY 42 PUBLICITY ISSUED 43  
 Z 42 NA 43

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NAME OF PREPARER William J. Kelly  
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LICENSEE EVENT REPORT 82-012

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (continued)

counselled and retrained on adherence to requirements specified on the checklist. In addition, the date and time an activity is next due will be added to the checklist for further clarity.