

LICENSEE EVENT REPORT

CONTROL BLOCK:

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

0	1	P	A	P	B	S	2	2	0	0	-	0	0	0	0	-	0	0	3	4	1	1	1	1	4			5		
7	8	LICENSEE CODE						14	15	LICENSE NUMBER										25	26	LICENSE TYPE					30	57	CAT	58

CON'T

REPORT SOURCE 7 8 60 61 68 69 74 75 80

DOCKET NUMBER 0 5 0 - 0 2 7 8 7 0 2 1 4 8 3 8 0 2 2 8 8 3 9

EVENT DATE

REPORT DATE

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

02 During the Unit 3 refueling outage, surveillance testing indicated that
03 the combined leakage for Type B and C tests exceeded the 10 CFR 50,
04 Appendix J, Section III.C.3 limit of 0.6La. Valve failures were inboard
05 main steam drain (MO-2-74) and inboard MSIV's 80:A, C, and D which failed
06 to meet the Tech. Spec. 4.7.A.2.f limit of 11.5 SCFH. Redundant MSIV's
07 had acceptable leakage rates.

A number line is shown with tick marks at 7, 8, and 9. Above the tick mark for 7 is a box containing the number 0. Above the tick mark for 8 is a box containing the number 8. The number 9 is at the right end of the line.

SYSTEM CODE [0][9] 7 8		CAUSE CODE [S][D] (11) 9 10		CAUSE SUBCODE [E] (12) 11		COMPONENT CODE [X] (13) [V][A][L][V][E][X] (14) 12 13 14 15 16 17 18						COMP. SUBCODE [F] (15) 19		VALVE SUBCODE [D] (16) 20			
(17) LER/RO REPORT NUMBER [] 21 22		EVENT YEAR [8][3] 21 22		SEQUENTIAL REPORT NO. [—] 23		OCCURRENCE CODE [0][0][8] 24 25 26		REPORT TYPE [/] 27		REVISION NO. [0][1] 28 29		[T] 30		[—] 31			
ACTION TAKEN [Z] (18) [B] (19) 33 34		FUTURE ACTION [] 35		EFFECT ON PLANT [Z] (20) 35		SHUTDOWN METHOD [Z] (21) 36		HOURS (22) [0][0][0][0] 37 38 39 40		ATTACHMENT SUBMITTED [Y] (23) 41		NPRD-4 FORM SUB. [Y] (24) 42		PRIME COMP. SUPPLIER [A] (25) 43		COMPONENT MANUFACTURER [Z][9][9][9] (26) 44 45 46 47	

CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)

1 0 Cause of the event is unknown. All failed valves have been scheduled
1 1 for maintenance during the current refueling outage. A 30-day
1 2 follow-up report will be submitted following completion of all Type B
1 3 and C tests and will include any other failures found during the
1 4 outage.

FACILITY STATUS						% POWER			OTHER STATUS			METHOD OF DISCOVERY		DISCOVERY DESCRIPTION						
1	5	H	(28)	C	O	O	(29)		N/A	(30)	B	(31)	Surveillance Test							

ACTIVITY CONTENT
RELEASED OF RELEASE

1 6 Z 33 34

7 8 9 10 11

AMOUNT OF ACTIVITY
N/A

35

44

LOCATION OF RELEASE
N/A

36

45 80

PERSONNEL EXPOSURES									
NUMBER			TYPE		DESCRIPTION				
1	7		0	0	0	37	Z	38	N/A

PERSONNEL INJURIES		NUMBER		DESCRIPTION	
1	8	0	0	0	40 N/A

		8		9		11		12		
		LOSS OF OR DAMAGE TO FACILITY						(43)		
		TYPE		DESCRIPTION						
1	9	Z	(42)	8303140537 830228 PDR ADPOCK 050000Z70						80

PUBLICITY
ISSUED DESCRIPTION (45)
N/A

S PDR ADDUCK 050000Z/8 PDR

NRC USE ONLY

NAME OF PREPARER M. J. Cooney PHONE: (215) 841-5020

8303140537 830228
PDR ADOCK 05000278
S PDR

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