

LICENSEE EVENT REPORT

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

CONFIDENTIAL

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REPORT NUMBER		DOCSIT NUMBER										EVENT DATE										REPORT DATE					

EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)

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CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (71)

FACILITY STATUS		PRIORITY		OTHER STATUS		METHOD OF DISCOVERY		DISCOVERY DESCRIPTION				
1	2	E	20	1	0	0	21	NA	B	31	Surveillance test	32
ACTIVITY CONTENT		RELEASED BY REFERENCE		AMOUNT OF ACTIVITY		LOCATION OF RELEASE						
1	6	Z	11	Z	14	NA	NA	36				
PERMANENT RECORDS		NUMBER		TYPE		DESCRIPTION						
1	7	0	0	0	13	Z	15	NA				
PERMANENT RECORDS		NUMBER		TYPE		DESCRIPTION						
1	8	0	0	0	16			NA				
PERMANENT RECORDS		NUMBER		TYPE		DESCRIPTION						
1	9	0	0	0	19			NA				
LOSS OF OR DAMAGE TO FACILITY		TYPE		DESCRIPTION								
1	10	Z	22					NA				

NA

NINE CASES OF CHLAMYDIA

Gene Holder

(205) 729-6134

LER SUPPLEMENTAL INFORMATION

BFRO-50- 259 / 82011 Technical Specification Involved 3.8.B.8

Reported Under Technical Specification 6.7.2.b(2) * Date Due NRC 2/23/82

Date of Occurrence 1/24/82 Time of Occurrence 1000 Unit 1, 2, & 3

Identification and Description of Occurrence:

Continuous air monitor O-RM-90-252 was found out of calibration.

Conditions Prior to Occurrence:

Unit 1 at 100%.

Unit 2 at 100%.

Unit 3 in refueling outage.

Action specified in the Technical Specification Surveillance Requirements met due to inoperable equipment. Describe.

Initiated hourly sampling by the chemical laboratory.

Apparent Cause of Occurrence:

Component failure.

Analysis of Occurrence:

There was no effect on the health or safety of the public, no release of activity, no damage to the plant or equipment, and no resulting significant chain of events.

Corrective Action:

The failed components on the NMC model AM-331F(BF) continuous air monitor were replaced and the monitor calibrated and returned to service. This is considered a random failure and no recurrence control is required.

Failure Data: None

Retention: Period - Lifetime; Responsibility - Document Control Supervisor

*Revision: *J. N. [Signature]*