

## (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

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CONT

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During normal operation, the oxygen analyzer unit failed with the High Oxygen

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(17) LER/RO REPORT NUMBER	EVENT YEAR 8 2	SEQUENTIAL REPORT NO. 0 4 8	OCCURRENCE CODE 0 3	REPORT TYPE L	REVISION NO. 0
ACTION TAKEN A	FUTURE ACTION Z	EFFECT ON PLANT Z	SHUTDOWN METHOD Z	HOURS 0 0 0 0	ATTACHMENT SUBMITTED N
(18)	(19)	(20)	(21)	(22)	(23)
CAUSE DESCRIPTION AND CORRECTIVE ACTION	NPRO-4 FORM SUB. N				
PRIME COMP. SUPPLIER N					COMPONENT MANUFACTURER 8 1 3 5
(24)					(25)
(26)					(27)

The cause of this event was that the light bulb for the light unit that activates

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**Abstract**

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PHONE: (815) 942-2920 X-523



Commonwealth Edison

## DEVIATION REPORT

DVR NO. 12 - 3 - 82 - 81  
STA UNIT YEAR NO.

PART 1	TITLE OF DEVIATION	OCURRED	11-26-82	1900
	U-3 Oxygen Analyzer Failure	DATE		TIME
SYSTEM AFFECTED	PLANT STATUS AT TIME OF EVENT	TESTING		
8500 Oxygen Sampling	MODE Run, PWR(MWT) 2503, LOAD(MWE) 826	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DESCRIPTION OF EVENT				

U-3 Oxygen Analyzer failed with the High Oxygen Alarm up. Oxygen Analyzer placed in degraded equipment log and Instrument Mechanic Foreman informed that analyzer not working properly.

EQUIPMENT FAILURE	24250	10 CFR50.72 NRC RED PHONE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WORK REQUEST NO.	NOTIFICATION MADE	YES NO
RESPONSIBLE SUPERVISOR Gary L. Smith		DATE 11-26-82	

## PART 2 OPERATING ENGINEER'S COMMENTS

Repairs to the D/W Oxygen Analyzer are being effected in accordance with Tech. Spec 3.7A6d

<input type="checkbox"/> EVENT OF PUBLIC INTEREST	<input type="checkbox"/> 24-HOUR NRC NOTIFICATION REQ'D
<input type="checkbox"/> TECH. SPEC. VIOLATION	TELEPH (Courtesy) Tom Tongue 11-29-82 0730
<input type="checkbox"/> NON REPORTABLE OCCURRENCE	REGION III DATE TIME
<input type="checkbox"/> 14 DAY REPORTABLE/T.S.	TELEGM/TELECOPY N/A
<input checked="" type="checkbox"/> 30 DAY REPORTABLE/T.S. 6.6.B.2.b	REGION III DATE TIME
<input type="checkbox"/> ANNUAL/SPECL REPORT REQ'D	<input type="checkbox"/> CECO CORPORATE NOTIFICATION MADE
A.I.R. #	IF ABOVE NOTIFICATION IS PER 10CFR21
L.E.R. # 82-48/03L-0	<input type="checkbox"/> 5-DAY WRITTEN REPORT REQ'D PER 10CFR21
	TELEPH Dennis P. Galle 11-30-82 0830
	CECO CORPORATE OFFICER DATE TIME

PRELIMINARY REPORT  
COMPLETED AND REVIEWEDMichael Wright  
OPERATING ENGINEER11-29-82  
DATEINVESTIGATED REPORT & RESOLUTION  
ACCEPTED BY STATION REVIEWRESOLUTION APPROVED AND  
AUTHORIZED FOR DISTRIBUTION

STATION SUPERINTENDENT

DATE