

CONTROL BLOCK: 

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 (1) (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

C A S O S 3		2 0 0 - 0 0 0 0 0 - 0 0		3 4 1 1 1 1 4		5	
LICENSEE CODE		LICENSE NUMBER		LICENSE TYPE		CAT 58	
CON'T		REPORT SOURCE		DOCKET NUMBER		EVENT DATE	
0 1		L 6 0 5 0 0 0 3 6 2 7 0 2 2 4 8 3 8 0 4 0 5 8 3 9		60 61 68 69 74 75 80			
EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)							
0 2 While in Mode 5, the spray system that protects Cable Tunnel Section 10 spuriously							
0 3 actuated, leaving the actuation fire detector inoperable until it could be reset.							
0 4 Accordingly, LCO 3.3.3.7 Action Statement 'a' was entered and a fire watch was							
0 5 established. On March 7, 1983 the detector was restored to operable status. The							
0 6 fire deluge system remained manually operable. Public health and safety were not							
0 7 affected.							
0 8							
0 9							
SYSTEM CODE		CAUSE CODE		CAUSE SUBCODE		COMP. SUBCODE	
A B 11		A 12		X 13		E 15	
10		11		12		15	
EVENT YEAR		SEQUENTIAL REPORT NO.		OCCURRENCE CODE		REPORT TYPE	
8 3		0 3 0		0 3		L	
21 22		24 26		28 29		30 31	
ACTION TAKEN		FUTURE ACTION		ATTACHMENT SUBMITTED		PRIME COMP. SUPPLIER	
Z 18		Z 19		N 23		A 25	
33 34		35 36		41 42		43 44	
CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)							
1 0 The cause of the spray system actuation is unknown although it was most							
1 1 likely due to construction activity in the area. A continuous firewatch and backup							
1 2 fire suppression equipment were established within one hour. This is considered							
1 3 an isolated occurrence and no further corrective action is planned.							
1 4							
FACILITY STATUS		% POWER		OTHER STATUS		METHOD OF DISCOVERY	
B 28		0 0 0 29		NA 30		A 31	
8 9		10 11		12 13		14 15	
ACTIVITY RELEASED		CONTENT OF RELEASE		AMOUNT OF ACTIVITY		DISCOVERY DESCRIPTION	
Z 33		Z 34		NA 35		Operator Observation 32	
8 9		10 11		12 13		14 15	
PERSONNEL EXPOSURES		NUMBER		TYPE		DESCRIPTION	
0 0 0 37		Z 38		NA 39			
8 9		10 11		12 13		14 15	
PERSONNEL INJURIES		NUMBER		DESCRIPTION			
0 0 0 40		NA 41					
8 9		10 11		12 13		14 15	
LOSS OF OR DAMAGE TO FACILITY		TYPE		DESCRIPTION			
Z 42		NA 43					
8 9		10 11		12 13		14 15	
PUBLICATION		ISSUED		DESCRIPTION			
N 44		NA 45					
8 9		10 11		12 13		14 15	
NAME OF PREPARER		H. B. RAY		PHONE		714/492-7700	
8 9		10 11		12 13		14 15	