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|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| CONTROL BLOCK | | | | | | | | | | (PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION) | | | | | | | | | |
| 0 1 C A S O I S 2 0 0 - 0 0 0 0 0 - 0 0 3 4 1 1 1 1 4 | | | | | | | | | | 5 7 CAT 58 | | | | | | | | | |
| CON'T | | | | | | | | | | | | | | | | | | | |
| 0 1 REPORT SOURCE L 0 5 0 0 0 3 6 1 7 0 2 0 9 8 3 8 1 2 1 2 8 3 9 | | | | | | | | | | DOCKET NUMBER EVENT DATE REPORT DATE | | | | | | | | | |
| EVENT DESCRIPTION AND PROBABLE CONSEQUENCES | | | | | | | | | | | | | | | | | | | |
| 0 2 Review of operational surveillance records revealed that the annual | | | | | | | | | | | | | | | | | | | |
| 0 3 Surveillance Test S023-3-3.36.1 for 10 Fire Suppression Valves due | | | | | | | | | | | | | | | | | | | |
| 0 4 2/9/83 was not completed within the required surveillance interval. | | | | | | | | | | | | | | | | | | | |
| 0 5 Compensatory measures prescribed by LCO 3.3.3.7, Action 'a' were not | | | | | | | | | | | | | | | | | | | |
| 0 6 implemented. The surveillance was completed on 10/5/83. Public health | | | | | | | | | | | | | | | | | | | |
| 0 7 and safety were not affected. See LER 83-067 (Docket No. 50-361). | | | | | | | | | | | | | | | | | | | |
| 0 8 | | | | | | | | | | | | | | | | | | | |
| SYSTEM CAUSE CAUSE COMPONENT COMP. VALVE CODE CODE SUBCODE CODE SUBCODE SUBCODE 0 9 A B 11 D 12 Z 13 V A L V E X 14 B 15 D 16 | | | | | | | | | | | | | | | | | | | |
| 17 LER/RD REPORT NUMBER 8 3 18 ACTION TAKEN G 19 FUTURE ACTION Z 20 EFFECT ON PLANT Z 21 SHUTDOWN METHOD Z 22 HOURS 0 0 0 23 ATTACHMENT SUBMITTED N 24 NPRD-4 FORM SUB. N 25 PRIME COMP. SUPPLIER A 26 COMPONENT MANUFACTURER X 9 9 9 | | | | | | | | | | | | | | | | | | | |
| CAUSE DESCRIPTION AND CORRECTIVE ACTIONS | | | | | | | | | | | | | | | | | | | |
| 1 0 Performance of the surveillances was delayed by the valves having been | | | | | | | | | | | | | | | | | | | |
| 1 1 removed from service prior to the originally scheduled test on 2/9/83 | | | | | | | | | | | | | | | | | | | |
| 1 2 and were not rescheduled upon their return to service. Appropriate | | | | | | | | | | | | | | | | | | | |
| 1 3 procedures will be revised to adequately control the rescheduling of | | | | | | | | | | | | | | | | | | | |
| 1 4 surveillances. | | | | | | | | | | | | | | | | | | | |
| FACILITY STATUS % POWER OTHER STATUS METHOD OF DISCOVERY DISCOVERY DESCRIPTION 1 5 B 28 0 0 0 29 NA C 31 Compliance Audit | | | | | | | | | | | | | | | | | | | |
| ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY LOCATION OF RELEASE 1 6 Z 33 Z 34 NA NA | | | | | | | | | | | | | | | | | | | |
| PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION 1 7 0 0 0 37 Z 38 NA | | | | | | | | | | | | | | | | | | | |
| PERSONNEL INJURIES NUMBER DESCRIPTION 1 8 0 0 0 40 NA | | | | | | | | | | | | | | | | | | | |
| LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION 1 9 Z 42 NA | | | | | | | | | | | | | | | | | | | |
| PUBLICITY ISSUED DESCRIPTION 2 0 N 45 NA | | | | | | | | | | | | | | | | | | | |
| NAME OF PREPARER J. G. HAYNES | | | | | | | | | | PHONE 714/492-7700 | | | | | | | | | |