

CONTROL BLOCK: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)																																																	
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EVENT DESCRIPTION AND PROBABLE CONSEQUENCES (10)																																																											
02 On 7/21/83, with Unit 3 in Mode 4, the Zone 53 fire detector electrical																																																											
03 panel failed the 6-Month Surveillance Test S023-I-2.62. In accordance																																																											
04 with LCO 3.3.3.7, Action Statement 'a', hourly fire watches were posted.																																																											
05 The public health and safety were not affected.																																																											
06																																																											
07																																																											
08																																																											
09																																																											
SYSTEM CODE CAUSE CODE CAUSE SUBCODE COMPONENT CODE COMP. SUBCODE VALVE SUBCODE																																																											
09 A B 11 E 12 X 13 I N S T R U 14 E 15 Z 16																																																											
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17 LER/RO REPORT NUMBER 8 3 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																																											
ACTION TAKEN FUTURE ACTION EFFECT ON PLANT SHUTDOWN METHOD HOURS ATTACHMENT SUBMITTED NPRO-4 FORM SUB. PRIME COMP. SUPPLIER COMPONENT MANUFACTURER (26)																																																											
X 18 X 19 Z 20 Z 21 0 0 0 0 0 22 N 23 N 24 A 25 A 6 0 5 26																																																											
33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60																																																											
CAUSE DESCRIPTION AND CORRECTIVE ACTIONS (27)																																																											
10 An investigation could not determine the cause of the failure. The fire																																																											
11 detector electrical panel was retested satisfactorily and declared																																																											
12 operable on 11/27/83. No further corrective action is planned.																																																											
13																																																											
14																																																											
15																																																											
FACILITY STATUS % POWER OTHER STATUS (30) METHOD OF DISCOVERY DISCOVERY DESCRIPTION (32)																																																											
15 B 28 0 0 0 29 NA B 31 Routine Surveillance 32																																																											
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																																											
ACTIVITY CONTENT RELEASED OF RELEASE AMOUNT OF ACTIVITY (35) LOCATION OF RELEASE (36)																																																											
16 Z 33 Z 34 NA NA 35 36																																																											
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																																											
PERSONNEL EXPOSURES NUMBER TYPE DESCRIPTION (39)																																																											
17 0 0 0 37 Z 38 NA 39																																																											
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																																											
PERSONNEL INJURIES NUMBER DESCRIPTION (41)																																																											
18 0 0 0 40 NA 41																																																											
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																																											
LOSS OF OR DAMAGE TO FACILITY TYPE DESCRIPTION (43)																																																											
19 Z 42 NA 43																																																											
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																																																											
PUBLCITY ISSUED DESCRIPTION (45)																																																											
20 N 44 NA 45																																																											
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NAME OF PREPAREP J. G. HAYNES PHONE 714/492-7700																																																											