

LICENSEE EVENT REPORT

CONTROL BLOCK 1 2 3 4 5 6

(PLEASE PRINT ALL REQUIRED INFORMATION)

LICENSEE NAME														LICENSE NUMBER												LICENSE TYPE						EVENT TYPE													
01 ILDRS2														00-000000-00												41111						03													
7 8 9 14														15												25						26 30 31 32													
CATEGORY														REPORT TYPE				REPORT SOURCE				DOCKET NUMBER												EVENT DATE						REPORT DATE					
01 CONT														L				L				050-0237												032276						040676					
7 8 57 58														59 60				61 68												63 74						75 80									

EVENT DESCRIPTION

02 DURING REFUELING, THE 2A LPCI PUMP BREAKER WAS FOUND TO BE OUT																																																																															
03 OF SERVICE. THE 2B LPCI PUMP WAS AVAILABLE AND OPERABLE. THE																																																																															
04 2A PUMP BREAKER WAS RETURNED TO SERVICE, AND THE PUMP WAS SUCCESS-																																																																															
05 FULLY FLOW-TESTED. THE EVENT IS NOT A REPETITIVE OCCURRENCE (50-237/																																																																															
06 1976-12)																																																																															

SYSTEM CODE										CAUSE CODE		COMPONENT CODE										PRIME COMPONENT SUPPLIER										COMPONENT MANUFACTURER										VIOLATION							
07 SF										A		CKTBRK										N										G080										Y							
7 8 9 10										11		12 17										43										44 47										48							

CAUSE DESCRIPTION

08 THE MAINTENANCE DEPARTMENT HAD TAKEN THE BREAKER OUT OF SERVICE FOR																																																																															
09 INSPECTION PRIOR TO REFUELING, AND THE BREAKER HAD NOT BEEN RETURNED TO																																																																															
10 SERVICE. THE OPERATING ENGINEER REPRIMANDED THE UNIT OPERATORS FOR																																																																															

FACILITY STATUS										% POWER										OTHER STATUS										METHOD OF DISCOVERY										DISCOVERY DESCRIPTION																																																	
11 H										000										NA										R										NA																																																	
7 8 9										10 12 13										44										45										46 80																																																	

FORM OF ACTIVITY RELEASED										CONTENT OF RELEASE										AMOUNT OF ACTIVITY										LOCATION OF RELEASE																																																	
12 Z										Z										NA										NA																																																	
7 8 9										10 11										44										45 80																																																	

PERSONNEL EXPOSURES

NUMBER										TYPE		DESCRIPTION																																																																			
13 000										Z		NA																																																																			
7 8 9										11 12		13 80																																																																			

PERSONNEL INJURIES

NUMBER										DESCRIPTION																																																																					
14 000										NA																																																																					
7 8 9										11 12 80																																																																					

OFFSITE CONSEQUENCES

15 NA																																																																															
7 8 9 80																																																																															

LOSS OR DAMAGE TO FACILITY

TYPE										DESCRIPTION																																																																					
16 Z										NA																																																																					
7 8 9										10 80																																																																					

PUBLICITY

17 NA																																																																															
7 8 9 80																																																																															

8303310261 760406
PDR ADOCK 05000237
S PDR

ADDITIONAL FACTORS CAUSE DESCRIPTION (CONTINUED)

18 FAILING TO VERIFY OPERABILITY OF THE PUMP. NO FURTHER CORRECTIVE ACTION																																																																															
19 WAS CONSIDERED NECESSARY.																																																																															
7 8 9 80																																																																															

NAME: BILL DEAN

PHONE: EXT 265



Commonwealth Edison

Dresden Nuclear Power Station

R.R. #1

Morris, Illinois 60450

Telephone 815/942-2920

BBS Ltr. #278-76

April 5, 1976

Mr. James G. Keppler, Regional Director
Directorate of Regulatory Operations - Region III
U. S. Nuclear Regulatory Commission
799 Roosevelt Road
Glen Ellyn, Ill 60137



Enclosed please find Reportable Occurrence number 50-237/1976-12.
This report is being submitted to your office in accordance with
the Dresden Nuclear Power Station Technical Specifications, Section 6.6.B.

B. B. Stephenson
Station Superintendent
Dresden Nuclear Power Station

BBS:smp

Enclosure

cc: Director of Inspection & Enforcement
Director of Management Information & Program Control
File/NRC

3768