

LICENSEE EVENT REPORT (LER)

(See reverse for required number of digits/characters for each block)

Estimated burden per response to comply with this mandatory collection request: 80 hours. Reported lessons learned are incorporated into the licensing process and fed back to industry. Send comments regarding burden estimate to the Records and FOIA/Privacy Service Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0104), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

| | | |
|-------------------------|---|-------------------------------|
| 1. FACILITY NAME | 2. DOCKET NUMBER 05000 | 3. PAGE 1 OF |
|-------------------------|---|-------------------------------|

4. TITLE

| 5. EVENT DATE | | | 6. LER NUMBER | | | 7. REPORT DATE | | | 8. OTHER FACILITIES INVOLVED | |
|---------------|-----|------|---------------|-------------------|---------|----------------|-----|------|------------------------------|---------------|
| MONTH | DAY | YEAR | YEAR | SEQUENTIAL NUMBER | REV NO. | MONTH | DAY | YEAR | FACILITY NAME | DOCKET NUMBER |
| | | | - | - | | | | | | 05000 |
| | | | | | | | | | FACILITY NAME | DOCKET NUMBER |
| | | | | | | | | | | 05000 |

| | | | | | | | | | | |
|--------------------------|---|---|---|---|--|--|--|--|--|--|
| 9. OPERATING MODE | 11. THIS REPORT IS SUBMITTED PURSUANT TO THE REQUIREMENTS OF 10 CFR §: <i>(Check all that apply)</i> | | | | | | | | | |
| 10. POWER LEVEL | <input type="checkbox"/> 20.2201(b) | <input type="checkbox"/> 20.2203(a)(3)(i) | <input type="checkbox"/> 50.73(a)(2)(i)(C) | <input type="checkbox"/> 50.73(a)(2)(vii) | | | | | | |
| | <input type="checkbox"/> 20.2201(d) | <input type="checkbox"/> 20.2203(a)(3)(ii) | <input type="checkbox"/> 50.73(a)(2)(ii)(A) | <input type="checkbox"/> 50.73(a)(2)(viii)(A) | | | | | | |
| | <input type="checkbox"/> 20.2203(a)(1) | <input type="checkbox"/> 20.2203(a)(4) | <input type="checkbox"/> 50.73(a)(2)(ii)(B) | <input type="checkbox"/> 50.73(a)(2)(viii)(B) | | | | | | |
| | <input type="checkbox"/> 20.2203(a)(2)(i) | <input type="checkbox"/> 50.36(c)(1)(i)(A) | <input type="checkbox"/> 50.73(a)(2)(iii) | <input type="checkbox"/> 50.73(a)(2)(ix)(A) | | | | | | |
| | <input type="checkbox"/> 20.2203(a)(2)(ii) | <input type="checkbox"/> 50.36(c)(1)(ii)(A) | <input type="checkbox"/> 50.73(a)(2)(iv)(A) | <input type="checkbox"/> 50.73(a)(2)(x) | | | | | | |
| | <input type="checkbox"/> 20.2203(a)(2)(iii) | <input type="checkbox"/> 50.36(c)(2) | <input type="checkbox"/> 50.73(a)(2)(v)(A) | <input type="checkbox"/> 73.71(a)(4) | | | | | | |
| | <input type="checkbox"/> 20.2203(a)(2)(iv) | <input type="checkbox"/> 50.46(a)(3)(ii) | <input type="checkbox"/> 50.73(a)(2)(v)(B) | <input type="checkbox"/> 73.71(a)(5) | | | | | | |
| | <input type="checkbox"/> 20.2203(a)(2)(v) | <input type="checkbox"/> 50.73(a)(2)(i)(A) | <input type="checkbox"/> 50.73(a)(2)(v)(C) | <input type="checkbox"/> OTHER | | | | | | |
| | <input type="checkbox"/> 20.2203(a)(2)(vi) | <input type="checkbox"/> 50.73(a)(2)(i)(B) | <input type="checkbox"/> 50.73(a)(2)(v)(D) | Specify in Abstract below or in NRC Form 366A | | | | | | |

12. LICENSEE CONTACT FOR THIS LER

| | |
|---------------|---|
| FACILITY NAME | TELEPHONE NUMBER <i>(Include Area Code)</i> |
|---------------|---|

13. COMPLETE ONE LINE FOR EACH COMPONENT FAILURE DESCRIBED IN THIS REPORT

| CAUSE | SYSTEM | COMPONENT | MANU-FACTURER | REPORTABLE TO EPIX | CAUSE | SYSTEM | COMPONENT | MANU-FACTURER | REPORTABLE TO EPIX |
|-------|--------|-----------|---------------|--------------------|-------|--------|-----------|---------------|--------------------|
| | | | | | | | | | |

| | | | | |
|---|-------------------------------------|-------|-----|------|
| 14. SUPPLEMENTAL REPORT EXPECTED | 15. EXPECTED SUBMISSION DATE | MONTH | DAY | YEAR |
| <input type="checkbox"/> YES <i>(If yes, complete 15. EXPECTED SUBMISSION DATE)</i> <input type="checkbox"/> NO | | | | |

ABSTRACT *(Limit to 1400 spaces, i.e., approximately 15 single-spaced typewritten lines)*

**REQUIRED NUMBER OF DIGITS/CHARACTERS
FOR EACH BLOCK**

| BLOCK NUMBER | NUMBER OF DIGITS/CHARACTERS | TITLE |
|---------------------|--|------------------------------|
| 1 | UP TO 46 | FACILITY NAME |
| 2 | 8 TOTAL 3 IN ADDITION TO 05000 | DOCKET NUMBER |
| 3 | VARIES | PAGE NUMBER |
| 4 | UP TO 76 | TITLE |
| 5 | 8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR | EVENT DATE |
| 6 | 9 TOTAL 4 FOR YEAR 3 FOR SEQUENTIAL NUMBER 2 FOR REVISION NUMBER | LER NUMBER |
| 7 | 8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR | REPORT DATE |
| 8 | UP TO 18 -- FACILITY NAME 8 TOTAL -- DOCKET NUMBER 3 IN ADDITION TO 05000 | OTHER FACILITIES INVOLVED |
| 9 | 1 | OPERATING MODE |
| 10 | 3 | POWER LEVEL |
| 11 | VARIES CHECK ALL BOXES THAT APPLY | REQUIREMENTS OF 10 CFR |
| 12 | UP TO 50 FOR NAME 14 FOR TELEPHONE | LICENSEE CONTACT |
| 13 | CAUSE VARIES 2 FOR SYSTEM 4 FOR COMPONENT 4 FOR MANUFACTURER EPIX VARIES | EACH COMPONENT FAILURE |
| 14 | 1 CHECK BOX THAT APPLIES | SUPPLEMENTAL REPORT EXPECTED |
| 15 | 8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR | EXPECTED SUBMISSION DATE |
| 16 | 1400 | ABSTRACT |