

(MM-YYYY)



LICENSEE EVENT REPORT (LER)

(See Page 3 for required number of digits/characters for each block)

(See NUREG-1022, R.3 for instruction and guidance for completing this form http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1022/r3/)

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 Information Services Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@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

9. Operating Mode, 10. Power Level

11. This Report is Submitted Pursuant to the Requirements of 10 CFR §: (Check all that apply)

Table with 5 columns for 10 CFR parts: 20, 21, 50, 73, and 77. Includes checkboxes for various regulatory sections.

OTHER (Specify here, in abstract, or NRC 366A).

12. Licensee Contact for this LER

Licensee Contact, Phone Number (Include area code)

13. Complete One Line for each Component Failure Described in this Report

Table with 10 columns: Cause, System, Component, Manufacturer, Reportable to IRIS (twice)

14. Supplemental Report Expected, 15. Expected Submission Date

16. 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 110 / 2 LINES	FACILITY NAME
2	10 TOTAL 5 IN ADDITION TO 05000	DOCKET NUMBER
3	VARIES	PAGE NUMBER
4	UP TO 195 / 2 LINES	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 REVISIONS NUMBER	LER NUMBER
7	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	REPORT DATE
8	UP TO 25 -- FACILITY NAME 10 TOTAL -- DOCKET NUMBER 5 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 75 FOR NAME 10 FOR TELEPHONE	LICENSEE CONTACT
13	CAUSE VARIES (UP TO 8) 2 FOR SYSTEM (UP TO 8) 4 FOR COMPONENT (UP TO 8) 4 FOR MANUFACTURER (UP TO 8) IRIS VARIES (UP TO 10)	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 SPACES OR 15 LINES OF TYPING	ABSTRACT