



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
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1. Facility Name	<input type="checkbox"/> 050 <input type="checkbox"/> 052 <input type="checkbox"/> 053	2. Docket Number	3. Page 1 OF
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4. Title

5. Event Date			6. LER Number			7. Report Date		
Month	Day	Year	Year	Sequential Number	Revision No.	Month	Day	Year
				-	-			

8. Other Facilities Involved

Facility Name	<input type="checkbox"/> 050	Docket Number
Facility Name	<input type="checkbox"/> 052	Docket Number
Facility Name	<input type="checkbox"/> 053	Docket Number

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

10 CFR Part 20	<input type="checkbox"/> 20.2203(a)(3)(i)	<input type="checkbox"/> 50.69(g)	<input type="checkbox"/> 50.73(a)(2)(v)(C)	<input type="checkbox"/> 53.1640(a)(2)(ii)(A)	<input type="checkbox"/> 73.77(a)(1)(ii)
<input type="checkbox"/> 20.2201(b)	<input type="checkbox"/> 20.2203(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(v)(D)	<input type="checkbox"/> 53.1640(a)(2)(ii)(B)	<input type="checkbox"/> 73.77(a)(2)(i)(A)
<input type="checkbox"/> 20.2201(d)	<input type="checkbox"/> 20.2203(a)(4)	<input type="checkbox"/> 50.73(a)(2)(i)(B)	<input type="checkbox"/> 50.73(a)(2)(vii)	<input type="checkbox"/> 53.1640(a)(2)(iii)	<input type="checkbox"/> 73.77(a)(2)(i)(B)
<input type="checkbox"/> 20.2203(a)(1)	10 CFR Part 21	<input type="checkbox"/> 50.73(a)(2)(i)(C)	<input type="checkbox"/> 50.73(a)(2)(viii)(A)	<input type="checkbox"/> 53.1640(a)(2)(iv)	<input type="checkbox"/> 73.1200(a)
<input type="checkbox"/> 20.2203(a)(2)(i)	<input type="checkbox"/> 21.2(c)	<input type="checkbox"/> 50.73(a)(2)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(viii)(B)	<input type="checkbox"/> 53.1640(a)(2)(v)	<input type="checkbox"/> 73.1200(b)
<input type="checkbox"/> 20.2203(a)(2)(ii)	10 CFR Part 50	<input type="checkbox"/> 50.73(a)(2)(ii)(B)	<input type="checkbox"/> 50.73(a)(2)(ix)(A)	<input type="checkbox"/> 53.1640(a)(2)(vii)(A)	<input type="checkbox"/> 73.1200(c)
<input type="checkbox"/> 20.2203(a)(2)(iii)	<input type="checkbox"/> 50.36(c)(1)(i)(A)	<input type="checkbox"/> 50.73(a)(2)(iii)	<input type="checkbox"/> 50.73(a)(2)(x)	<input type="checkbox"/> 53.1640(a)(2)(viii)(A)	<input type="checkbox"/> 73.1200(d)
<input type="checkbox"/> 20.2203(a)(2)(iv)	<input type="checkbox"/> 50.36(c)(1)(ii)(A)	<input type="checkbox"/> 50.73(a)(2)(iv)(A)	10 CFR Part 53	<input type="checkbox"/> 53.1640(a)(2)(viii)(B)	<input type="checkbox"/> 73.1200(e)
<input type="checkbox"/> 20.2203(a)(2)(v)	<input type="checkbox"/> 50.36(c)(2)	<input type="checkbox"/> 50.73(a)(2)(v)(A)	<input type="checkbox"/> 53.1640(a)(2)(i)(A)	<input type="checkbox"/> 53.1640(a)(2)(ix)	<input type="checkbox"/> 73.1200(f)
<input type="checkbox"/> 20.2203(a)(2)(vi)	<input type="checkbox"/> 50.46(a)(3)(ii)	<input type="checkbox"/> 50.73(a)(2)(v)(B)	<input type="checkbox"/> 53.1640(a)(2)(i)(B)	10 CFR Part 73	<input type="checkbox"/> 73.1200(g)
			<input type="checkbox"/> 53.1640(a)(2)(i)(C)	<input type="checkbox"/> 73.77(a)(1)(i)	<input type="checkbox"/> 73.1200(h)

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

12. Licensee Contact for this LER

Licensee Contact	Phone Number (Include area code)
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LICENSEE EVENT REPORT (LER) (Continued)

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

Cause	System	Component	Manufacturer	Reportable to IRIS	Cause	System	Component	Manufacturer	Reportable to IRIS

14. Supplemental Report Expected

No Yes (If yes, complete 15. Expected Submission Date)

15. Expected Submission Date

Month	Day	Year

16. Abstract

Abstract content area (empty)

LICENSEE EVENT REPORT (LER) (Continued)

REQUIRED NUMBER OF DIGITS/CHARACTERS FOR EACH BLOCK

BLOCK NUMBER	NUMBER OF DIGITS/CHARACTERS	TITLE
1	UP TO 127 / 2 LINES	FACILITY NAME
2	CHECK BOX FOR 050 OR 052 OR 053 10 TOTAL 5 IN ADDITION TO 050 OR 052 OR 053	DOCKET NUMBER
3	VARIES	PAGE NUMBER
4	UP TO 230 / 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 29 -- FACILITY NAME CHECK BOX FOR 050 OR 052 OR 053 10 TOTAL -- DOCKET NUMBER 5 IN ADDITION TO 050 OR 052 OR 053	OTHER FACILITIES INVOLVED
9	1	OPERATING MODE
10	3	POWER LEVEL
11	VARIES CHECK ALL BOXES THAT APPLY	REQUIREMENTS OF 10 CFR
12	316 CHARACTERS, 4 LINES FOR NAME 84 CHARACTERS, 4 LINES 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	CHECK 1 BOX THAT APPLIES	SUPPLEMENTAL REPORT EXPECTED
15	8 TOTAL 2 FOR MONTH 2 FOR DAY 4 FOR YEAR	EXPECTED SUBMISSION DATE
16	48 LINES OF TYPING	ABSTRACT