

REACTOR PLANT
EVENT NOTIFICATION WORKSHEET

EN # 54027

NRC OPERATION TELEPHONE NUMBER: PRIMARY -- 301-816-5100 or 800-532-3469*, BACKUPS -- [1st] 301-951-0550 or 800-449-3694*, [2nd] 301-415-0550 and [3rd] 301-415-0553 *Licensees who maintain their own ETS are provided these telephone numbers.

NOTIFICATION TIME 1204 EST	FACILITY OR ORGANIZATION St. Lucie	UNIT 1	NAME OF CALLER Louis Engelke	CALL BACK # 772) 465 3550 x 3001 772) 465 3550 x 3018 700 321 0615 (ENS)
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EVENT TIME & ZONE 0918 EST	EVENT DATE 04/25/2019	POWER/MODE BEFORE 100% / Mode 1	POWER/MODE AFTER 0% / Mode 3
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EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)	<input type="checkbox"/> (v)(A) Safe S/D Capability AINA
<input type="checkbox"/> GENERAL EMERGENCY GEN/AAEC	<input type="checkbox"/> TS Deviation ADEV	<input type="checkbox"/> (v)(B) RHR Capability AINB	
<input type="checkbox"/> SITE AREA EMERGENCY SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)	<input type="checkbox"/> (v)(C) Control of Rad Release AINC	
<input type="checkbox"/> ALERT ALE/AAEC	<input type="checkbox"/> (i) TS Required S/D ASHU	<input type="checkbox"/> (v)(D) Accident Mitigation AIND	
<input type="checkbox"/> UNUSUAL EVENT UNU/AAEC	<input type="checkbox"/> (iv)(A) ECCS Discharge to RCS ACCS	<input type="checkbox"/> (xii) Offsite Medical AMED	
<input checked="" type="checkbox"/> 50.72 NON-EMERGENCY (see next columns)	<input checked="" type="checkbox"/> (iv)(B) RPS Actuation (scram) ARPS	<input type="checkbox"/> (xiii) Loss Comm/Asmt/Resp ACOM	
<input type="checkbox"/> PHYSICAL SECURITY (73.71) DDDD	<input type="checkbox"/> (xi) Offsite Notification APRE	60-Day Optional 10 CFR 50.73(a)(1)	
<input type="checkbox"/> MATERIAL/EXPOSURE B???	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)	<input type="checkbox"/> Invalid Specified System Actuation AINV	
<input type="checkbox"/> FITNESS FOR DUTY HFIT	<input type="checkbox"/> (ii)(A) Degraded Condition ADEG	Other Unspecified Requirement (Identify)	
<input type="checkbox"/> OTHER UNSPECIFIED REQMT. (see last column)	<input type="checkbox"/> (ii)(B) Unanalyzed Condition AUNA	<input type="checkbox"/>	NONR
<input type="checkbox"/> INFORMATION ONLY NINF	<input type="checkbox"/> (iv)(A) Specified System Actuation AESF	<input type="checkbox"/>	NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)

At 0918 on 4/25/19, with Unit 1 in Mode 1 at 100% power, the reactor automatically tripped due to a Turbine Trip. The reactor trip was uncomplicated with all systems responding normally.

Operations is maintaining the plant stable in Mode 3. Decay heat removal is being accomplished by main feed water and the main condenser using the turbine steam bypass valves.

Unit 2 is not affected and remains at 100% power.

This event is being reported pursuant to 10 CFR 50.72(b)(2)(iv)(B).

The NRC Resident Inspector has been notified.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above)	<input checked="" type="checkbox"/> NO
NRC RESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)
STATE(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
LOCAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MODE OF OPERATION UNTIL CORRECTED: Mode 3	ESTIMATED RESTART DATE: (MM/DD/YYYY) unknown	ADDITIONAL INFO ON BACK
OTHER GOV AGENCIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

REACTOR PLANT EVENT NOTIFICATION WORKSHEET (CONTINUED)

ADDITIONAL INFORMATION

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

<input type="checkbox"/> LIQUID RELEASE	<input type="checkbox"/> GASEOUS RELEASE	<input type="checkbox"/> UNPLANNED RELEASE	<input type="checkbox"/> PLANNED RELEASE	<input type="checkbox"/> ONGOING	<input type="checkbox"/> TERMINATED
<input type="checkbox"/> MONITORED	<input type="checkbox"/> UNMONITORED	<input type="checkbox"/> OFFSITE RELEASE	<input type="checkbox"/> T. S. EXCEEDED	<input type="checkbox"/> RM ALARMS	<input type="checkbox"/> AREAS EVACUATED
<input type="checkbox"/> PERSONNEL EXPOSED OR CONTAMINATED					<input type="checkbox"/> OFFSITE PROTECTIVE ACTIONS RECOMMENDED

*State release path in description

	Release Rate (Ci/sec)	% T. S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T. S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total						

	PLANT STACK	CONDENSER/AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER
RAD MONITOR READINGS					
ALARM SETPOINTS					
% T. S. LIMIT (if applicable)					

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.)

LEAK RATE	UNITS: gpm/gpd	T. S. LIMITS	SUDDEN OR LONG-TERM DEVELOPMENT
LEAK START DATE	TIME	COOLANT ACTIVITY AND UNITS:	PRIMARY SECONDARY

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL

EVENT DESCRIPTION (Continued from front)