



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-2403), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocalls.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.

Abstract (Limit to 1400 spaces, i.e., approximately 14 single-spaced typewritten lines)

LICENSEE EVENT REPORT (LER) (Continued)**REQUIRED NUMBER OF DIGITS/CHARACTERS
FOR EACH BLOCK**

BLOCK NUMBER	NUMBER OF DIGITS/CHARACTERS	TITLE
1	UP TO 120 / 2 LINES	FACILITY NAME
2	8 TOTAL 3 IN ADDITION TO 05000	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 37 -- 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 100 FOR NAME 10 FOR TELEPHONE	LICENSEE CONTACT
13	CAUSE VARIES (UP TO 10) 2 FOR SYSTEM (UP TO 10) 4 FOR COMPONENT (UP TO 10) 4 FOR MANUFACTURER (UP TO 10) ICES 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 OR 14 LINES OF TYPING	ABSTRACT