

RAS 14264

RECURRING TASK WORK ORDER

NUMBER : R2091019 ACT
PRIORITY : 5
STATUS : HISTRY 17OCT06
NBR OF ACTS: 01
LAST UPDATE: 17OCT06 APPLICANT'S EXHIBIT 50
PRINT DATE : 10SEP07

W/O DESC INSPECT POLY BOTTLES FOR PRESENCE OF WATER IN PAGE: 03

AR NUMBER : A2148837 RESPONSIBLE ORG : OPO
APPROVED BY : RITCHIE AR TYPE/SUBTYPE : RT ACT
RESP FOREMAN : SSV5 OC OPS SHIFT SUPV MUC : C
MAINT UNIT FEG : OC 1 187 000 ATTACHMENTS: N
M/U COMPONENT ID : OC 1 187 F MISC 187
MAINT UNIT DESCR : DRYWELL AND TORUS (SEE NR01 & TORUS VESSEL)
EQUIP REQD MODES : A QA CLASS : Q
PROCEDURE NUMBER : EQ : Y
COMPONENT UPDATE : N SAFE S/D : * ASME SECTION XI : Y
BOM/PART UPDATE : N POST MAINT TEST : N
MOD NUMBER : REPEAT/ PEP NBR : N
NEXT DUE DATE : 31OCT06 TASK FREQUENCY : 0091
TECH SPEC DATE : 22NOV06 UNIT : D

ACCOUNTING DATA

BUSINESS UNIT : 10105 PROJECT:
CUSTOMER: SUB ACCT: 517010 PRODUCT: DEPARTMENT: 05310
OPERATING UNIT: 83

COMMENTS - SPECIAL PROCESS/EQUIPMENT/SAFETY

ALSO NOTE IN CREM IF WATER IS NOT PRESENT IN BOTTLE INSPECTED 25AUG06

DOCKETED USNRC

October 1, 2007 (10:45am)

OFFICE OF SECRETARY RULEMAKINGS AND ADJUDICATIONS STAFF

U.S. NUCLEAR REGULATORY COMMISSION
In the Matter of AMERGEN ENERGY CO., LLC
Docket No. 50-0210-LR Official Exhibit No. 50
OFFERED by: Applicant/Licensee Intervenor
NRC Staff Other
IDENTIFIED on 7/27/07 Witness/Panel N/A
Action Taken: ADMITTED REJECTED WITHDRAWN
Reporter/Clerk

Template=SECY-028

SECY-02

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W/O DESC INSPECT POLY BOTTLES FOR PRESENCE OF WATER IN PAGE: 04

-----WORK ORDER COMPONENTS-----

COMPONENT ID : OC 1 187 F MISC 187
DRYWELL AND TORUS (SEE NR01 & TORUS VESSEL)

CHEM/RAD MAP :

LOCATION : MULTI QQQ ASME SECTION XI: Y

QA CLASS : Q EQ : Y

-----COMPLETION VERIFICATION-----

PKG ASSMBLED : OTHER :

RESP FOREMAN : BUSK, THOMAS J REPEAT REQD :

SSV VERIF : N

ASME - ISI BY: N COMPLETE DATE: 26AUG06

-----HISTORY VERIFICATION-----

COMPNT UPDATE : N BLIP NBR BOX: 0000
BILL OF MATLS : N FILE LOCATION:
REPEAT REQD : A/R NBR :
COMPLETED BY : BUSK, THOMAS J COMPLETE DATE: 26AUG06
CLOSED BY : GUERRAZZI, GINAMARIE HISTORY DATE : 17OCT06
CAUSE CODE : CN REPAIR CODE : NF

-----COMPLETION REMARKS-----

REPEAT MAINT: N PEP NBR:

WORK PERFORMED:
NO WATER OBSERVED IN ANY OF THE BOTTLES 26AUG06

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DESCRIPTION

W/O DESCRIPTION : INSPECT POLY BOTTLES FOR PRESENCE OF WATER IN
ACT DESCRIPTION : INSPECT POLY BOTTLES IN TORUS ROOM
PERFORMING ORG : OPO RECURRING TASK NBR: PM18705M PRI: 5
COMPONENT ID : OC 1 187 F MISC 187
EQUIPMENT LOCATION: MULTI 000
CLR NUMBER : QA CLASS: Q EQ: Y
WO RESP ORG : OPO FEG : OC 1 187 000
DATE/SHIFT : 26AUG06 X
FOREMAN : OC OPS SHIFT SUPV CHARGING WORK CENTER: 05310
SSV AUTH : TJB4 DATE : 25AUG06
ORG-INSP/HOLD :
ACT TYPE : C SUPPORT DATES: N/A N/A
PREPARED BY : RITCHIE DATE : 25MAY06
HOLDS : MODE N PARTS N CHEM + RAD CLR PLAN SCH
SAFETY/PLANT IMPACT CONSIDERATIONS

BARRIER PERMIT REQD: N CHEMICAL HAZARD : N CSP REQ : N
FIRE PROTECTION : N SECURITY : N FSI REQ : N
HAZARD BARRIER : N /

CHEM AND RAD DATA

SYSTEM BREACH : N INSULATION REQUIRED: N
HWP REQ : N SCAFFOLDING REQD : N TECH SPEC: N
MULTIPLE WORK LOC : MAP NBR:
HP REQD : N NO HP ASSISTANCE REQUIRED

SCHEDULING DATA

PREMIS ID : SCHED ID/WIN : 0645 187
START DATE : 07NOV06 EST DUR. (HRS) : 3 POST MAINT TEST:
CLEARANCE REQD : N DUE DATE : 31OCT06 TECH SPEC: 22NOV06
DOSE ESTIMATE : 0002 mR

INITIAL REVIEWS

ASME/ISI REVIEW : BUSK ASME XI R&R: DATE: 25AUG06
QC PLAN REVIEW : BARAN NOCR DATE: 25AUG06
APPROVED BY : BUSK DATE:

PRINT NAME AND WRITE INITIALS OF ALL PERSONNEL WHO INITIALED THIS ACTIVITY

Blank lines for printing names and initials of personnel.

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=====ACTIVITY PROCEDURE LIST=====

=====HP SPECIAL INSTRUCTIONS=====

4 RWP OC-1-06-00052 OPS AND CHEMISTRY

- * THIS RWP IS NOT VALID FOR VHRA, DW OR CB/SJAE RM AT POWER.
* KNOWLEDGE OF THE RADIOLOGICAL CONDITIONS IS REQUIRED PRIOR TO ENTERING THE RCA UNLESS ESCORTED BY AN RP TECH.
* A DOCUMENTED HRA RP BRIEF IS REQUIRED FOR ALL ENTRIES INTO AREAS POSTED AS "LOCKED HIGH RADIATION AREA", AND "HIGH RADIATION AREA". (REF RP-AA-460)
* PC REQUIREMENTS PER RADIOLOGICAL POSTINGS OR PER RP.
* CHEMISTRY TECHNICIANS REQUIRE A DOSE RATE METER FOR ALL SYSTEM SAMPLING, EXCEPT "CLEAN" SYSTEMS, UNLESS AN AM-2 IS IN SAMPLING AREA. SAMPLES 2MR/HR OR GREATER REQUIRE RP FOR SURVEYING AND LABELING PRIOR TO TRANSPORTING.
* OPERATORS SHALL NOTIFY RP BEFORE PERFORMING ANY ACTIVITES THAT COULD RESULT IN CHANGING AREA DOSE RATES. EXAMPLES INCLUDE DRAINING SYSTEM OR COMPONENT THAT CONTAINS RADIOACTIVITY (TANKS, FILTERS, PIPING, ETC.)

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===== ACTIVITY FOLLOWER DESCRIPTION =====

STEP DESCRIPTION INITIAL/DATE
NBR COMPLT INSP

1. PURPOSE:

A. THE PURPOSE OF THIS ACTIVITY IS INSPECT

THE POLY BOTTLES IN THE TORUS ROOM FOR THE
PRESENCE OF WATER.

2. CLEARANCE REQUIREMENTS:

A. NONE

3. OPS IMPACT STATEMENT:

A. NONE.

4. PRECAUTIONS

A. USE EXTREME CAUTION WHEN WORKING ON OR

NEAR ROTATING EQUIPMENT. REFERENCE THE
MID-ATLANTIC ROG SAFETY AND HEALTH GUIDE
AND PROCEDURE EN-OC-301 FOR
CAUTIONS AND PRECAUTIONS ASSOCIATED WITH
THIS WORK.

B. BE SURE A PRE-JOB BRIEF IS PERFORMED AND

ALL CAUTIONS AND PRECAUTIONS ASSOCIATED
WITH THIS ACTIVITY ARE PROPERLY ADDRESSED
AND ANY AND ALL CONCERNS AND QUESTIONS

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===== ACTIVITY FOLLOWER DESCRIPTION =====

STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT INSP
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 HAVE BEEN RESOLVED BEFORE STARTING WORK.

 5. SUPPORT INFORMATION

 . A. NONE

 6. JOB SCOPE

 A. INSPECTION OF POLY BOTTLES INSIDE THE TORUS

 ROOM. THERE ARE 5 POLY BOTTLES LOCATED

 AROUND THE OUTER PERIMETER OF THE TORUS.

 THE INSPECTION SHALL INCLUDE CHECKING FOR

 THE PRESENCE OF WATER IN THE BOTTLES.

 DOCUMENT IN THE CREM IF WATER IS PRESENT,

 AND IF SO, WHAT IS THE LEVEL IN THE BOTTLE

 AND THE LOCATION OF THE BOTTLE (BY BAY

 NUMBER).

 B. IF BOTTLE IS OVER 3/4 FULL, NOTE LEVEL

 AND DUMP BOTTLE INTO NEAREST FLOOR DRAIN.

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=====SUMMARY COMMENTS:=====

CAUSE CODE: _____ REPAIR CODE: _____

ADDITIONAL PAGES ATTACHED ? _____ ETT REMOVED ? _____

=====MEASUREMENT AND TEST EQUIPMENT=====

Table with 4 columns: ID NUMBER, DATE USED, DESCRIPTION, ADDITIONAL PAGES ATTACHED ?

=====FINAL REVIEWS=====

MAINT _____ DATE : _____
QC _____ DATE : _____
OTHER _____ DATE : _____

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MEASUREMENT AND TEST EQUIPMENT

ACTIVITY	ID NUMBER	DATE USED	DESCRIPTION
01	NONE	N/A	

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