

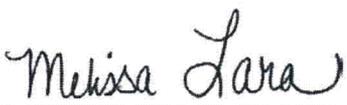
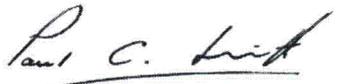


N1091 PSC PROCEDURE SQ 9.0  
**MONITOR TENDON FORCE**  
 09/03/13  
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 Revision 0

EXELON  
 THREE MILE ISLAND  
 UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
 CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
 IN-SERVICE INSPECTION  
 QUALITY CONTROL PROCEDURE

**MONITORING TENDON FORCE (LIFT-OFFS)**

 <hr/> Prepared by	Q.C. INSPECTOR <hr/> Title	09/03/13 <hr/> Date
 <hr/> Approved by	Q.A. MANAGER <hr/> Title	09/03/13 <hr/> Date
 <hr/> Approved by	PRESIDENT <hr/> Title	09/03/13 <hr/> Date



## 1.0 PURPOSE

- 1.1 This procedure will establish the requirements for monitoring the forces that remain in a tendon for purposes of evaluating the Post-Tensioning System Tendons during the 40th Year In-Service Inspection (Surveillance) at Exelon's Three Mile Island-Unit 1.

## 2.0 RESPONSIBILITY

- 2.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.  
 2.2 As stated in PSC Procedure QA 4.0.

## 3.0 QUALIFICATIONS

- 3.1 As stated in PSC Procedure QA 4.1.

## 4.0 EQUIPMENT

- 4.1 The gauges and test equipment necessary for the Quality Control activities will be itemized in PSC Procedure SQ 4.0.

## 5.0 PRECAUTIONS

- 5.1 Review the I.S.I. Tendon Surveillance Program Safety Comments for the items that shall apply both for tendon force control and personnel safety.

## 6.0 QUALITY CONTROL

- 6.1 All Quality Control Documentation (**QCD**) points noted in this procedure are Hold Points. The work shall not progress past or through a **QCD** without a verbal release from the Inspector. The required information or evaluative data shall be documented on Data Sheet 9.0 attached to this procedure.

## 7.0 PREREQUISITES

- 7.1 The Grease Cap will be removed.  
 7.2 The Anchorage Inspection of the stressed tendon will be completed.  
 7.3 The Anchorage threads will have been measured and the coupler verified for thread strength per SQ 7.1.  
 7.4 The hydraulic jack has been examined for damage and is in current calibration status.  
 7.5 Stressing pressure gauge has been calibration checked before use as per PSC Procedure QA 10.1.  
 7.6 **QCD** – Document the tendon identification, Unit #, and tendon end on Data Sheet 9.0



## **8.0 MEASUREMENTS**

### **8.1 STEEL RULERS**

8.1.1 Measurements of shim stack height shall be performed with calibrated steel rulers graduated in tenths of an inch (0.1"). The measurements shall be recorded to the nearest 0.1".

### **8.2 PRESSURE GAUGES**

8.2.1 Measurements of ram pressure (tendon force) shall be measured by calibrated pressure gauges capable of being read directly to 20 psi or better.

8.2.1.1 View the gauge face from a plane of view directly in front of the indicator needle to avoid parallax errors.

8.2.1.2 Gauge readings may be interpolated to the nearest 10 psi.

8.2.1.3 All pressure gauges used shall have automatic compensation for temperature variations between gauge calibration and gauge use during surveillance.

## **9.0 MONITORING OF TENDON FORCES**

9.1 The intention of this operation is to monitor the amount of force remaining on the tendon by taking lift-off readings as the tendon is being stressed. Subsequent evaluation of those lift-off readings with respect to Predicted Forces will determine if that force is acceptable or if degradation of the system has occurred.

9.2 Monitoring of Tendon Force can be performed on both ends of a tendon in a simultaneous and controlled manner or on one tendon end at a time, independent of the opposite end of the tendon. These procedures have been developed so that they apply to one end of the tendon. Every effort should be made to measure lift-off at opposite ends of a tendon at the same time. If this is prohibited by plant conditions (i.e., one end is accessible only with the plant operating and the other only when the plant is shut down), then measurements must be made as close together in time as possible and under similar temperature regimes. Adequate communication shall be maintained between both ends of the tendon during the taking of lift-off readings for simultaneous stressing operations. Vertical tendon monitoring of force is to be performed from one end, top end, only unless the tendon was double end stressed during original installation.



- 9.2.1 Regardless of the method of monitoring there will probably be variations in the forces detected at each end of the tendon. Because of this, the average force from both ends will represent the force that the tendon is holding. If the average force for both ends of the tendon meet the Acceptance Criteria cited in Section 10.0 of this Procedure, that tendon will be acceptable. If the average force does not meet the criteria, then the action required of Section 10 of this Procedure shall be required for the respective condition detected.
- 9.2.2 All data shall be documented on Data Sheet 9.0.
- 9.3 **QCD** – Document the concrete surface temperature near the tendon and the ambient air temperature on Data Sheet 9.0. Also document the thermometer identification number and calibration due date for each thermometer used.
- 9.4 **QCD** – The anchorhead and stressing adaptor/stressing rod threads are to be inspected for dirt, burrs, nicks, and damaged threads and measurements taken per SQ 7.1, if any condition precludes proper coupling the condition shall be corrected. Anchorhead threads shall be inspected for deformation before and after any stressing operation and if any deformation is detected Exelon Engineering is to be notified. Document acceptance on Data Sheet 9.0
- 9.5 **QCD** – Document the amount of effective wires in each end of the tendon on Data Sheet 9.0. Refer to Data Sheet 8.0 for each end of the tendon.
- 9.6 **QCD** – Couple the rams to each anchorhead on that tendon (for vertical tendons only the top anchorhead is used, unless it was double end stressed during original installation). Document on Data Sheet 9.0 that the stressing coupler/stressing rod is evenly aligned on the anchorhead washer and that full thread engagement is obtained.
- 9.6.1 Note do not let coupler touch shims.
- 9.7 **QCD** – On Data Sheet 9.0 document the ram and gauge identification and the calibrated status of each. Also document the ram calibration data including its area and constant, K.
- 9.8 **QCD** – On Data Sheet 9.0 document the dimension of each shim stack height, from the bearing plate to the bottom of the anchorage. Document the thickness of each shim in each shim stack, starting from the Bearing Plate and working up to the Anchorage. Also document the ruler identification and calibration date.
- 9.9 **QCD** – Establish the Lift-off Overstress Force (LOSF) for the tendon being monitored. Tendon Lift-off Overstress Force for purposes of Monitoring of Tendon Force shall be that force less than 1592 kips (based on a tendon with 169 effective wires, 9.425 kips per wire), which permits placement of the feeler gauges or provides complete looseness of the shim stacks.



9.9.1 Maximum force equals the number of effective wires multiplied by 9.425 kips.

9.10 **QCD** – On Data Sheet 9.0 document the selected Tendon Predicted Force (PF), document the 95% Predicted Force (0.95PF), and document the 90% Predicted Force (0.9PF), from the Predicted Force Tables of Procedure SQ 9.1. Space is provided beneath each entry to document the gauge pressures for each force requirement.

**CAUTION ONCE ACTUAL STRESSING BEGINS, THE RAM MUST NEVER BE EXTENDED TO THE FULL LIMIT OF ITS STROKE. THE EXTENSION SHOULD BE AT LEAST 1/2" LESS THAN THE FULL STROKE OF THE RAM.**

9.11 TENDON LIFT-OFF (MONITORING)

- 9.11.1 Gradually pressurize the rams in 20 to 100 psi increments until lift-off is achieved. Carefully observe for signs of rotation. If rotation is noted at any time, stop work until shim rotation has stopped. If rotation is noted, pressurizing shall stop until rotation ceases. Once rotation has ceased and alignment has been verified keep increasing pressure at prescribed intervals. The intent is to allow rotation to be released in a slow and controlled fashion. Do not exceed a Lift-off Overstress Force of 1592 kips (based on a tendon with 169 effective wires, 9.425 kips per wire), if lift-off has not been achieved at this force, then unload the jack, and notify Exelon Engineering for resolution of the condition.
- 9.11.2 Once the shims become loose, insert two feeler gauges or shim stock, about 0.030" in thickness, between the anchorhead and shim. The gauges should be located about 180 degrees apart and approximately centered.
- 9.11.3 Reduce the ram pressure until the load is transferred on the shim stack. It shall not be necessary to return to zero gauge pressure, but at least 2000 psi less than the pressure that was needed to insert the shim stock.
- 9.11.4 Gradually pressurize the ram while pulling the feeler gages. The point at which the feeler gauge comes loose and can be withdrawn is the Liftoff Point.
- 9.11.5 **QCD** – Document the pressure for each Liftoff of each shim stack. Place a circle around that Liftoff Value that was the last to have the feeler gauge or shim removed. (The last shim stack to come loose.) Do not intermix the values for the shim stacks. Stack 1 will always be Stack 1.



- 9.11.6 Repeat sections 9.11.3, 9.11.4 and 9.11.5 until 3 consecutive Liftoff readings have been taken. The three circled readings should be within 25 kips of each other, if this is not achieved the feeler gauges may be repositioned, and additional liftoff readings may be taken until three consecutive readings within 25 kips of each other are achieved.
- 9.11.7 The space between the stacks of shim halves for the first shims in direct contact with the anchorage should not exceed a space of 1/4". The remaining shims in the shim stack may be placed with a larger spacing but should not exceed 1/2".
- 9.11.8 Slowly decrease the pressure on the jack to allow the stressing washer to reseal onto the shims. No additional shims are to be added at this time.
- 9.11.9 No part of the anchorhead shall overhang the shim stack. If the anchorhead is not correctly positioned after releasing the pressure, gradually re-pressurize the ram and adjust as necessary.
- 9.11.10 The ram shall be uncoupled from the anchorage.
- 9.11.11 If the lift-off forces are determined to be acceptable, this tendon shall be completed by replacing the grease can in accordance with PSC Procedure SQ 12.0.
- 9.11.12 **NOTE:** Neither end shall be de-tensioned until lift-off has been recorded for both ends.
- 9.11.13 **QCD** – Post the Circled Liftoff Values into the Circled Liftoff Value Column. It may be possible to have the Liftoff occur at the same pressure in each shim stack. Add the Circled Liftoff Values and divide by 3 to get the end average. Post the end average to Data Sheet 9.0. Convert the Average Pressure (PSI) to Force (KIPS) and document results.
- 9.11.14 **QCD** – Enter the end average from the opposite end of the tendon if it is available at this time.
- 9.11.15 **QCD** – Calculate the Average Liftoff Value (ALV) for this tendon by averaging the end averages from both ends.
- 9.11.16 **QCD** – Document the acceptance or non-acceptance of the average liftoff value for the condition representative of the tendon on Data Sheet 9.0. Choose one of the conditions listed in Section 10.0 as each condition might apply.
- 9.11.17 **QCD** – Document the need for Adjacent Tendon Monitoring and the tendon numbers. Notify Exelon that Adjacent Tendon Monitoring is being performed.



## 10.0 ACCEPTANCE CRITERIA

- 10.1 The average liftoff value of the forces required to achieve lift-off for each tendon shall not be less than the 95% Predicted Force obtained from PSC Procedure SQ 9.1.
- 10.2 If the average value of the end forces required for lift-off fails to meet the acceptance criteria of Section 10.1, but equals or exceeds the 90% Predicted Force obtained from PSC Procedure SQ 9.1, the tendons designated as adjacent to the defective tendon and listed in SQ 9.1, Table 3.0 or 4.0 as applicable shall be checked as outlined in Section 11.0. If both adjacent tendons satisfy the acceptance criteria as indicated in section 10.1, then the original tendon shall be restored to its Predicted Force within a minus 0%, plus 6% tolerance, but in no case, no greater than 0.70 GUTS as determined for the number of effective wires, the single deficiency shall be considered unique and acceptable.
- 10.2.1 If either of the adjacent tendons fails to satisfy the acceptance criteria of section 10.1, the extent of investigation into the cause, which may include de-tensioning the deficient tendons, shall be determined by Exelon. This condition does not meet IWL requirements and is considered reportable to the NRC by Exelon.
- 10.3 If the average value of the end forces required for lift-off falls below the 90% Predicted Force obtained from PSC Procedure SQ 9.1, an investigation is to be conducted by Exelon to determine the extent and cause of the occurrence and the required course of action to be taken. This condition does not meet IWL requirements and is considered reportable to the NRC by Exelon.
- 10.4 The average of all normalized tendon lift-off forces, including adjacent tendons, if any, for each tendon group shall be equal to, or greater than, the required minimum average tendon force for that tendon group. The required minimum average force is 1033 kips for vertical tendons, 1064 kips for dome tendons, and 1108 kips for hoop tendons. This requirement will be verified upon completion of the final surveillance report
- 10.5 **QCD** – Any tendon which has a lift-off force below its specified 95% Predicted Force, and has not been required to be de-tensioned, shall have both ends re-tensioned to within minus 0%, plus 6% of the specified Predicted Force but in no case, no greater than 0.70 GUTS as determined for the number of effective wires. Tendon shall not be detensioned, however, both ends of a double end stressed tendon, or, one end of a single end stressed tendon shall be taken to OSF to ensure full transfer of force. The final lift-off force (lock-off) shall be the original predicted force from PSC Procedure SQ 9.1; Data Sheet 11.0 of PSC Procedure SQ 11.0, shall be completed for all such tendons.
- 10.6 If any deformation of anchorage threads is detected before or after any stressing operation, Exelon Engineering is to be notified.



## 11.0 ADJACENT TENDON - MONITORING OF FORCES

- 11.1 The monitoring of forces in tendons adjacent to the defective tendon shall follow the requirements of this procedure, as each applies.
- 11.2 It shall be necessary to remove the Grease Cap in accordance with PSC Procedure SQ 6.0 using Data Sheet 6.0 for the documentation requirements for each adjacent tendon.
- 11.3 It shall not be necessary to take Grease Samples unless water is detected during the inspection. Grease samples may be taken if requested by Exelon.
- 11.4 It shall be necessary to perform the anchorage inspection in accordance with PSC Procedure SQ 8.0. Data Sheet 8.0 shall be used to document this information for each Adjacent Tendon.
- 11.5 It shall not be necessary to perform the concrete inspection of PSC Procedure SQ 8.3.
- 11.6 Lift-off monitoring shall be performed in accordance with Section 9.11 of this procedure and evaluated per Section 10.0.

## 12.0 NOTIFICATION

- 12.1 **QCD** – Exelon shall be formally notified with a nonconformance report when each one or more of the Acceptance Criteria noted in section 10.0, of this procedure are not met.

## 13.0 DOCUMENTATION

- 13.1 The items requiring documentation in this procedure, shall be documented on Data Sheet 9.0.
- 13.2 Some information from Data Sheet 8.0 of PSC Procedure SQ 8.0, which has already been started for this tendon, shall require posting onto Data Sheet 9.0.

## 14.0 ATTACHMENTS

- 14.1 Data Sheet 9.0



Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE  Unit 1  
 (7.6) Tendon No.: \_\_\_\_\_ Tendon End: \_\_\_\_\_  Shop  Field

**LIFT-OFF INSPECTION CRITERIA**

	Q.C. Signoff
(9.3) Temp. of Concrete: _____ °F Thermometer No.: _____ Recal Date: _____ Ambient Temp.: _____ °F Thermometer No.: _____ Recal Date: _____	
(9.4) Anchorhead and Stressing Adapter Threads : <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	
(9.5) Number of Effective Wires: _____	
(9.6) Anchorhead and Stressing Adapter Engagement/Alignment : <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	
(9.7) RAM ID: _____ Recal Date: <u>end of job</u> RAM Area: _____ K = _____ Gauge ID: _____ Recal Date: _____ Daily Check: _____	
(9.8) Shim Stack Height: #1 _____ in. #2 _____ in. Ruler ID: _____ Recal Date: _____ Individual Shims: Stack #1: _____ in. Stack #2: _____ in.	
(9.9) Lift-off Overstress Force (LOSF): _____ kips Pressure: _____ psi	
(9.10) PF: _____ kips 95% PF: _____ kips 90% PF: _____ kips _____ psi _____ psi _____ psi	
(9.11.5) As-Found Lift-Off Stack #1: 1) _____ psi 2) _____ psi 3) _____ psi Stack #2: 1) _____ psi 2) _____ psi 3) _____ psi	(9.11.13) Circled Values 1) _____ psi 2) _____ psi 3) _____ psi
(9.11.13) End Average Force (this end): _____ kips Average: _____ psi	
(9.11.14) End Avg. Force (other end): _____ kips (9.11.15) Average Lutoff (ALV) _____ kips	
(9.11.16) Lutoff (ALV) Acceptance Criteria: a) <input type="checkbox"/> Acceptable – ALV is ≥ 95% PF. b) <input type="checkbox"/> Adjacent Tendons to be stressed – ALV is < 95%PF but ≥ 90%PF. Document on a NCR. c) <input type="checkbox"/> Unacceptable – ALV is < 90%PF. Document on a NCR. NCR Required <input type="checkbox"/> Yes <input type="checkbox"/> No Customer Notified NCR No.: _____	
(9.11.17) <u>Adjacent Tendon Lift-Offs</u> <b>(Note: Use a separate Data Sheet 9.0 to document Lutoff forces.)</b> a) { Adj Tendon: _____ <input type="checkbox"/> Acceptable – ALV > 95% of PF, The original scope tendon SHALL be restored to within -0/+6% of PF, but in no case, no greater than 0.70 GUTS as determined for the number of effective wires. This Tendon: _____ Adj Tendon: _____ EXELON Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Date: _____	
b) { Adj Tendon: _____ <input type="checkbox"/> Unacceptable – ALV < 95% of PF for either tendon. Document the condition on a NCR. Adj Tendon: _____ Customer Notified NCR No.: _____	
c) { Adj Tendon: _____ <input type="checkbox"/> Unacceptable – ALV < 90% of PF for either tendon. Document the condition on a NCR. Adj Tendon: _____ Customer Notified NCR No.: _____	

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

**PRESTRESS FORCES**

<i>Melissa Lara</i> _____ Prepared by	Q.C. INSPECTOR _____ Title	09/03/13 _____ Date
<i>Gerald F. Bussone</i> _____ Approved by	Q.A. MANAGER _____ Title	09/03/13 _____ Date
<i>Paul C. Smith</i> _____ Approved by	PRESIDENT _____ Title	09/03/13 _____ Date



## **1.0 PURPOSE**

- 1.1 The purpose of this procedure is to provide in table form the predicted lift-off forces for the 40<sup>th</sup> Year In-Service Inspection (Surveillance) at Exelon's Three Mile Island Nuclear Plant.

## **2.0 SURVEILLANCE TENDON DATA**

- 2.1 The Normalization Adjustment, the Predicted Forces, 90% of the Predicted Forces (.9 PF), and 95% of the Predicted Forces (.95 PF) have been obtained from Exelon.
- 2.2 The Normalization Adjustment, the Predicted Forces, 90% of the Predicted Forces (.9 PF), and 95% of the Predicted Forces (.95 PF) to be used during the 40<sup>th</sup> year inspection are listed below for each UNIT 1 tendon scheduled for monitoring of force. The same information is provided for the adjacent tendons.



**3.0 TMI UNIT 1 – 40<sup>TH</sup> YEAR PREDICTED FORCES – ORIGINAL SCOPE TENDONS**

TENDON	NORMALIZATION ADJUSTMENT (KIPS)	PREDICTED FORCE (KIPS)	95% PF (KIPS)	90% PF (KIPS)
D-142	-21	1,128	1,072	1,015
<b>D-143</b>	<b>-47</b>	<b>1,153</b>	<b>1,095</b>	<b>1,038</b>
D-144	-11	1,117	1,061	1,005
D-224	5	1,101	1,046	991
<b>D-225</b>	<b>45</b>	<b>1,061</b>	<b>1,008</b>	<b>955</b>
D-226	26	1,081	1,027	973
D-236	7	1,100	1,045	990
<b>D-237</b>	<b>19</b>	<b>1,088</b>	<b>1,034</b>	<b>979</b>
D-238	12	1,095	1,040	986
D-302	-9	1,116	1,060	1,004
<b>D-303</b>	<b>-35</b>	<b>1,142</b>	<b>1,085</b>	<b>1,028</b>
D-304	-7	1,114	1,058	1,003
H13-02	-5	1,105	1,050	995
<b>H13-03</b>	<b>-40</b>	<b>1,141</b>	<b>1,084</b>	<b>1,027</b>
H13-04	14	1,086	1,032	977
<b>H13-10</b>	<b>4</b>	<b>1,097</b>	<b>1,042</b>	<b>987</b>
H13-11	-54	1,154	1,096	1,039
H13-12	-2	1,103	1,048	993
H24-14	-27	1,128	1,072	1,015
<b>H24-15</b>	<b>N/A*</b>	<b>1,051</b>	<b>998</b>	<b>946</b>
H24-17	25	1,076	1,022	968

TENDON	NORMALIZATION ADJUSTMENT (KIPS)	PREDICTED FORCE (KIPS)	95% PF (KIPS)	90% PF (KIPS)
<b>H24-22</b>	<b>-37</b>	<b>1,116</b>	<b>1,060</b>	<b>1,004</b>
H24-23	34	1,045	993	941
H24-24	-16	1,095	1,040	986
H35-01	-41	1,142	1,085	1,028
<b>H35-02</b>	<b>8</b>	<b>1,093</b>	<b>1,038</b>	<b>984</b>
H35-05	-67	1,168	1,110	1,051
H62-25	46	1,054	1,001	949
<b>H62-26</b>	<b>2</b>	<b>1,099</b>	<b>1,044</b>	<b>989</b>
H62-27	47	1,053	1,000	948
V-30	-10	1,179	1,120	1,061
<b>V-32</b>	<b>-7</b>	<b>1,176</b>	<b>1,117</b>	<b>1,058</b>
V-33	-48	1,217	1,156	1,095
V-107	-6	1,175	1,116	1,058
<b>V-108</b>	<b>14</b>	<b>1,155</b>	<b>1,097</b>	<b>1,040</b>
V-109	33	1,136	1,079	1,022
<b>V-159</b>	<b>20</b>	<b>1,149</b>	<b>1,092</b>	<b>1,034</b>
V-160	-6	1,175	1,116	1,058
V-161	-13	1,182	1,123	1,064

= SURVEILLANCE TENDON

= ADJACENT TENDON



**4.0 TMI UNIT 1 – 40<sup>TH</sup> YEAR PREDICTED FORCES – AUGMENTED SCOPE TENDONS**

TENDON	NORMALIZATION ADJUSTMENT (KIPS)	PREDICTED FORCE (KIPS)	95% PF (KIPS)	90% PF (KIPS)
H46-33	N/A	1,293	1,164	1,228
<b>H46-34</b>	<b>N/A</b>	<b>1,232</b>	<b>1,170</b>	<b>1,109</b>
H46-35	N/A	1,293	1,228	1,164
H51-39	N/A	1,309	1,244	1,178
<b>H51-40</b>	<b>N/A</b>	<b>1,198</b>	<b>1,138</b>	<b>1,078</b>
H51-41	N/A	1,321	1,255	1,189

TENDON	NORMALIZATION ADJUSTMENT (KIPS)	PREDICTED FORCE (KIPS)	95% PF (KIPS)	90% PF (KIPS)
V-114	N/A	1,332	1,265	1,199
<b>V-115</b>	<b>N/A</b>	<b>1,311</b>	<b>1,245</b>	<b>1,180</b>
V-116	N/A	1,308	1,243	1,177
V-135	N/A	1,347	1,280	1,212
<b>V-136</b>	<b>N/A</b>	<b>1,306</b>	<b>1,241</b>	<b>1,175</b>
V-137	N/A	1,353	1,285	1,218

 = SURVEILLANCE TENDON

 = ADJACENT TENDON



**EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE**

**PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
TENDON SURVEILLANCE PROGRAM**

**DETENSION TENDON**

<u>Melissa Lara</u> Prepared by	<u>Q.C. INSPECTOR</u> Title	<u>09/03/13</u> Date
<u>Gerald F. Bussone</u> Approved by	<u>Q.A. MANAGER</u> Title	<u>09/03/13</u> Date
<u>Paul C. Lipt</u> Approved by	<u>PRESIDENT</u> Title	<u>09/03/13</u> Date



## **1.0 PURPOSE**

- 1.1 This procedure will establish the requirements for detensioning tendons for purposes of visual inspection, testing and evaluation, during In-Service-Inspections (surveillance) of Post-Tensioning Systems Tendons at Exelon's Three Mile Island Nuclear Plant - Unit 1.

## **2.0 RESPONSIBILITY**

- 2.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.  
2.2 As stated in PSC Procedure QA 4.0.

## **3.0 QUALIFICATIONS**

- 3.1 As stated in PSC Procedure QA 4.1.

## **4.0 EQUIPMENT**

- 4.1 The gauges and test equipment necessary for the Quality Control activities will be itemized in PSC Procedure SQ 4.0.

## **5.0 QUALITY CONTROL**

- 5.1 There are no Hold Points or documentation requirements for this Procedure.

## **6.0 PRECAUTIONS**

- 6.1 Do not exceed a jack force of 1592 kips (for a tendon with 169 effective wires, 9.425 kips per wire). If lift-off has not been achieved at this maximum force. The jack shall be unloaded and Exelon Engineering shall be notified for resolution of the condition.  
6.2 Review the I.S.I. Tendon Surveillance Program Safety Comments for the items that shall apply both for tendon force control and personnel safety.  
6.3 Verify that the tendon to be de-tensioned is listed in PSC Procedure SQ 2.0 or has been approved for de-tensioning by Exelon Engineering.  
6.4 No more than one tendon from each group (dome, hoop, vertical) shall be de-tensioned at any given time without Exelon Engineering concurrence.

## **7.0 PREREQUISITES**

- 7.1 The tendon will have been monitored for tendon force as required of PSC Procedure SQ 9.0. The De-tensioning shall continue from that point where the final or third liftoff was taken. The tendon shall not be de-tensioned until the liftoffs are documented. The ram will still be coupled to the anchorage.  
7.2 De-tensioning of each tendon end may proceed independently of the other end; however, jacks must not be uncoupled until the tendon is completely de-tensioned.



- 7.3 To alleviate holding jacks under pressure for period of time, it is recommended that both ends of a tendon be de-tensioned in unison except single end stressed vertical tendons which are detensioned from one end. This should assist in correct positioning of the anchor head.

## 8.0 DETENSIONING THE TENDON

- 8.1 Where a tendon is specified to require De-tensioning, to permit inspection of the De-tensioned anchorages, wires, shims and bearing plates, the following operations shall take place.
- 8.2 With the final liftoff being completed and the load completely off the shims, all the shims shall be removed. If more clearance is required, the load on the tendon may be increased up to a maximum jack force of 1592 kips (based on a tendon with 169 effective wires). If the shims can not be removed at this force, then unload the jack, and notify Exelon Engineering to resolve condition.
- 8.2.1 Keep the shims from each stack separate (The shims are paired and must be stacked in pairs.). This will permit the shims to be replaced without extensive re-matching.

**CAUTION AFTER IMPLEMENTING STEP 8.3, A 10 MINUTE WAITING PERIOD SHALL BE IMPOSED TO ALLOW THE DISSIPATION OF ENERGY THT MAY BE TRAPPED WITHIN THE TENDON.**

- 8.3 With the shims removed, the load on the tendon shall be reduced to zero. The maximum de-tensioning rate of the jacks for each tendon shall correspond to a reduction in tendon force in a slow and controlled manner. Both ends of a tendon shall be de-tensioned in unison unless otherwise directed by the PSC Superintendent. To alleviate holding jacks under pressure for periods of time, it is recommended that both ends, if applicable, of a tendon be de-tensioned in unison.
- 8.4 Jacks shall not be uncoupled until the tendon is completely de-tensioned.
- 8.5 Once de-tensioning is complete, anchorage inspection shall be performed per PSC Procedure SQ 8.0 for corrosion, cracks, off-size button heads, missing, broken, and/or damaged wires and recorded on Data Sheet 8.0A, 8.0B if there is any change in previously recorded data.
- ## 9.0 CONTINUING OPERATIONS
- 9.1 Once De-tensioning is complete any number of operations may follow such as:
- 9.1.1 Continuity Test
- 9.1.2 Tendon Wire Removal



9.1.3 Re-tensioning the Tendon

**10.0 ACCEPTANCE**

10.1 There are no requirements for acceptance or non-acceptance during De-tensioning of a Tendon.

**11.0 DOCUMENTATION**

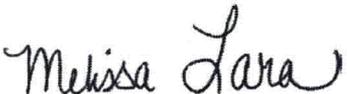
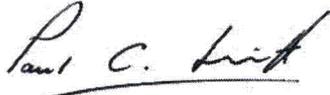
11.1 Section 8.5 of this procedure to be documented to Data Sheet 8.0A or 8.0B of PSC Procedure SQ 8.0.



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
TENDON SURVEILLANCE PROGRAM

DE-TENSIONED ANCHORAGE INSPECTION

 _____ Prepared by	Q.C. INSPECTOR _____ Title	09/03/13 _____ Date
 _____ Approved by	Q.A. MANAGER _____ Title	09/03/13 _____ Date
 _____ Approved by	PRESIDENT _____ Title	09/03/13 _____ Date



## **1.0 PURPOSE**

- 1.1 This procedure will establish the requirements for the visual inspection and evaluation of the tendon end anchorages, shims, bearing plate, button heads and wires during In-Service-Inspection (Surveillance) of Post-Tensioning System Tendons after that tendon has been De-tensioned at Exelon's Three Mile Island Nuclear Plant - Unit 1.

## **2.0 RESPONSIBILITY**

- 2.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.
- 2.2 As stated in PSC Procedure QA 4.0.

## **3.0 QUALIFICATIONS**

- 3.1 The inspector performing this inspection is to be qualified as a Level II examiner as defined in PSC's written certification practice approved by Exelon and each examiner shall be approved by the Exelon Responsible Engineer.

## **4.0 EQUIPMENT**

- 4.1 The gauges and test equipment necessary for the Quality Control activities will be itemized in PSC Procedure SQ 4.0.

## **5.0 QUALITY CONTROL**

- 5.1 All Quality Control Documentation (QCD) points noted in this procedure are Hold Points. The work shall not progress past or through a QCD without a verbal release from the Inspector. The required information or evaluative data shall be documented on Data Sheet 8.0A or 8.0B of PSC Procedure SQ 8.0 that has already been started for this tendon.

## **6.0 PRECAUTIONS**

**CAUTION - NEVER STRIKE THE BUTTONHEADS, THE WIRES OR THE ANCHORAGES OF A STRESSED TENDON WITH A HAMMER OR ANY OTHER METAL OBJECT.**

## **7.0 PREREQUISITES**

- 7.1 The Anchorage Cleanup will be completed.
- 7.2 The tendon will be in a De-tensioned Condition.



## 8.0 ANCHORAGE INSPECTION

- 8.1 The tendon anchorage, including the shop head, field head and bushing, bearing plate, stressing shims, and wires of all selected tendons shall be visually inspected for signs of excessive stress, corrosion, cracks, missing, or broken wires. Button heads shall be inspected for cracks, splits and slips.
- 8.2 Inspect the interior of the bearing plate and trumpet tube for any evidence of voids or incompleteness of the grease coverage. It should be noted that air pockets will be seen, probably in the shape of a cone. This is the typical condition of the grease in a solid condition and must not be construed as a deficiency.
- 8.3 Inspect the tendon wires from the bottom of the anchorage into the tendon duct for signs of corrosion. Use PSC Procedure SQ 8.0 Table 1 to evaluate the Corrosion Condition of the wires.
- 8.3.1 **QCD-** Document the Corrosion Condition rating for the tendon wires.
- 8.4 Inspect the bottom side of the anchorages for Corrosion Level rating, using PSC Procedure SQ 8.0 Table 1 to evaluate the anchorages.
- 8.4.1 **QCD-** Document the Corrosion Level rating for the anchorages. (9.2 of DS 8.0)
- 8.5 Inspect the shims and bearing plate for signs of Corrosion using PSC Procedure SQ 8.0 Table 1 for evaluation. Clean the shims and bearing plate as necessary to perform this evaluation.
- 8.5.1 **QCD-** Document the Corrosion Level ratings for the shims and bearing plate (9.2 of DS 8.0).
- 8.6 Inspect the anchorages, shims and bearing plates for any evidence of cracking during the Corrosion Level evaluation.
- 8.6.1 **QCD-** Document any cracks found on Sketch Sheet 8.0 from PSC Procedure SQ 8.0. Include any dimensions that could help to locate or evaluate the cracks. Indicate whether cracks or excessive stress have been found on DS 8.0 (10.1).
- 8.7 The anchorages shall be pushed back from the ends of the wires toward the bearing plate. This may be accomplished manually or with mechanical devices, just so the anchorages, threads wires are not damaged in any way.
- 8.8 Inspect the wires from the bottom of the button heads to that point where the bottom of the anchorage was located, for signs of corrosion. The button heads shall be visually inspected at this time in accordance with the requirements of Section 11.0 of PSC Procedure SQ 8.0.



- 8.8.1 **QCD-** If the Corrosion Condition of this area of the wires is the same or better than that evaluated in Section 8.3.1 of this procedure, it shall not be necessary to enter any additional information on the Data Sheet.
- 8.8.1.1 **QCD-** If the Corrosion Condition is of a lower rating than the original entry in the Corrosion Condition rating area shall be corrected to reflect that lower rating.
- 8.8.1.2 It shall be acceptable to delay the documentation of Section 8.3.1 until this area of the wire has been inspected and evaluated. If both ratings are the same, only one entry need be made.
- 8.9 With the anchorages pushed back, protruding wires can be evaluated for Continuity through the use of PSC Procedure SQ 10.5.
- 8.9.1 If it is determined during this inspection that a protruding wire is broken, it shall not be necessary to perform the Continuity Test on that wire, but that wire shall be removed and Exelon notified with a nonconformance report.
- 8.9.2 If it is determined during this inspection that any other wire is broken, that wire shall be removed and Exelon notified with a nonconformance report.
- 8.9.2.1 **QCD-** Document the broken protruding wire as required of PSC Procedure SQ 10.5 on Data Sheet 8.0.
- 8.9.2.2 **QCD-** Additional broken wires shall be documented directly on Data Sheet 8.0 in the manner required of PSC Procedure SQ 8.0 Section 12.3.
- 8.9.2.3 If the amount of broken wires detected in this inspection increases the total quantity of Broken/Missing Wires/Button heads for the earlier Anchorage Inspection of this tendon in a stressed condition to 1 or more during this surveillance, it shall be necessary to notify Exelon Nuclear of this condition in accordance with the requirements of Section 9 of this Procedure.
- 8.9.2.4 It shall be acceptable to continue working to complete all the inspections so that all the results are available for evaluation. Exelon shall be notified within 24 hours of discovery.
- 8.10 The tendon wire to be used for physical testing shall be removed at this time, in accordance with PSC Procedure SQ 10.2.
- 8.11 Damaged or excessively deformed shims shall be replaced at this time. Damage other than would be noted from the load resting on the shims shall be documented.
- 8.11.1 **QCD-** Document unusual damage or conditions for any item of the tendon end, on Sketch Sheet 8.0 (PSC Procedure SQ 8.0).



- 8.12 With the completion of this inspection and the required documentation, if all results are acceptable, then it shall be permitted to continue working or inspecting the tendons.
- 8.13 Once the inspections of Procedure SQ 10.1 are completed, if nonconforming conditions are detected and Exelon notified in accordance with Section 9 of this procedure, no further work beyond PSC Procedure SQ 10.1 shall be performed on this tendon without the permission of Exelon, which should include a recommendation for corrective action.
- 8.14 The tendon ends shall be protected whenever it is not being worked or inspected. This protection shall include a light coating of grease and covering with a plastic bag, plastic sheeting or the grease cap if that tendon is exposed to the weather.
- 8.15 Prior to pulling the anchorage back to the ends of the wire, the tendon wires shall be coated with grease. The grease may be brushed on or poured on, just so the wires get coated.
- 8.16 The anchorages shall be pulled back to the button heads.
- 8.17 Examine the tendon wires in the tendon duct after pulling back the anchor heads and re-centering the tendon. If the tendon wires in the trumpet tube appear to be a little thin on grease coating, it shall be acceptable to brush some grease onto the wires as an additional measure of protection.
- 8.18 That portion of wire extending from the back of the anchorage to the pushed back location of the anchorage shall be coated with grease.
- 8.19 Be prepared to catch any runoff of the grease as it is being applied to the tendon wires.
- 8.20 The tendon shall now be ready for Re-tensioning, concluding this procedure.

## 9.0 NOTIFICATION

- 9.1 Exelon shall be formally notified when each one or more of the following conditions are detected as a result of the inspection of a tendon.
- 9.1.1 CORROSION LEVEL C-when detected for Anchorages, Tendon Wire, Shims and/or Bearing Plates, Exelon shall be notified with a nonconformance report.
- 9.1.2 CRACKS-no matter how small, when detected for Anchorages, Shims and/or Bearing Plates, Exelon shall be notified with a nonconformance report.



9.1.3 ADDITIONAL MISSING OR BROKEN WIRES/BUTTONHEADS-when detected for a quantity of 1 or more since the original installation or previous surveillance, Exelon shall be notified with a nonconformance report, but it will not be necessary to stop work to await approval of the NCR.

**10.0 DOCUMENTATION**

- 10.1 The items in this procedure requiring documentation shall be documented on Data Sheet 8.0 already started for this tendon from the Anchorage Inspection of PSC Procedure SQ 8.0.
- 10.2 The Data Sheet references the applicable section number of the procedure for each QCD point.



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

TEST WIRE REMOVAL

<u>Melissa Lara</u> Prepared by	<u>Q.C. INSPECTOR</u> Title	<u>09/03/13</u> Date
<u>Gerald F. Bussone</u> Approved by	<u>Q.A. MANAGER</u> Title	<u>09/03/13</u> Date
<u>Paul C. Smith</u> Approved by	<u>PRESIDENT</u> Title	<u>09/03/13</u> Date



## 1.0 PURPOSE

- 1.1 This procedure will establish the requirements for removing a sample wire to be used for physical testing, during the 40<sup>th</sup> Year In-Service-Inspections (Surveillance) of the Post-Tensioning System Tendons of Exelon's Three Mile Island Nuclear Plant - Unit 1.
- 1.2 One continuous and any other discontinuous tendon wires will be removed from the designated tendons to have wire removed. Do not remove more than three wires from any one tendon during this surveillance period without TMI Engineering approval.

## 2.0 RESPONSIBILITY

- 2.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.
- 2.2 As stated in PSC Procedure QA 4.0.

## 3.0 QUALIFICATIONS

- 3.1 As stated in PSC Procedure QA 4.1.

## 4.0 EQUIPMENT

- 4.1 Quality Control gauges or test equipment will not be required for this activity, except where hydraulic devices and gauges are used.

## 5.0 QUALITY CONTROL

- 5.1 This procedure contains **HOLD POINTS**. The work shall not progress past or through a **HOLD POINT** without a sign-off from the QC Inspector. All Quality Control Documentation (**QCD**) points shall only require documentation of information or evaluation data. The sign-offs and required information or evaluation data shall be documented on Data Sheet 10.2 or Data Sheet 8.0 of PSC Procedure SQ 8.0.

## 6.0 PRECAUTIONS

- 6.1 When pulling individual wires, never exceed 80% GUTS of that wire when pulling with the pulling device - 9,425 pounds.
- 6.2 Discontinuous wires shall not be used to satisfy the requirements for the physical testing of this procedure.
- 6.3 If other Broken/Missing Wires are found in this tendon as a result of this inspection or previous inspections, it shall be necessary to select a wire from this tendon that would tend to balance the forces in that tendon anchorage and try to maintain symmetry with the missing wires in the hole pattern.



- BE SURE THAT THE CORRECT WIRE HAS BEEN LOCATED BEFORE CUTTING.
- BE SURE THAT THIS TENDON REQUIRES SAMPLE WIRE REMOVAL.
- USE CARE TO AVOID DAMAGING OTHER WIRES OR BUTTONHEADS.
- AVOID UNNECESSARY MARKS OR DAMAGE TO THE WIRE WHILE REMOVING.
- USE CARE WHEN COILING THE WIRE AND SECURING IT INTO A COIL. THIS WIRE HAS CONSIDERABLE SPRING FORCE AND MUST BE PREVENTED FROM UNCOILING VIOLENTLY.

## 7.0 PREREQUISITES

- 7.1 The anchorage inspection will be complete and Data Sheet 8.0 available.
- 7.2 The tendon will be detensioned; monitoring of forces has been completed.

## 8.0 WIRE REMOVAL

- 8.1 A wire shall be selected, preferable from the two outer rows of the anchorage hole pattern.
- 8.2 The Tendon Surveillance Wire Puller shown in Figure 1 of PSC Procedure SQ 10.5 shall be attached to the selected wire.
- 8.3 The wire shall be pulled with the Wire Puller using as little force as possible.
- 8.3.1 If the wire cannot be moved by hand, it shall be acceptable to use any mechanical device to accomplish that purpose, such as a "Come-A-long", "Chain-Hoist", "Chain Pawl" or hydraulic ram.
- 8.3.1.1 It is unlikely that anything but the hydraulic ram will be able to exert such an amount of force so as to yield or break the wire. Therefore hydraulic devices shall be controlled for force through a calibrated gauge or controlled for maximum force through a locking valve to control the amount of pressure to be exerted.
- 8.3.1.2 There remains a possibility that a limited force might not move the wire. It shall be necessary to abandon that wire and select a new wire, continuing this process until a wire can be moved. All abandoned wires shall be identified on Data Sheet 8.0 of Procedure 8.0. All wires shall be considered effective wires provided the yield strength of the wire was not exceeded.
- 8.4 Once a tendon wire is located that can be moved, it shall be witnessed for that movement at the opposite end of the tendon to verify that this is a continuous wire.



- 8.5 Prepare to cut the wire at the opposite end of the tendon from where the wire is to be pulled.
- 8.5.1 **QCD** – Document the location of wire removal on Data Sheet 8.0 of Procedure SQ 8.0. Once this is posted, document that action on Data Sheet 10.2 of this Procedure.
- 8.5.2 Measure back from the buttonhead 1 inch plus or minus 1/16 inch and mark or scribe a line; it shall be acceptable to notch the wire with a file.
- 8.5.3 Cut the wire somewhere between the buttonhead and the marked line, but not on the line.
- 8.5.4 Pull the wire completely through the tendon duct.
- 8.5.4.1 While pulling, the entire length of the tendon wire shall be visually inspected for pitting, corrosion, or other signs of deterioration and evaluated in accordance with TMI Procedure 1301-9.1 Rev 23.
- 8.5.4.1.1 **HOLD POINT** – Document the Category of Corrosion rating on Data Sheet 10.2, for every 10 feet of length.
- 8.5.4.1.2 If the Category of Corrosion is found to be active as defined in Table 1 of SQ 8.0, TMI Engineering shall be notified with a nonconformance report. TMI Engineering shall provide the final corrective action, which could include removing additional wires and performing Physical Testing.
- 8.5.4.2 While the tendon wire is being pulled, it may be cleaned of excess grease and coiled into coil form of approximately five-foot diameter. Secure the coil from unwinding. Solvent cleaning may be performed to facilitate cleaning before inspection.
- 8.5.4.2.1 It shall be acceptable to cut the wires into 10 foot lengths if coiling is impractical. The cut wires shall be identified as required of Section 8.5.5 of this procedure.
- 8.5.4.3 After the tendon wire has been pulled through, it shall be measured for length.
- 8.5.4.3.1 **QCD** – Document the total length of wire on Data Sheet 10.2. Remember to include the length of wire that was cut from the opposite end.



#### 8.5.4.4 WIRE SAMPLE QUANTITY AND LOCATION REQUIREMENTS

##### 8.5.4.4.1 ACCEPTABLE WIRE

8.5.4.4.1.1 Three specimens shall be tested. One sample shall be taken from approximately the middle of the tendon wire length, with the two remaining samples being taken, one from approximately each end of the tendon wire.

##### 8.5.4.4.2 BROKEN WIRE

8.5.4.4.2.1 If Broken Wires require testing, three specimens shall be tested. One sample shall be taken from the wire length about one foot from either side of the break. The two remaining samples shall be taken, one from approximately each end of the tendon wire.

##### 8.5.4.4.3 UNACCEPTABLE CATEGORY OF CORROSION CONDITION

8.5.4.4.3.1 If Unacceptable Category of Corrosion Condition Wires require testing, at least one specimen shall be tested, with that sample being taken from what is judged to be the worst representative section of the wire length. Other samples may be selected and/or tested at the request of TMI Engineering.

8.5.4.5 If the wire testing is to be performed on site, it shall be acceptable to cut the 3 sample wires while the wire is being pulled out and coiled. Refer to PSC Procedure SQ 10.3 for the control and documentation requirements. The sample shall be cut from each end and the middle of the wire and as cited in Section 8.5.4.4.1.1 above and shall be about 10' long, unless the wires are to be cut to the required testing length.

8.5.4.6 Sample selection shall include areas representative of the most significant Category of Corrosion if this condition exists on the removed wire. Provide samples of this condition in addition to the original 3 samples required. Samples shall not contain gripper marks from the pulling device.

8.5.4.6.1 As a note of caution, be sure that the wire is moving freely before cutting. Otherwise there could be difficulty in removing the wire, requiring assist devices that could leave surface marks on the wire.

8.5.4.6.2 QCD – When the wire is cut for samples, document the area of removal on Data Sheet 10.2 for later transfer to Data Sheet 10.3 of PSC Procedure SQ 10.3. Document each location of sample removal and tag each cut length for area of removal, tendon identification, pulling direction, date, and plant name and unit.



- 8.5.5 Attach a tag to the end of the wire being pulled that identifies the tendon, end of removal, pulling direction, date, and plant name and unit. If the wire is cut for samples during removal, the cut lead or front end of the wire shall be identified by tendon number, end of removal, and location in the total length of the test wire to permit reconstruction of that wire as it existed in the tendon.
- 8.5.6 The coiled wire, whether a single piece or cut pieces, shall be securely tied and covered with plastic sheeting or a plastic bag to protect the wire from inclement conditions.
- 8.6 If it becomes necessary to remove any additional wires from a tendon for physical testing, this procedure shall be followed to include the additional documentation. For example, Broken Wires or wires with Active Corrosion may be instructed to be removed by TMI Engineering.
- 8.7 **QCD** – Each wire that has been removed for physical testing during this surveillance shall be documented for location of removal on Data Sheet in TMI Procedure 1301-9.1 Rev 23, using the appropriate Code Symbol. Document the posting of this information on Data Sheet 10.2.
- 8.8 **QCD** – Document the identification and recalibration date of the measuring device and the wire Pulling Ram, if used, on Data Sheet 10.2.

## 9.0 DOCUMENTATION

- 9.1 The items requiring documentation in this procedure shall be documented on Data Sheet 10.2.
- 9.2 Some information documented on Data Sheet 10.2 shall require subsequent posting to Data Sheet in TMI Procedure 1301-9.1 Rev 23 and to Data Sheet 10.3 of PSC Procedure SQ 10.3.
- 9.3 The Data Sheet references the applicable Section or Step number of the procedure for each **QCD** or **HOLD POINT**.

## 10.0 ATTACHMENTS

- 10.1 Data Sheet 10.2



N1091 PSC PROCEDURE SQ10.2  
**TEST WIRE REMOVAL**  
**Data Sheet 10.2**  
 09/03/13  
 Page 1 of 1  
 Revision 0

Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

UNIT 1

Tendon No.: \_\_\_\_\_ Tendon End: \_\_\_\_\_

Shop  Field

Removal Date: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

**WIRE REMOVAL INSPECTION**

CORROSION INSPECTION @ LENGTH INTERVALS

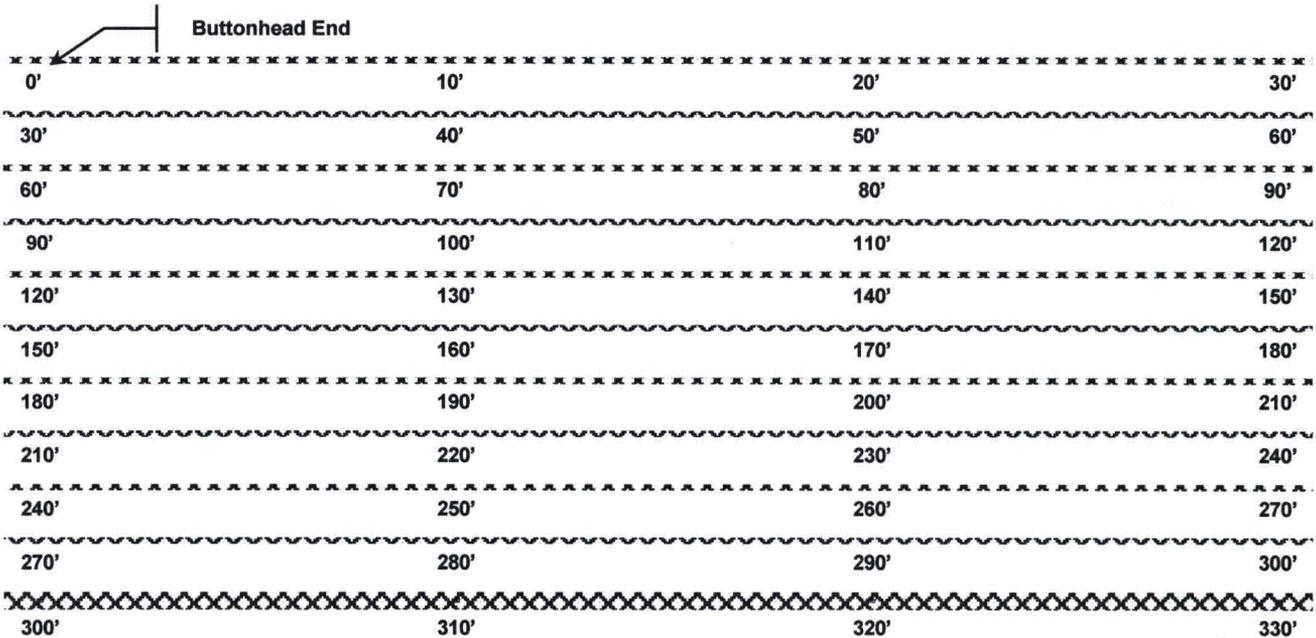
(8.5.4.1.1) Document the Corrosion Category for each 10' of wire in the increments below. Use Categories described in PSC SQ 8.0.

For Corrosion Level C document condition on an NCR.

NCR Req'd:  NO  YES NCR# \_\_\_\_\_

(8.5.4.3.1) Document the total length of the wire on the diagram below.

Completed:  NO  YES



(8.5.4.6.2) Was the wire cut for samples:  NO  YES document the area of removal above using symbol **x**.

(8.7) Document the location of wire removed on Data Sheet 8.0, ANCHORAGE INSPECTION:  Completed

(8.8) Measuring Device: \_\_\_\_\_ ID Number: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(8.8) Wire Pull Ram ID Number: \_\_\_\_\_

Q.C Inspector: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

TESTING TENDON WIRES

<u>Melisa Lara</u> Prepared by	<u>Q.C. INSPECTOR</u> Title	<u>09/03/13</u> Date
<u>Gerald F. Bussone</u> Approved by	<u>Q.A. MANAGER</u> Title	<u>09/03/13</u> Date
<u>Paul C. Lisch</u> Approved by	<u>PRESIDENT</u> Title	<u>09/03/13</u> Date



## 1.0 PURPOSE

- 1.1 This procedure will establish the requirements for the Physical Testing of tendon wires removed from Post-Tensioning System Tendons, during the 40<sup>th</sup> Year In-Service-Inspections (surveillance) of the Post-Tensioning System Tendons of Exelon's Three Mile Island Nuclear Plant - Unit 1.

## 2.0 SCOPE

- 2.1 The intention of this procedure is to provide the means of physically testing an Acceptable Wire removed from a tendon. However, this Procedure shall also apply for the physical testing of wires which may have been found to be Broken or in an Unacceptable Category of Corrosion.
- 2.2 An approved Test Laboratory will be utilized for the physical testing.
- 2.3 Testing is to be done per the requirements of ASTM A370 as noted in ASTM A421.
- 2.4 The Laboratory that performs the testing shall be responsible for controlling the samples, performing the testing, documenting the testing on Laboratory letterhead stationery and submitting the reports to:
- PRECISION SURVEILLANCE CORPORATION  
3468 Watling Road  
East Chicago, IN 46312  
Attention: Quality Assurance
- 2.4.1 The Laboratory shall further be responsible to utilize trained personnel for the testing and maintain the calibrated status, traceable to the NIST, for all test or measuring devices that may be used in providing test results.
- 2.4.2 The Laboratory shall provide open access for inspection, survey or audit, as the need might arise, to PSC or its customers.
- 2.5 The PSC Quality Assurance Organization shall be responsible for the qualification of Laboratory sources.
- 2.6 Where specified in the Contract Documents, the Owner or his Agent shall have the right of approval for Laboratory sources.
- 2.7 The PSC Quality Control/Quality Assurance and/or Engineering Department shall review the reports for accuracy and content and for evaluation of the acceptability of those results.
- 2.7.1 This report shall be submitted to the Owner or his Agent with the final Surveillance Report.



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

CONTINUITY TEST

*Melissa Lara*

Prepared by

Q.C. INSPECTOR

Title

09/03/13

Date

*Gerald F. Bussone*

Approved by

Q.A. MANAGER

Title

09/03/13

Date

*Paul C. Smith*

Approved by

PRESIDENT

Title

09/03/13

Date



**1.0 PURPOSE**

1.1 This procedure will establish the requirements for performing a Continuity Test of tendon wires for purposes of visual inspection and evaluation of, usually, Protruding/Unseated tendon wires for Post-Tensioning System Tendons, during the 40<sup>th</sup> Year In-Service-Inspections (surveillance) of the Post-Tensioning System Tendons of Exelon's Three Mile Island Nuclear Plant - Unit 1.

**2.0 SCOPE**

2.1 The Continuity Test may be performed at the request of TMI Engineering if additional tendon wires are found to be Protruding/Unseated since the original installation or previous surveillance during the Buttonhead Inspection of PSC Procedure SQ 8.0.

**3.0 RESPONSIBILITY**

3.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.  
 3.2 As stated in PSC Procedure QA 4.0.

**4.0 QUALIFICATIONS**

4.1 As stated in PSC Procedure QA 4.1.

**5.0 QUALITY CONTROL**

5.1 This procedure contains no **HOLD POINTS**. All Quality Control Documentation (**QCD**) points shall only require documentation of information or evaluation data. The required information or evaluation data shall be documented on Data Sheet 10.5.

**6.0 EQUIPMENT**

6.1 Equipment needed for the continuity test includes a tapeline, the pulling device and jacks or hoisting equipment, calibrated hydraulic devices and gauges.

**7.0 PRECAUTIONS**

- CAUTION - WHEN PULLING INDIVIDUAL WIRES, NEVER EXCEED 80% OF THE GUARANTEED MINIMUM ULTIMATE STRENGTH OF THAT WIRE WHEN PULLING WITH THE PULLING DEVICE – 9,425 POUNDS.

**8.0 PREREQUISITES**

8.1 The Grease Cap will be removed and grease samples taken.  
 8.2 The Anchorage Inspection will be complete, with protruding wires in evidence.



- 8.3 The tendon will be detensioned; it has been monitored for forces.
- 8.4 Each wire that was determined to be Protruding/Unseated as a result of the Buttonhead Inspection of TMI Procedure 1301-9.1 Rev 23 will be adequately identified either by marking, tagging or reference to Data Sheet.
- 8.5 The anchorages at each end of the tendon will be pushed back about 12 inches.
- 8.6 **QCD** – Document the tendon identification, Unit # and tendon end on Data Sheet 10.5.

## 9.0 CONTINUITY TEST

- 9.1 The Protruding/Unseated wire shall be located.
  - 9.1.1 **QCD** – Document the location of each wire by marking it on the appropriate anchorhead sketch. Number each mark corresponding with the wire numbers in the table so as to identify which data is for each wire tested. If more wires need to be tested on one tendon than will fit on Data Sheet 10.5 it will be acceptable to use additional sheets and continue the sequential numbering so as not to reuse any numbers.
- 9.2 The Tendon Surveillance Wire Puller shown in Figure 1 of this procedure shall be attached to the wire to be tested.
- 9.3 The wire shall be pulled with the Wire Puller using as little force as possible, but not to exceed 9,425 pounds.
  - 9.3.1 If the wire cannot be moved by hand, it shall be acceptable to use any mechanical device to accomplish that purpose, such as a "Come-A-long", "Chain-Hoist", "Chain-Pawl" or hydraulic cylinder.
  - 9.3.2 It is unlikely that anything but the hydraulic cylinder will be able to exert such an amount of force so as to yield or break the wire. Therefore, hydraulic devices shall be controlled for force through a calibrated gauge or controlled for maximum force through a locking valve to control the amount of pressure to be exerted.
  - 9.3.3 There remains a possibility that a limited force might not move the wire. It may be possible to break that wire loose with force in excess of 9,425 pounds. This attempt shall only be undertaken with the mutual consent of TMI Engineering responsible for the In-Service Inspection and the PSC Construction Manager.
    - 9.3.3.1 If it is decided to exceed the control force, the amount of force used to move that wire shall be documented and evaluated for impact on the strength of the wire and the force to be applied to the Retensioning of the tendon.



- 9.3.3.2 **QCD** – Document the maximum force used to move the wire on Data Sheet 10.5, if over 9,425 pounds.
- 9.4 The wire shall be considered continuous if it can be observed to move at the opposite end of the tendon.
- 9.4.1 **QCD** – Document that wire as continuous on Data Sheet 10.5.
- 9.5 If the wire cannot be observed to be moving, it could be broken and the pulling shall continue until that wire is removed.
- 9.5.1 **QCD** – Document that wire as discontinuous on Data Sheet 10.5. As the wire is drawn it shall be checked for corrosion condition and to determine the cause of breakage, if possible. Document the Category of Corrosion of the wire using Table 1 in SQ 8.0. Also document, where possible, the reason for breaking.
- 9.5.2 **QCD** – If the wire is broken, it shall be shown as broken on Data Sheet 8.0 and added to the total of Broken/Missing Wires and the Code Symbol modified to reflect that fact.
- 9.5.2.1 If any or all of the Protruding/Unseated wires since the original installation or previous surveillance are found to be broken and when added to the amount of Broken/Missing Wires on Data Sheet totals 1 or more, it shall be necessary to notify TMI Engineering of this condition in accordance with the requirements of TMI Procedure 1301-9.1 Rev 23. It shall be acceptable to continue working and notify TMI Engineering at the earliest opportunity, but within 24 hours of discovery.
- 9.5.2.2 If any or all the Protruding/Unseated wires have been determined to be continuous, each shall be re-inspected for Protrusion after Retensioning to see if they have seated themselves. An evaluation of that condition shall be performed after Retensioning.
- 9.5.2.3 **QCD** – If any or all the Protruding/Unseated wires remain unseated after Retensioning, it shall be reported as required of TMI Procedure 1301-9.1 Rev 23.
- 9.6 **QCD** – Document any comments identifying any nonconforming or adverse observations or conditions

## 10.0 DOCUMENTATION

- 10.1 The items requiring documentation shall be documented on Data Sheet 10.5 or to TMI Data Sheet of TMI Procedure 1301-9.1 Rev 23.



## 11.0 ATTACHMENTS

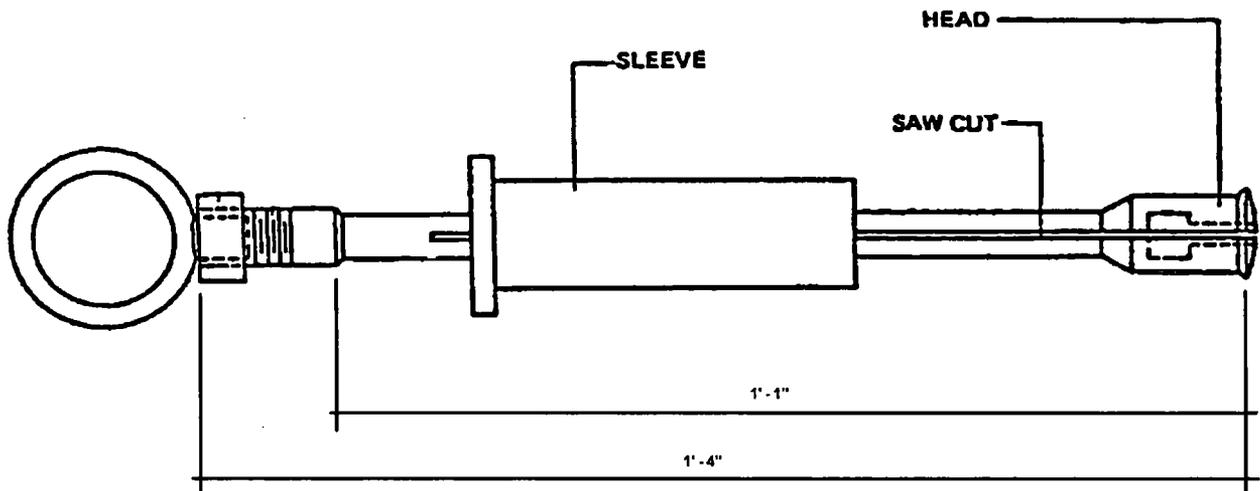
- 11.1 Data Sheet 10.5
- 11.2 Figure 1.0 – Tendon Wire Puller





### Figure 1.0 – Tendon Wire Puller

Figure 1.0 is a represented sample of a wire puller and is not a quality controlled device. The actual wire puller may vary somewhat from this configuration.

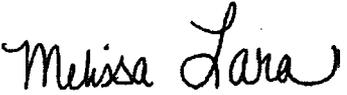
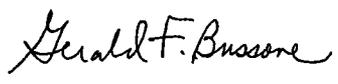
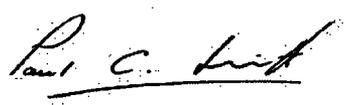




EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

**RE-TENSIONING TENDONS**

 _____ Prepared by	Q.C. INSPECTOR _____ Title	09/03/13 _____ Date
 _____ Approved by	Q.A. MANAGER _____ Title	09/03/13 _____ Date
 _____ Approved by	PRESIDENT _____ Title	09/03/13 _____ Date



## 1.0 PURPOSE

- 1.1 This procedure will establish the requirements for Retensioning Tendons after visual inspection, testing and evaluation during the In-Service Inspections (Surveillances) of the Post-Tensioning System Tendons at Exelon's Three Mile Island Nuclear Plant-Unit 1.

## 2.0 RESPONSIBILITY

- 2.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.
- 2.2 As stated in PSC Procedure QA 4.0.

## 3.0 QUALIFICATIONS

- 3.1 As stated in PSC Procedure QA 4.1.

## 4.0 EQUIPMENT

- 4.1 The gauges and test equipment necessary for the quality control activities will be itemized in PSC Procedure SQ 4.0.

## 5.0 PRECAUTIONS

- 5.1 Review the I.S.I. Tendon Surveillance Program Safety Comments for the items that shall apply both for tendon force control and personnel safety.

## 6.0 QUALITY CONTROL

- 6.1 This procedure contains **HOLD POINTS**. The work shall not progress past or through a **HOLD POINT** without a sign-off from the QC Inspector. All Quality Control Documentation (**QCD**) points shall only require documentation of information or evaluation data. The sign-off's and required information or evaluation data shall be documented on Data Sheet 11.0 or Data Sheet 9.0 of PSC Procedure SQ 9.0.

## 7.0 PREREQUISITES

- 7.1 All inspections required by PSC Procedure SQ 2.0 will be complete and acceptable.
- 7.2 Ensure that coupler strength verification (SQ 7.1) has been completed for that coupler/anchorage combination.

## 8.0 MEASUREMENTS

- 8.1 **STEEL RULERS**



- 8.1.1 Measurements of tendon elongation or shim stack height shall be performed with calibrated steel rulers graduated in tenths of an inch (0.1"). The measurements shall be recorded to the nearest 0.05". See Sketch 7.0 at the end of this procedure.
- 8.1.2 A steel caliper may be used to take the elongation measurement. One caliper blade shall be placed against the bearing plate and the other blade placed against the bottom of the anchorhead. The caliper blades shall be parallel to the tendon during measurement. When the parallel condition is established the blades shall be locked and the caliper withdrawn without disturbing the blade setting. The caliper blades shall be placed on the steel ruler and the dimension determined. See Sketch 7.0 at the end of this procedure.
- 8.1.3 Tendon elongation measurement shall be performed by measuring the distance between the bearing plate and the bottom of the anchorhead for each end of the tendon.

## 8.2 PRESSURE GAUGES

- 8.2.1 Measurements of ram pressure (tendon force) shall be measured by calibrated pressure gauges capable of being read directly to 20 psig.
- 8.2.2 View the gauge face from a plane of view directly in front of the indicator needle to avoid parallax errors.
- 8.2.3 Gauge readings shall be interpolated to the nearest 10 psi.
- 8.2.4 All pressure gauges used shall have automatic compensation for temperature variations between gauge calibration and gauge use during surveillance.

## 9.0 **RETENSIONING TENDONS**

- 9.1 The intention of this operation is to stress (retension) those tendons that were detensioned for wire removal and testing during this surveillance and any other tendons that may have been detensioned for evaluation.
- 9.2 Retensioning of tendons shall be performed on both ends of a hoop and dome tendon, or, single end of a vertical tendon which are only retensioned from the top end. Where it is not possible to perform simultaneous stressing of a tendon, Exelon Engineering shall be notified in writing to provide resolution for such conditions. Adequate communication shall be maintained between both ends of the tendon during the taking of liftoff readings for simultaneous stressing operations.
- 9.2.1 All data shall be documented on Data Sheet 11.0.
- 9.3 **QCD** – Document the tendon identification, unit # and tendon end on Data Sheet 11.0.



- 9.4 **QCD-** Document the exterior surface temperature near the tendon, ambient air temperature, identification and calibrated status of the thermometer(s) on Data Sheet 11.0.
- 9.5 **HOLD POINT** – The anchorhead and stressing adaptor threads are to be inspected for dirt, burrs, nicks, and damaged threads, if any condition precludes proper coupling the condition should be corrected after notifying Exelon Engineering in writing. Anchorhead threads shall be inspected for deformation before and after any stressing operation and if any deformation is detected Exelon Engineering is to be notified in writing. Document acceptance on Data Sheet 11.0.
- 9.6 **QCD-** Document the amount of effective wires in each end of the tendon. Refer to Data Sheet 8.0 (12.5) for each tendon end. Document on Data Sheet 11.0.
- 9.7 **HOLD POINT** – Couple the rams to each anchorhead on that tendon (for single end stressed vertical tendons only the top anchorhead is used). Document on Data Sheet 11.0 that the stressing coupler is evenly aligned on the anchorhead washer and that full thread engagement is obtained.
- 9.7.1 Be sure that buttonheads do not protrude a significant distance, about one inch or more, above the anchorage face. Otherwise full engagement of the stressing adaptor may bend the wire over before the buttonheads seat on the anchorage face.
- 9.7.1.1 If wires protrude more than 1 inch the stressing adaptor may be coupled a minimum of 2 inches engagement and the tendon stressed to PTF to seat wires.
- 9.7.1.2 The stressing adaptor must then be removed to ensure protruding wires are less than 1 inch.
- 9.7.1.3 Recouple and procede.
- 9.7.2 Be sure that the anchorage does not recess itself inside the stressing adaptor during coupling. Otherwise the stressing adaptor will seat on the shim stack and will not be capable of being unthreaded from the anchorage. Anchorage should protrude a maximum of ¼" from coupler face.
- 9.7.3 **QCD-** Document the ram and pressure gauge identification number, calibration due date of each and the Ram Area and Calibration Constant (K). Document on Data Sheet 11.0.
- 9.8 Determine the Pretensioning Force, Overstress Force and Lock-off (seating) Force and pressure values for that tendon based on the following definitions:



- 9.8.1 **Pretensioning Force (PTF)** - That force necessary to bring the tendon into a lightly stressed condition to remove slack and seat the button heads. This force establishes the base for elongation measurement. The Pretensioning Force values for each tendon to be re-tensioned shall be seen in the Re-tensioning Data, PSC Procedure SQ 11.1.
- 9.8.2 **Overstress Force (OSF)** - That force at which maximum elongation is determined. Overstress values for each tendon to be re-tensioned shall be found in the Re-tensioning data, PSC Procedure SQ 11.1.
- 9.8.3 **Lock-off Force (LOF)** – That force at which the tendon load is transferred to the shim stack from the ram. If the detensioned tendon had an accepted lift-off force greater than its Predicted Force obtained in PSC Procedure SQ 9.0 the Lock-Off Force shall be the as found lift-off force within a tolerance of minus 0% and plus 6%. If the detensioned tendon had a lift-off force less than its Predicted Force obtained in PSC Procedure SQ 9.0 the Lock-Off Force shall be the Predicted Force from PSC Procedure SQ 9.1 within a tolerance of minus 0% and plus 6%. Lock-off Force is not to exceed 70% of G.U.T.S. (1394 kips for a 169 wire tendon, or 8.25 kips per wire).
- 9.8.4 **QCD**- Document the calculated PTF, Step 1 (800 Kips), Step 2 (1200 Kips), LOF and OSF forces and pressures. Document the Calculated Elongation for Step 1, Step 2, and Overstress from PSC Procedure SQ 11.1 on Data Sheet 11.0.
- 9.8.5 The tendon shall never be stressed beyond 80% of the Minimum Guaranteed Ultimate Strength (GUTS) of the effective wires remaining in that tendon.

**CAUTION-ONCE ACUTAL STRESSING BEGINS, THE RAM MUST NEVER BE EXTENDED TO THE FULL LIMIT OF ITS STROKE. THE EXTENSION SHOULD BE AT LEAST 1/2" LESS THAN THE FULL STROKE OF THE RAM.**

## 9.9 TENDON STRESSING (RETENSIONING)

- 9.9.1 The shim space at each end of the tendon shall be approximately equalized by pressurizing the stressing rams. (Teamwork is especially important from now on until the stressing is completed.) The two stressing crews shall verbally confirm the equalization of the space, or adjust it as necessary. This distance from the bearing plate to the back of the anchorhead should be approximately equal at both ends.



- 9.9.2 During the application of force to a tendon that is being simultaneously stressed from both ends, the pressure at one end of the tendon shall not exceed the other by more than 1000 psi. For example, if End "A" has moved to 2000 psi, the pressure at that end shall be held until the Opposite or "B" End has achieved that value, then both shall progress to the next value. If different size Rams/Jacks are being used, contact PSC Engineering or QA for maximum variance.
- 9.9.3 It may be necessary to multiple stage stress the tendon if the ram stroke is too short to accommodate reaching overstress. Stage stressing is accomplished by shimming the load at either end of the tendon when the stroke limit is reached. The pullrod shall be adjusted for the next stressing stage and stressing shall continue as cited below.
- 9.9.4 Once the space is approximately equalized at each end of the tendon, the ram or rams shall be pressurized to the Pre-tensioning Force (PTF) for the amount of effective wires remaining in the tendon.
- 9.9.4.1 **QCD**- Document the actual force in kips and pressure in psi and the Actual Elongation measured at PTF. Document on Data Sheet 11.0.
- 9.9.5 Continue pressurizing the ram past the PTF to Step 1 (800 kips).
- 9.9.5.1 **QCD**- Document the Actual Elongation measured at Step 1 and the Actual Force in kips and pressure in psi observed at Step 1. Document on Data Sheet 11.0.
- 9.9.6 Continue pressurizing the ram past Step 1 to Step 2 (1200 kips).
- 9.9.6.1 **QCD**- Document the Actual Elongation measured at step 2 and the Actual Force in kips and pressure in psi observed at Step 2. Document on Data Sheet 11.0.
- 9.9.7 Continue stressing to the Overstress Force (OSF).
- 9.9.7.1 **QCD**- Document the Actual Overstress Pressure in psi and Force in kips reached and measure and document the elongation of the tendon at OSF. Document on Data Sheet 11.0.
- 9.9.8 **QCD** – Calculate Actual Elongation by subtracting the elongation at PTF (9.9.4.1) from the elongation at OSF (9.9.7.1). Document on Data Sheet 11.0.
- 9.9.9 **QCD** – Document the other end tendon elongation on Data Sheet 11.0.
- 9.9.10 **QCD** – Calculate and document the Total Tendon Elongation by adding the elongation from both ends together. Document on Data Sheet 11.0.



- 9.9.11 **HOLD POINT** – Calculate the percent variation between the total tendon elongation during surveillance and the total tendon elongation at original installation using the following formula:

$$\frac{\text{TotalTendonElongation(Surveillance)} - \text{TotalTendonElongation(Original)}}{\text{TotalTendonElongation(Original)}} \times 100\%$$

- 9.9.12 The Total Tendon Elongation of the tendon during the Surveillance shall be compared to the Original Installation. Percent variation shall not exceed plus or minus 10%.
- 9.9.12.1 **QCD**- Document the percent of variation, and document the identification and recalibration date of the measuring device. Document on Data Sheet 11.0.
- 9.9.12.2 If the Total Tendon Elongation, when compared to the original installation elongation is not within the plus or minus 10% tolerance, the shims shall be removed and the load shall be reduced to zero and Sections 9.9.1 through 9.9.12.1 repeated. If the elongation does not meet the specified tolerance after the second restressing, the tendon shall be locked off at the required force and Exelon Engineering shall be notified of the deficiency as required by Section 10.0 of this Procedure.
- 9.9.12.3 **QCD**- Document the acceptance or non-acceptance of the elongation and the notification of Exelon Engineering, if applicable. Document on Data Sheet 11.0. If the elongation variation is acceptable, the work shall continue as follows:
- 9.9.12.4 Depressurize the ram reducing the force from overstress to a point about 100 kips above Lock-off but below overstress and prepare to install the shims. As a guide, the original shim stack height should be considered as the starting point for achieving the restoration of force.
- 9.9.12.5 At any point prior to or during stressing, the field crew shall prepare shim stacks of uniform thicknesses, so that when the shims are placed, the height differential between individual stacks shall not exceed 1/16 inches, thereby maintaining the integrity of the established parallelism between the bearing plate and anchorhead. Badly deformed shims should be replaced by new or acceptable shims of equivalent thickness.
- 9.9.12.6 After the Target Lock-off point has been reached or slightly higher, the shims shall be placed between the bearing plate and anchorage in diametrically opposite pairs. Continue filling this gap with shims until a small enough space remains so that the anchorhead can be lowered to the shim stack placing the load transfer within the required lock-off tolerance.



9.9.12.7 **HOLD POINT** – When inserting split shims, the three inch (3") thick shim is adjacent to the anchorhead and the one inch (1") thick shim is adjacent to the bearing plate. Incremental shims are inserted between the 3 inch and 1 inch shims. The difference in height of the stacks of shim halves shall not differ by more than 1/16". While the shims are being placed, the space between the each shim half for the first shims in direct contact with the anchorage shall not exceed a space of 1/4 inch on either side of the shims. The remaining shims in the shim stack may be placed with a larger spacing but shall not exceed 1/2 inch on either side of the shims. No part of the anchorhead shall overhang the shim stack.

## 9.10 LOCK-OFF VERIFICATION

- 9.10.1 To assure that the correct forces have been applied to the tendon, the following lock-off verification shall be performed.
- 9.10.2 Insert two feeler gages or shim stock, about 0.030" in thickness, between the anchorhead and shim. The feeler gages should be located about 180 degrees apart and approximately centered.
- 9.10.3 Reduce the ram pressure until the load is transferred on the shim stack. It shall not be necessary to return to zero gauge pressure, but at least 2000 psi less than the pressure that was needed to insert the shim stock.
- 9.10.4 Gradually pressurize the ram while pulling the feeler gages. The point at which the feeler gauge comes loose and can be withdrawn is the Lock-off Reading.
- 9.10.5 **QCD** – Document the acceptable lock-off tolerance range which is calculated in accordance with section 9.8.3 of this procedure. Indicate with a check which option is being used. Document on Data Sheet 11.0.
- 9.10.6 **QCD**- Document the pressure for each Lock-off Reading of each shim stack. Place a circle around that Lock-off Reading that was the last to have the feeler gauge or shim removed. (The last shim stack to come loose.) Do not intermix the values for the shim stacks. Stack 1 will always be Stack 1. Document on Data Sheet 11.0.
- 9.10.7 Repeat sections 9.10.1 through 9.10.5 until 3 consecutive circled Lock-off readings have been taken, which should be within 25 kips of each other, if this cannot be achieved the feeler gauges may be repositioned and readings attempted again.
- 9.10.8 **QCD**- Post the Circled Lock-off Readings into the Circled Lock-off Reading Column. It may be possible to have the Lock-off occur in each shim stack. Add the Circled Lock-off Values and divide by 3 to get the Actual End Average. Record the Actual End Average. Document on Data Sheet 11.0.



- 9.10.9 **QCD** – Enter the Actual End Average from the opposite end of the tendon. Document on Data Sheet 11.0.
- 9.10.10 **QCD** – Calculate the Average Lock-off Value (ALV) for this tendon by adding the lock-off forces from both ends (9.10.8 and 9.10.9) and dividing by 2 to get the average. Document on Data Sheet 11.0.
- 9.10.11 **HOLD POINT** – On Data Sheet 11.0, document the acceptance or non-acceptance of the ALV in accordance with section 9.8.3 of this procedure. If the requirements cannot be met, notify Exelon Engineering by a Nonconformance Report.
- 9.10.12 If the Lock-off readings are acceptable, the load shall be transferred to the shim stack and the ram pressure reduced to zero.
- 9.10.13 With the ram at zero force or pressure, it shall be uncoupled from the anchorage.
- 9.10.14 A visual examination of the tendon just retensioned, shall be performed to determine if any wires have broken during stressing. The number of additional wires or buttonheads that have broken or are missing shall be documented.
- 9.10.15 **QCD** – Document additional broken/missing wires/buttonheads on Data Sheet 11.0 for later transfer to Data Sheet 8.0. Document on Data Sheet 11.0
- 9.10.16 **QCD** - Document additional Protruding/Unseated wires for later transfer to Data Sheet 8.0. Document on Data Sheet 11.0.
- 9.10.17 **QCD**- Document the shim stack height for the final accepted Lock-off reading.
- 9.10.18 The Re-tensioning is now concluded and grease cap replacement shall follow.

## 10.0 NOTIFICATION

- 10.1 Exelon Engineering shall be formally notified when each one or more of the following conditions are detected during retensioning of tendons.
- 10.2 If coupling to a certain tendon or simultaneous stressing from both ends of a hoop or dome tendon is not possible, notify Exelon Engineering in writing.
- 10.3 If one or more additional broken/missing buttonheads/wires are detected, Exelon Engineering shall be notified with a Nonconformance Report (NCR).
- 10.4 If the tendon Lock-Off Force cannot be left within minus 0% or plus 6% of the force as stated in Section 9.8.3 of this Procedure, Exelon Engineering shall be notified by a nonconformance report.



10.5 If the variation between the measured elongation at installation and the calculated measured elongation during surveillance exceeds plus or minus 10%, Exelon Engineering shall be notified with a nonconformance report.

10.6 If any deformation of anchorage threads are detected before or after any stressing operation, Exelon Engineering is to be notified with a nonconformance report.

#### 11.0 DOCUMENTATION

11.1 The items requiring documentation in this procedure shall be documented on Data Sheet 11.0.

11.2 The Data Sheet references the applicable section or step number of this procedure for each QCD or **HOLD POINT**.

11.3 Some information from Data Sheet 8.0 of PSC Procedure SQ 8.0, which has already been started for this tendon, shall require posting onto Data Sheet 11.0.

11.4 Some information from Data Sheet 11.0 shall require posting onto Data Sheet 8.0.

#### 12.0 ATTACHMENTS

12.1 Data Sheet 11.0

12.2 Sketch 7.0



Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE  Unit 1  Unit 2  
 (9.3) Tendon No.: \_\_\_\_\_ Tendon End: \_\_\_\_\_  Shop  Field  
 (9.4) Temp. of Concrete: \_\_\_\_\_ °F Thermometer No.: \_\_\_\_\_ Recal Date: \_\_\_\_\_  
 Ambient Temp.: \_\_\_\_\_ °F Thermometer No.: \_\_\_\_\_ Recal Date: \_\_\_\_\_  
 (9.5) Anchorhead and Stressing Adapter Threads:  Acceptable  Unacceptable

RETENSIONING DOCUMENTATION	QC Signoffs
(9.6) Number of Effective Wires: _____ (from Data Sht. 8.0) (9.7) Anchorhead and Stressing Adapter Engagement/Alignment: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable (9.7.3) RAM ID: _____ Recal Date: _____ RAM Area: _____ K _____ Gauge ID: _____ Recal Date: _____ Daily Check: _____	

**Calculated Force for Elongation Measurement and Retensioning using formula below**  
**NOTE:** Stress during Lift-Off should not exceed 9.425 kips per effective wire or 1592 kips for a 169 wire tendon.

(9.8.4) PTF = \_\_\_\_\_ kips Pressure: \_\_\_\_\_ psi  
 Step 1 = \_\_\_\_\_ kips Pressure: \_\_\_\_\_ psi Elongation: \_\_\_\_\_ in.  
 Step 2 = \_\_\_\_\_ kips Pressure: \_\_\_\_\_ psi Elongation: \_\_\_\_\_ in.  
 LOF = \_\_\_\_\_ kips Pressure: \_\_\_\_\_ psi  
 OSF = \_\_\_\_\_ kips Pressure: \_\_\_\_\_ psi Elongation: \_\_\_\_\_ in.

$$P = \frac{(F - K)}{A} \times 1000$$

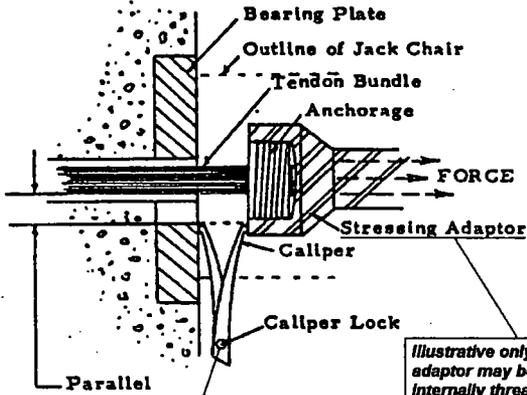
Key: F = Force (kips)  
 A = Ram Area (in<sup>2</sup>)  
 P = Gauge Pressure (psi)  
 K = Constant factor (kips)  
 (CAUTION: "K" constants can be either positive or negative.)

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



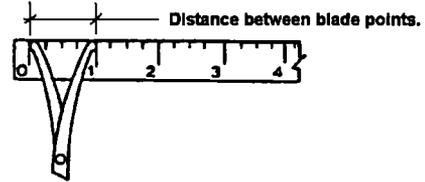


Elongation Measurement – Sketch 7.0

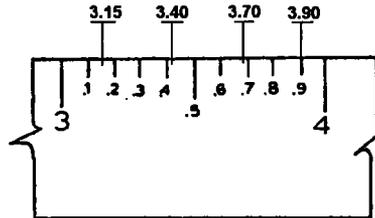


*Illustrative only. Stressing adaptor may be externally or internally threaded.*

Calliper placed between bearing plate and stressing adaptor, parallel to the tendon bundle. Lock calliper after taking dimension and before removal. Verify accuracy as necessary.



After calliper is removed without disturbing setting, place the calliper on the scale at a convenient point, but not on an uneven end and make the measurement.



Scale graduated in tenths of an inch (0.10") and estimated to the nearest 0.05 inches.



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

PSC ENGINEERING DATA

<u>Melissa Lara</u>	<u>Q.C. INSPECTOR</u>	<u>09/03/13</u>
Prepared by	Title	Date
<u>Gerald F. Buscone</u>	<u>Q.A. MANAGER</u>	<u>09/03/13</u>
Approved by	Title	Date
<u>Paul C. Smith</u>	<u>PRESIDENT</u>	<u>09/03/13</u>
Approved by	Title	Date



## 1.0 PURPOSE

- 1.1 This procedure will establish the PSC Engineering requirements for the Retensioning of Tendons after the tendon has been Detensioned for purposes of Anchorage Inspection and Sample Wire Removal from the Post-Tensioning System Tendons of Exelon's Three Mile Island Nuclear Plant - Unit 1.

## 2.0 SCOPE

- 2.1 The requirements for the Retensioning of Tendons have been described in TMI Procedure 1301-9.1 Rev 23. While there was some mention of the force values to be applied to a tendon in that Procedure that was only intended as general information. This Procedure will provide the required Engineering Data for the Retensioning operation.
- 2.2 The data shown herein shall establish the requirements for tendon elongation, PTF and OSF for tendon elongation during the Retensioning of Tendons and the Predicted Forces that affect each Surveillance Tendon.
- 2.2.1 PRETENSIONING FORCE (PTF)
- 2.2.1.1 The Pretensioning Force (PTF) removes the slack from the tendon and provides a baseline number for elongation measurement. The Table seen in Section 3 of this Procedure will provide the required data for the Retensioning of Tendons.
- 2.2.2 OVERSTRESS FORCE (OSF) - FOR ELONGATION
- 2.2.2.1 The Overstress Force for Elongations is that force which must be achieved in order to develop the final elongation measurement used in the comparison of actual tendon elongation to the original or calculated tendon elongation. The Overstress Force for this surveillance will be the same as used for the Original Installation adjusted for the remaining Effective Wires.
- 2.2.3 OVERSTRESS FORCE - DO NOT EXCEED
- 2.2.3.1 At no time shall any tendon be subjected to an Overstress Force which exceeds 1592 Kips for a 169 wire tendon. Tendons with less than 169 wires shall be reduced in force by 9.425 Kips for each wire less than 169.



**3.0 RETENSIONING DATA**

**3.1 TMI Unit 1 – Restressing Data – Original Scope Tendons**

TENDON	PREVIOUSLY			AT RETENSIONING				ORIGINAL ELONGATION (IN.)
	ORIG PTF (KIPS)	ORIG OSF (KIPS)	NUMBER OF WIRES	NEW PTF (KIPS)	NEW OSF (KIPS)	800 KIPS (IN.)	1200 KIPS (IN.)	
D-237	208.3	1518.9	168	207	1510	4.28	7.16	9.4
			167	206	1501	4.31	7.22	
			166	205	1492	4.35	7.27	
H13-03	208.3	1593	168	207	1584	4.22	7.07	9.8
			167	206	1574	4.26	7.12	
			166	205	1565	4.29	7.17	
V-159	208.3	1472.8	168	207	1464	5.80	9.72	12.3
			167	206	1455	5.85	9.79	
			166	205	1447	5.90	9.86	

**3.2 TMI Unit 1 – Restressing Data – Augmented Scope Tendons**

TENDON	PREVIOUSLY			AT RETENSIONING				ORIGINAL ELONGATION (IN.)
	ORIG PTF (KIPS)	ORIG OSF (KIPS)	NUMBER OF WIRES	NEW PTF (KIPS)	NEW OSF (KIPS)	800 KIPS (IN.)	1200 KIPS (IN.)	
H51-40	199.8	1588.7	168	199	1579	4.68	7.80	10.75
			167	197	1570	4.72	7.85	
			166	196	1560	4.76	7.91	
V-136	199.4	1586.6	168	198	1577	4.80	7.99	11
			167	197	1568	4.84	8.05	
			166	196	1558	4.88	8.11	



**3.3 NOTES CONCERNING ELONGATION DATA**

3.3.1 The tendons for this project were based on 169 wires.

3.3.2 Pretensioning Force (PTF) for purposes of elongation shall be as shown in the table above for a 168 or less wire tendon. For each wire less than shown above, reduce PTF proportionately for each tendon using the formula shown in Section 3.2.2 of this procedure.

3.3.3 Overstress Force (OSF) for purposes of elongation shall be as shown in the table above for a 168 wire or less wire tendon. For each wire less than shown above, reduce OSF proportionately for each tendon using the formula shown in Section 3.2.1 of this Procedure.

3.3.4 The Overstress (OSF) Elongation shown above is the Total Elongation for the tendon from Installation or Previous Surveillance. The total elongation from Installation or Previous Surveillance shall be compared to the Total Actual Measured Elongation during this Surveillance.

**3.4 FORCES DURING SURVEILLANCE**

3.4.1 Overstress (OSF) during Retensioning:

$$\frac{(\text{OSF at Installation}) \times (\# \text{ of Wires during Retension})}{\# \text{ of Wires during Installation}}$$

3.2.2. Pre-Tensioning (PTF) during Retensioning:

$$\frac{(\text{PTF at Installation}) \times (\# \text{ of Wires during Retension})}{\# \text{ of Wires during Installation}}$$

**3.5 USE OF "K" (CONSTANT)**

3.5.1 With the use of regression analysis for the calibration of ram area, as seen in the PSC Ram Calibration Procedure where error calculation is also considered within the computer program, the ram area no longer reflects the ram size, but instead provides an area measurement with a correction factor related to pressure. This correction factor becomes a "Constant" (K), related only to that ram being calculated for area. The constant is a factor that considers the amount of force necessary to overcome internal resistance. This Constant will vary from ram to ram and could be positive or negative; that is, it may have to be added or subtracted from the total force to provide the true actual force measurement, whether that force is Pre Tensioning Force, Over-Stress Force, or Lock-Off Force.



### 3.6 FORMULA AND WORKING RELATIONSHIPS

3.6.1 The basic formula for determining stressing force or stressing pressure when three factors are known is:

$$F = \frac{A \times P}{1000} + K$$

Key: F = Force (kips)  
A = Ram Area (in<sup>2</sup>)  
P = Gauge Pressure (psi)  
K = Constant factor (kips)  
**(CAUTION: "K" constants can be either positive or negative.)**

3.6.2 Only P or F could be unknown and remain to be determined. The other three factors will always be provided before beginning the calculations.



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REPLACE GREASE CAP  
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EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

GREASE CAP REPLACEMENT

<i>Melissa Lana</i> _____ Prepared by	Q.C. INSPECTOR _____ Title	09/03/13 _____ Date
<i>Gerald F. Bussone</i> _____ Approved by	Q.A. MANAGER _____ Title	09/03/13 _____ Date
<i>Paul C. Smith</i> _____ Approved by	PRESIDENT _____ Title	09/03/13 _____ Date



**1.0 PURPOSE**

1.1 This procedure will establish the requirements for the Replacement of Grease Caps after visual inspection and evaluation has been completed for the tendon end anchor head, shims, bearing plates and wires during In-Service Inspections (surveillance) of Post-Tensioning System Tendons of Exelon's Three Mile Island Nuclear Plant - Unit 1.

**2.0 RESPONSIBILITY**

2.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.

2.2 Precision Surveillance Corporation Field Construction Personnel shall be responsible for the physical activities and recording of documentation associated with this procedure, as an option a Precision Surveillance Corporation QC Inspector may record the documentation.

**3.0 QUALIFICATIONS**

3.1 Precision Surveillance Corporation Field Construction Personnel shall be fit by skill, training and/or experience to perform these duties.

**4.0 EQUIPMENT**

4.1 There is no need for Quality control equipment for this procedure.

**5.0 QUALITY CONTROL**

5.1 There are no Quality Control Documentation (QCD) points or HOLD Points in this procedure.

**6.0 PRECAUTIONS**

6.1 Be prepared to support the weight of the grease cap.

**7.0 PREREQUISITES**

7.1 All other work, inspections and evaluations shall be completed with the exception of Grease Replacement.

7.2 Prior to replacement of grease caps record on Data Sheet SQ 12.0 the information required for tendon number, tendon end and date of grease cap replacement.

**8.0 GREASE CAP REPLACEMENT**

8.1 Tendon end caps are being installed per TMI Procedure 1410-Y-83.

8.2 Installation of Hoop, Dome and lower Vertical caps.



- 8.2.1 Only minor cleaning and brushing should be necessary to prepare the bearing plate and grease cap for remounting to the bearing plate or anchorage.
- 8.2.2 Prepare bearing plate surface by cleaning with rags and solvent. If detrimental foreign matter such as mill scale, rust, and dirt is detected on the gasket bearing surface of the plate, and power tool cleaning is required, then:
- 8.2.2.1 Make suitable provisions to protect the tendon wires and anchor head threads from accidental rubbing, cutting, or scratching by coming into contact with the power tool's rotating wire brushes and/or abrasive disks. Sheet metal shrouds around the tendon and end anchorage may be necessary.
- 8.2.2.2 Take precautions to keep dirt and other foreign material out of the tendon, and from the inside of the trumpet and conduit.
- 8.2.2.3 Power tools should remove loose mill scale, loose rust, loose or flaking paint, etc. Surfaces must be clean and smooth but not necessarily burnished after using power tools.
- 8.2.2.4 Remove sharp edges, and smooth down remaining mill scale to a "feather-edge".
- 8.2.3 Fill scratches, nicks, and other sharp depressions in the gasket bearing surface with nonmetallic epoxy, such as "Belzona" epoxy if approved by TMI Engineering. Use of epoxy shall be according to manufacture's application instructions.
- 8.2.3.1 Smooth out epoxy to prevent grease leakage under the gasket.
- 8.2.4 Remove all dust and loose mater from the vicinity of the tendon and entrance to the trumpet.
- 8.2.5 Clean any foreign material from the threaded bearing plate grease cap mounting holes.
- 8.2.6 Smear, swab or brush a coating of grease over all the exposed portions of the anchor head, bearing plate, shims, buttonheads and wires, if not previously done in another operation or if needed.
- 8.2.7 A thread chaser or tap may be required to clear the threads of the bearing plate's grease cap mounting holes so that the bolts can be sufficiently tightened to bottom in the threaded holes.
- 8.2.8 Clean and dry the flange and gasket sealing surface of the grease cap.
- 8.2.9 Record on Data Sheet SQ 12.0 that the bearing plate, grease cap, and gasket mating surfaces and bolt holes have been properly prepared and that foreign material has been controlled so as not to enter the tendon void.



- 8.2.10 On hoop and dome caps where the original through-cap mounting bolting is being replaced with hold down clamps the through-cap holes shall be plugged with Pop-A-Plugs.
- 8.2.11 With the grease cap on end, place a new gasket on the grease cap. Pliobond or a similar industrial adhesive, as approved by TMI Engineering, may be used to hold the gasket in place.
- 8.2.12 New gaskets shall be used in the final placement of the grease cap. Old or used gaskets may be used during temporary placement of the grease caps.
- 8.2.13 Place the gasket retainer (verticals only) and grease cap over the tendon end and align the cap by placing it over the two 1" aligning pins. If slotted aligning pins are used, insert the tapered wedges through the slots in the aligning pins to hold the cap in place. Be sure the gasket is in place and not pinched between the gasket retainer and the bearing plate. For vertical tendons, the wedges and pins need not always be used. The grease cap bolts may be used at this time while using a hoisting device to hold the cap in place temporarily.
- 8.2.14 Place 1 washer, standard or hardened, over each of the 1" bolts and put the bolts into the 2 remaining holes of the bearing plate. Tighten by hand until seated. Remove the aligning pins and replace them with two bolts and washers.
- 8.2.15 Tighten each bolt with a wrench, equalizing the load on each bolt as well as possible. Tighten until there is evidence of metal to metal contact all around between the flange, gasket retainer, and bearing plate.
- 8.2.16 For Horizontal tendons and Dome tendons, the grease cap shall be placed so that the bushing (inlet, outlet) is oriented in its highest altitude or toward the top of the containment.
- 8.2.17 After aligning the cap and placing over the anchorage install the four tendon end cap holding down clamps with bolts and washers to the bearing plate and hand tighten them.
- 8.2.18 Recheck that the gasket has not slipped or become crimped and that the tendon end cap and hold down bolts are aligned properly.
- 8.2.19 Tighten each bolt, equalizing the load on each as much as possible, to evenly compress the gasket by approximately 1/8".
- 8.2.20 Apply a new wrapping of TMI approved sealant to the grease cap filler bushing prior to final insertion and tightening.
- 8.2.21 Record on Data Sheet SQ 12.0, the completeness of the installation and that the bolts were tightened in incremental passes.



- 8.2.22 The replacement is now complete and re-greasing can be performed observing the requirements of PSC Procedure SQ 12.1.
- 8.3 Installation of upper Vertical caps
  - 8.3.1 Only minor cleaning and brushing should be necessary to prepare the bearing plate and grease cap for remounting to the bearing plate or anchorage.
  - 8.3.2 Prepare bearing plate surface by cleaning with rags and solvent. If detrimental foreign matter such as mill scale, rust, and dirt is detected on the gasket bearing surface of the plate, and power tool cleaning is required, then:
    - 8.3.2.1 Make suitable provisions to protect the tendon wires and anchor head threads from accidental rubbing, cutting, or scratching by coming into contact with the power tool's rotating wire brushes and/or abrasive disks. Sheet metal shrouds around the tendon and end anchorage may be necessary.
    - 8.3.2.2 Take precautions to keep dirt and other foreign material out of the tendon; and from the inside of the trumpet and conduit.
    - 8.3.2.3 Power tools should remove loose mill scale; loose rust, loose or flaking paint, etc. Surfaces must be clean and smooth but not necessarily burnished after using power tools.
    - 8.3.2.4 Remove sharp edges, and smooth down remaining mill scale to a "feather-edge".
  - 8.3.3 Fill scratches, nicks, and other sharp depressions in the gasket bearing surface with nonmetallic epoxy, such as "Belzona" epoxy if approved by TMI Engineering. Use of epoxy shall be according to manufacture's application instructions.
    - 8.3.3.1 Smooth out epoxy to prevent grease leakage under the gasket.
  - 8.3.4 Remove all dust and loose mater from the vicinity of the tendon and entrance to the trumpet.
  - 8.3.5 Clean any foreign material from the threaded bearing plate grease cap mounting holes.
  - 8.3.6 Smear, swab or brush a coating of grease over all the exposed portions of the anchor head, bearing plate, shims, buttonheads and wires, if not previously done in another operation or if needed.
  - 8.3.7 Clean and dry the gasket sealing surface of the grease cap.



- 8.3.8 Record on Data Sheet SQ 12.0 that the bearing plate, grease cap, and gasket mating surfaces and bolt holes have been properly prepared and that foreign material has been controlled so as not to enter the tendon void.
- 8.3.9 With the grease cap on end, place a new gasket on the grease cap. Pliobond or a similar industrial adhesive, as approved by TMI Engineering, may be used to hold the gasket in place.
- 8.3.10 New gaskets shall be used in the final placement of the grease cap. Old or used gaskets may be used during temporary placement of the grease caps.
- 8.3.11 Install the four studs in to the retaining ring attached to the anchor head.
- 8.3.12 Align the grease cap over the anchorage against the bearing plate using care to avoid damaging or misaligning the gasket.
- 8.3.13 Install the four end cap hold down nuts (with gasket and washer) on the studs and hand tighten.
- 8.3.14 Recheck that the gasket has not slipped or become crimped and that the tendon cap is properly aligned.
- 8.3.15 Tighten each nut, equalizing the load on each stud as much as necessary to evenly compress the main gasket. No torquing is required.
- 8.3.16 Record on Data Sheet SQ 12.0, the completeness of the installation and that the bolts were tightened in incremental passes.
- 8.3.17 The replacement is now complete and re-greasing can be performed observing the requirements of PSC Procedure SQ 12.1.

## **9.0 DOCUMENTATION**

- 9.1 The items requiring documentation in this procedure shall be documented by the assigned field construction person of the working crew on Data Sheet SQ 12.0 attached to this procedure, as an option a Precision Surveillance Corporation QC Inspector may record the documentation.

## **10.0 NOTIFICATION**

- 10.1 PSC Site Superintendent shall be notified if any problems are encountered during the replacement of grease caps.

## **11.0 ATTACHMENTS**

- 11.1 Data Sheet SQ 12.0.



N1091 PSC PROCEDURE SQ 12.0  
REPLACE GREASE CAP  
Data Sheet 12.0  
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Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Tendon No.: \_\_\_\_\_ Tendon End: \_\_\_\_\_  Shop  Field

**ANCHORAGE INSPECTION CRITERIA**

- BEARING PLATE SURFACE PROPERLY PREPARED:  YES  NO
- GREASE CAP SURFACE PROPERLY PREPARED:  YES  NO
- GASKET MATING SURFACE PROPERLY PREPARED:  YES  NO
- STUD/BOLT HOLES PROPERLY PREPARED:  YES  NO
- FOREIGN MATERIAL EXCLUSION CONTROLLED:  YES  NO

**COMMENTS**

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CREW FOREMAN SIGNOFF \_\_\_\_\_ Date: \_\_\_\_\_

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

GREASE REPLACEMENT

<u>Melissa Lara</u>	<u>Q.C. INSPECTOR</u>	<u>09/03/13</u>
Prepared by	Title	Date
<u>Gerald F. Bussone</u>	<u>Q.A. MANAGER</u>	<u>09/03/13</u>
Approved by	Title	Date
<u>Paul C. Smith</u>	<u>PRESIDENT</u>	<u>09/03/13</u>
Approved by	Title	Date



## 1.0 PURPOSE

- 1.1 This procedure will establish the requirements for the Replacement of Grease in the tendon duct after scheduled inspections and evaluation during the 40<sup>th</sup> Year In-Service-Inspections (Surveillance) of the Post-Tensioning System Tendons of Exelon's Three Mile Island Nuclear Plant - Unit 1.

## 2.0 SCOPE

- 2.1 This procedure is intended to provide the Grease Replacement requirements for the wire post-tensioning system. This procedure requires that all tendons worked on shall be full of grease at the end of the project.

## 3.0 RESPONSIBILITY

- 3.1 In the event of conflict between any TMI Procedure and an SQ, the former governs.  
 3.2 As stated in PSC Procedure QA 4.0.

## 4.0 QUALIFICATIONS

- 4.1 As stated in PSC Procedure QA 4.1.

## 5.0 EQUIPMENT

- 5.1 The gauges and test equipment necessary for the Quality Control activities will be itemized in PSC Procedure SQ 4.0.

## 6.0 QUALITY CONTROL

- 6.1 This procedure contains Quality Control Documentation (**QCD**) points. The work shall not progress past or through a **QCD** without a sign-off or verbal approval from the QC Inspector. The sign-off's and required information or evaluation data shall be documented on Data Sheet 12.1. It shall be necessary to acquire the Total Grease Loss for the tendon from the Data Sheets 6.0 of PSC Procedure SQ 6.0 for each end, if applicable.

## 7.0 PRECAUTIONS

- 7.1 During Grease Replacement, the grease may be very hot and pumped under pressure. It is therefore essential to avoid direct contact with the hot grease and to make sure all connections are secure.

**CAUTION - DURING GREASING, BE AWARE THAT THE GREASE IS HOT AND MAY BE PUMPED UNDER PRESSURE.**



- 7.2 Spilled grease from hoses and voids could be a slipping safety hazard, during all operations it should be cleaned up and placed in waste drums.
- 7.3 Pumping of grease should be stopped immediately if it is suspected or known that the grease is going somewhere else besides the immediate tendon void.

## 8.0 PREREQUISITES

- 8.1 All Inspections, if required per SQ2.0, will be complete.
- 8.2 The tendon will be in a stressed condition.
- 8.3 The Grease Cap shall be ready to be installed or already have been installed.
- 8.4 **QCD** – Document the type of grease (corrosion inhibitor) being used for the greasing of this tendon. The requirements for acceptable corrosion inhibitor are listed in section 9.1.2 of this procedure.
- 8.5 **QCD** – Enter the tendon end designation and quantity of total grease loss from Data Sheet 6.0 for one end of the tendon, if applicable
- 8.6 **QCD** – Enter the tendon end designation and the quantity of total grease loss from Data Sheet 6.0 for the other end of the tendon, if applicable.
- 8.7 **QCD** – Enter the tendon end designation and any estimated grease loss that may have occurred as a result of leaks from the grease cap or gasket since the original installation or previous surveillance for the first end of the tendon.
- 8.8 **QCD** – Enter the tendon end designation and any estimated grease loss that may have occurred as a result of leaks from the grease cap or gasket since the original installation or previous surveillance for the second end of the tendon.
- 8.9 **QCD** – Calculate the total tendon grease loss by adding 8.5 + 8.6 + 8.7 + 8.8 and document the total tendon grease loss on Data Sheet 12.1.

## 9.0 CONTROLS FOR REFILLING THE TENDON VOID

### 9.1 All Tendons

- 9.1.1 The replacement of grease shall be performed prior to demobilization of the tendon surveillance equipment and personnel.
- 9.1.2 Tendons shall be filled with Tendon Corrosion Inhibitor (Certified) issued by the Utility Quality Program OR drained grease removed from the system ONLY after acceptable sample testing per Section SQ 7.0 OR upon written approval by Exelon.
- 9.1.3 Grease Temperature required at grease cap inlet:  $180^{\circ}\text{F min.}, 250^{\circ}\text{F max.}$



9.1.4 Required grease to be drain for Thermal Expansion upon successful pump through: *1 gallon*. This will curtail any excess pressure build up which may lead to gasket failure. (Vertical tendons bottom end only)

9.1.5 Required hold time at full pressure: *30 minutes* if pump through not achieved.

9.1.6 Pumping shall be stopped immediately if it is suspected or known that the grease is going somewhere else besides the immediate tendon void.

## 9.2 Hoop and Dome Tendons

9.2.1 Maximum pressure at grease cap inlet when pressure pumping: *100 psig*

9.2.2 If less than 5 gallons of grease has been lost from the tendon void (duct) at each end of the tendon, each end shall be poured or hand pumped with hot grease until full.

9.2.3 If more than 5 gallons of grease has been lost from the tendon void (duct) at either end of the tendon, the tendon shall be pressure pumped with hot grease from one end until it exits the Opposite End. Pumping may be stopped after 30 minutes if nothing exits at the Top end.

9.2.3.1 Where there is no grease exiting from the opposite end of a hoop or dome tendon, it shall be necessary to hand pump hot grease into the opposite end grease cap until full.

## 9.3 Vertical Tendons

9.3.1 Maximum pressure at grease cap inlet when pressure pumping: *110 psig* (may be pulsated up to *150 psig* to clear any blockage)

9.3.2 If more than 10 gallons of grease has been lost from the tendon void (duct) at the lower end, the tendon shall be pressure pumped with hot grease from the bottom end until it exits the Top End. Pumping may be stopped after 30 minutes if nothing exits at the Top end.

9.3.2.1 Where there is no grease exiting from the top end of a vertical tendon, it shall be necessary to pour or hand pump hot grease into the top end grease cap until full.

## 10.0 MEASUREMENT OF GREASE REPLACEMENT

10.1 The grease may be in a large storage container or in 55-gallon drums. The large storage container shall have an automatic thermostat control for temperature, while drum heaters shall be used to heat the grease in drums.



- 10.2 The grease shall be monitored for quantity by measuring the quantity of grease remaining in the drum or by measuring the drum to determine the quantity that has been pumped out.
- 10.3 To provide a grease volume number in gallons based on a standard 55 gallon drum, divide the 55 gallons by the usable height of the drum (31 inches). This provides a figure of 1.77 gallons per inch of drum height. Note that a typical 55 gallon drum is 34 inches high, but based on actual observation, grease shrinkage and the depressed lid take up 3 inches of height.
- 10.4 Take a measurement of the height of the grease in the drum with a clean measuring device before installing any grease. It will be acceptable to take the measurement from the top of the grease in the drum to the top edge of the drum. Document the grease height dimension to the nearest .05 of an inch.
- 10.5 Take a measurement of the height of the grease in the drum after installing the grease. Document the final grease height dimension to the nearest 0.05 of an inch.
- 10.6 Calculate and document the Total Quantity of grease replaced into the cap to the nearest tenth (0.1) of a gallon.
- 10.6.1 *EXAMPLE:* If the initial grease height was 25.5" and the final grease height was 6.25", this is a 19.25" reduction multiplied by 1.77 gallons per inch which equals 34.1 gallons pumped in.
- 10.7 The same methodology may be used for containers of different size or configuration.
- 11.0 MEASUREMENT OF GREASE WASTE**
- 11.1 When it becomes necessary to determine the volume of grease that was pumped into the tendon void, it will be necessary to subtract the waste grease outflow, spillage, grease remaining in the pump-in hose, grease remaining in the waste line hose from the grease volume that was pumped from the drum into that tendon.
- 11.2 The 1 gallon of grease drained from the inlet end after a successful pump through shall be considered waste grease if it is not drained back into the original drum.
- 11.3 If the waste grease is pumped into a 55 gallon drum, then each inch of drum height will equal to 1.77 gallons.
- 11.4 Smaller containers should be evaluated for size to determine the capacity. These types of containers would only require a simple estimate for the waste grease contained therein.
- 11.5 Before pumping any waste grease into a container, always verify the quantity within that container prior to pumping.



## 12.0 PRESSURE PUMPING

- 12.1 The grease replacements described in this procedure are for both ends of a tendon. The terms tendon void, tendon conduit, and tendon duct are synonymous.
- 12.2 If more than 5 gallons of grease has been lost from the tendon void (duct) at either end of a hoop or dome tendon, the tendon shall be pressure pumped with hot grease from one end until it exits the opposite end. Pumping may be stopped after 30 minutes if nothing exits.
- 12.3 If more than 10 gallons of grease has been lost from the tendon void (duct) at the lower end of a vertical tendon, the tendon shall be pressure pumped with hot grease from the bottom end until it exits the top end. Pumping may be stopped after 30 minutes if nothing exits.
- 12.4 Remove the grease cap plug; attach the "Y-Device" to the end of the grease cap to be pumped. Connect the Y-Device, if necessary, and waste outflow hose to the opposite end of the tendon. Be sure to have a suitable quantity of waste containers on hand to collect the waste.
- 12.5 Be sure that adequate communication is provided at each end of the tendon so that the crew at each end of the tendon will know what actions are taking place.
- 12.6 **QCD** – Document the ambient temperature near the tendon, as well as the Thermometer Identification and Recalibration Date.
- 12.7 **QCD** – Document the inlet temperature of the grease as well as the thermometer identification and its recalibration date.
- 12.8 Prior to attaching the inlet greasing hose to the Y-Device, circulate hot grease through the system to ensure the grease is at sufficient temperature prior to pumping into the tendon void. Pressure pump and greasing hose should be fully primed prior to connecting to the Y-Device.
- 12.9 **QCD** – Document the initial grease height dimension to the nearest .05 of an inch. Refer to Section 10.0 for further explanation of grease measurement.
- 12.10 Commence pressure pumping grease into the tendon in accordance with the controls stated in Section 9.0.
- 12.11 If the grease exits the opposite end of a dome tendon, pumping shall continue until a minimum of 1 gallon of clean grease has exited from the opposite end with a temperature of 140°F. The opposite end Y-Device shall then be closed and pressure pumping from the inlet end will continue until maximum pressure is achieved. Upon achievement of maximum pressure, stop pumping and drain 1 gallon of grease from the inlet end.



- 12.12 When pump through is not achieved on the initial attempt, the following actions should take place in order to maximize the effort of filling the tendon void.
- 12.12.1 Build pressure to the maximum pressure at the grease cap inlet in accordance with Section 9.3.1.
- 12.12.2 Hold pressure for a minimum of 30 minutes. This may require additional pumping in order to remain at the desired maximum pressure.
- 12.12.3 If pump through is achieved, continue with step 12.11.
- 12.12.4 If pump through is still not successful pumping from this end shall be complete. It shall be necessary to hand pump the opposite end of the tendon by following the steps in Section 13.0
- 12.13 Release any pressure from the inlet end before disconnecting any of the hoses from the Y-Device. Ensure all shut-off valves are closed before disconnecting any grease connections at either end.
- 12.14 **QCD** – Once the tendon end has been completed, document the final grease height dimension to the nearest .05 of an inch. Refer to Section 10.0 for further explanation of grease measurement.
- 12.15 Remove grease hoses and Y-Devices from both ends and replace the grease cap plugs on both ends of the tendon.
- 12.16 **QCD** – Calculate and document the quantity of hot grease pressure pumped into this tendon end in accordance with Section 10.6. Also, document the tendon end identification, either shop/field and/or nearest buttress number to the tendon end being pumped.
- 12.17 **QCD** – Document whether successful pump through was achieved via exiting grease at the other end of the tendon. If exit was not achieved, document the pressure and time held in order to attempt pump through.
- 12.18 **QCD** – Document the quantities of waste grease if any, including any exiting outflow grease. Refer to Section 11.0 of this procedure for explanation on calculating waste grease.
- 12.19 **QCD** – Calculate and document the total amount of grease replaced through the current inlet end of the tendon by subtracting the amount of any waste grease from the quantity of hot grease pressure pumped into this tendon end.
- 12.20 Continue to Section 14.0 for final calculation of quantity of grease replaced if pump through was successful.



### 13.0 POURING AND HAND PUMPING

- 13.1 The grease replacements described in this procedure are for one end of a tendon, however both ends of the tendon will be documented on the same data sheet. The terms tendon void, tendon conduit, and tendon duct are synonymous.
- 13.2 If less than 5 gallons of grease has been lost from the tendon void (duct) at each end of a hoop or dome tendon, each end shall be poured or hand pumped with hot grease until full.
- 13.3 If less than 10 gallons of grease has been lost from the tendon void (duct) at the lower end, hot grease shall be poured or hand pumped into the top end until full.
- 13.4 If pressure pumping is unsuccessful from the end of any tendon hot grease shall be poured or hand pumped into the opposite end until full.
- 13.5 Remove the grease cap plug; attach the "Y-Device" to the end of the grease cap to be pumped or poured. It shall be acceptable to hand pump or pour grease directly into the grease cap without the use of a "Y-Device" if the grease cap configuration will allow this.
- 13.6 **QCD** – Document the ambient temperature near the tendon, as well as the Thermometer Identification and Recalibration Date.
- 13.7 **QCD** – Document the inlet temperature of the grease as well as the thermometer identification and its recalibration date.
- 13.8 Prior to attaching the inlet greasing hose to the Y-Device or grease cap, circulate hot grease through the system to ensure the grease is at sufficient temperature prior to pumping into the tendon void. Hand pump and greasing hose should be fully primed prior to connecting to the Y-Device. This step is not necessary if grease is being poured into the grease cap.
- 13.9 **QCD** – Document the initial grease height dimension to the nearest .05 of an inch. Refer to Section 10.0 for further explanation of grease measurement.
- 13.10 If grease is being hand pumped, commence pumping grease into the tendon in accordance with the controls stated in Section 9.0.
- 13.11 If grease is being poured, transfer grease into secondary (smaller) container and pour into the Y-Device or grease cap until full. Grease replacement must be in accordance with controls outlined in Section 9.0.
- 13.12 **QCD** – Once the tendon end has been completed, document the final grease height dimension to the nearest .05 of an inch. Refer to Section 10.0 for further explanation of grease measurement.



- 13.13 Remove grease hoses and Y-Devices as necessary from both ends and replace the grease cap plugs on both ends of the tendon. Verify no grease is leaking.
- 13.14 **QCD** – Calculate and document the quantity of hot grease hand pumped or poured into this tendon end in accordance with Section 10.6. Also, document the tendon end identification, either shop/field and/or nearest buttress number to the tendon end being pumped.
- 13.15 **QCD** – Document whether grease replacement was accomplished by hand pumping or pouring.
- 13.16 **QCD** – Document the quantities of waste grease if any. Refer to Section 11.0 of this procedure for explanation on calculating waste grease.
- 13.17 **QCD** – Calculate and document the total amount of grease replaced through the current inlet end of the tendon by subtracting the amount of any waste grease from the quantity of hot grease hand pumped or poured into this tendon end.
- 13.18 Repeat the steps in Section 13.0 for the other end of a hoop or dome tendon if applicable.
- 13.19 Continue to Section 14.0 for final calculation of quantity of grease replaced when grease replacement is complete.

**14.0 CALCULATION OF GREASE REPLACEMENT**

- 14.1 **QCD** – Calculate the total tendon grease replaced by adding the quantities of grease replaced by pressure pumping each end (combination of 12.19 and 13.17 as applicable).
- 14.2 **QCD** – Obtain the calculated net volume of the tendon void from PSC Procedure SQ12.2 and post it on Data Sheet 12.1
- 14.3 **QCD** – Compare the total tendon grease replaced (14.1) to the total tendon grease loss (8.9). Calculate the percent difference by the following formula:

$$\frac{[TOTAL TENDON QUANTITY REPLACED (14.1)] - [TOTAL TENDON GREASE LOSS (8.9)]}{NET VOLUME TENDON VOID (SQ 12.2)} \times 100\%$$

- 14.4 **QCD** – Verify that no grease is leaking. If there is some leakage, the deficiency shall be corrected and cleanup performed. Document the acceptance of leak tightness.
- 14.5 **QCD** – Document the acceptability of the refilling. An acceptable refilling is one in which the percent difference from Section 14.3 of this procedure does not exceed 10% and there are no leaks.



14.6 **QCD** – Document any pertinent comments, unusual occurrences or references that could assist in evaluating the refill or for future surveillances.

#### 15.0 NOTIFICATION

15.1 If the absolute difference between the amount of grease removed from the tendon and the amount of grease replaced exceeds 10% of the net duct volume, it shall be necessary to notify TMI Engineering with a nonconformance report within 24 hours.

#### 16.0 DOCUMENTATION

16.1 The items requiring documentation shall be documented on Data Sheet 12.1a or 12.1b as necessary. Data Sheet 12.1a shall be used when a tendon is pressure pumped and 12.1b shall be used when a tendon is hand pumped from both ends.

16.2 Some information shall be posted from Data Sheet 6.0 of PSC Procedure SQ 6.0 onto Data Sheet 12.1a or 12.1b as applicable.

16.3 The Data Sheets reference the applicable Section or Step number of the procedure for each **QCD** point.

#### 17.0 ATTACHMENTS

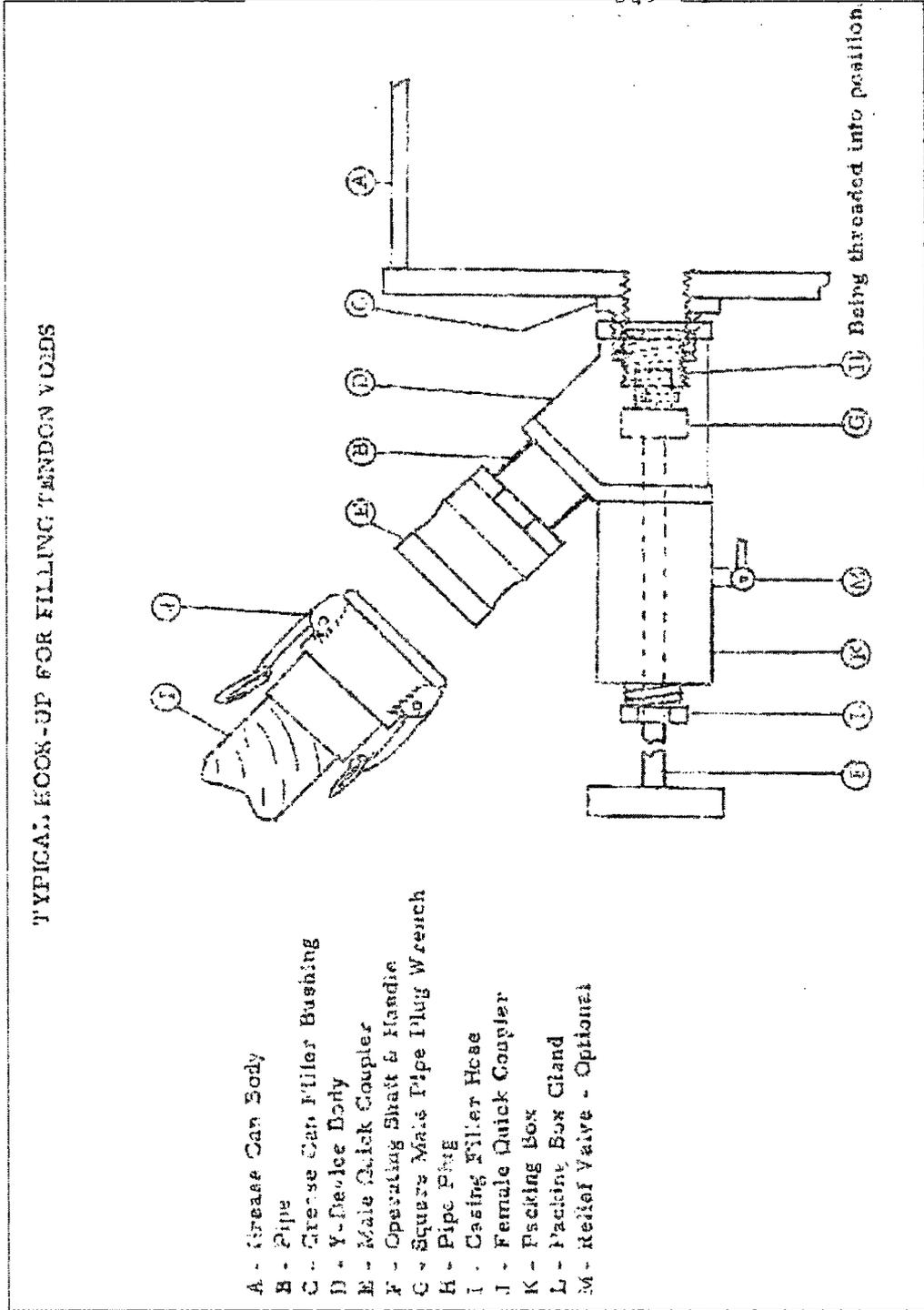
17.1 Figure 1.0 – PSC “Y” Device

17.2 Data Sheet 12.1a – Pressure Pumping

17.3 Data Sheet 12.1b – Hand Pumping



**Figure 1.0 – PSC “Y-Device”**





Project: TMI 40<sup>th</sup> YEAR TENDON SURVEILLANCE Tendon No.: \_\_\_\_\_

**GREASE REPLACEMENT**

QC SIGNOFFS

(8.4) Grease Used  NEW  OLD - TEST DATE: \_\_\_\_\_  ACCEPTABLE  APPROVAL LETTER DATED: \_\_\_\_\_

**8.0 PREREQUISITES**

(8.5) Total Grease Loss from Data Sheet 6.0 for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.6) Total Grease Loss from Data Sheet 6.0 for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.7) Estimated grease losses from leaks for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.8) Estimated grease losses from leaks for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.9) TOTAL Tendon Grease Loss: \_\_\_\_\_ gal.

**12.0 INITIAL PRESSURE PUMPING**

(12.6) Ambient Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(12.7) Grease Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(12.9) **Initial** Grease Height (a) \_\_\_\_\_ in. (12.14) **Final** Grease Height (b) \_\_\_\_\_ in.

(12.16) Total amount of Grease **Pumped**: \_\_\_\_\_ gal. (a - b) x 1.77 into the \_\_\_\_\_ end

(12.18) Quantity of Waste Grease: \_\_\_\_\_ gal. (12.17) Was Exit Achieved?  Yes  No

(12.19) Total Grease **Replaced** this end: \_\_\_\_\_ gal. If no, Pressure Held for \_\_\_\_\_ psi \_\_\_\_\_ min

**13.0 HAND PUMPING – SECOND END (if necessary)**

(13.6) Ambient Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.7) Grease Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.9) **Initial** Grease Height (a) \_\_\_\_\_ in. (13.12) **Final** Grease Height (b) \_\_\_\_\_ in.

(13.14) Total amount of Grease added: \_\_\_\_\_ gal. (a - b) x 1.77 into the \_\_\_\_\_ end

(13.16) Quantity of Waste Grease: \_\_\_\_\_ gal. (13.15)  Poured  Hand Pumped

(13.17) Total Grease **Replaced** this end: \_\_\_\_\_ gal.

**14.0 CALCULATION OF PRESSURE PUMPING**

(14.1) Total **Tendon** Grease Replaced: \_\_\_\_\_ gal. (12.19 + 13.17)

(14.2) Net Tendon Duct Grease Volume: \_\_\_\_\_ gal. Refer to SQ 12.2 – GREASE VOLUMES, for the Tendon Net Duct Volume

(14.3) Percent Difference:  $\frac{\text{Total Tendon Replaced (14.1) - Total Tendon Loss (8.9)}}{\text{Net Tendon Duct Grease Volume (14.2)}} \times 100 = \text{_____ \% Difference}$

(14.4) Grease Leaks:  Yes  No

(14.5) Refill Acceptable:  Yes (less than 10%)  No (greater than 10%)

If No – Customer Notified NCR No.: \_\_\_\_\_

(14.6) Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



Project: TMI 40<sup>th</sup> YEAR TENDON SURVEILLANCE Tendon No.: \_\_\_\_\_

**GREASE REPLACEMENT**

QC SIGNOFFS

(8.4) Grease Used  NEW  OLD - TEST DATE: \_\_\_\_\_  ACCEPTABLE  APPROVAL LETTER DATED: \_\_\_\_\_

**8.0 PREREQUISITES**

(8.5) Total Grease Loss from Data Sheet 6.0 for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.6) Total Grease Loss from Data Sheet 6.0 for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.7) Estimated grease losses from leaks for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.8) Estimated grease losses from leaks for \_\_\_\_\_ tendon end: \_\_\_\_\_ gal.

(8.9) TOTAL Tendon Grease Loss: \_\_\_\_\_ gal.

**13.0 POURING AND HAND PUMPING – FIRST END**

(13.6) Ambient Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.7) Grease Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.9) **Initial** Grease Height (a) \_\_\_\_\_ in. (13.12) **Final** Grease Height (b) \_\_\_\_\_ in.

(13.14) Total amount of Grease added: \_\_\_\_\_ gal. (a – b) x 1.77 into the \_\_\_\_\_ end

(13.16) Quantity of Waste Grease: \_\_\_\_\_ gal. (13.15)  Poured  Hand Pumped

(13.17) Total Grease **Replaced** this end: \_\_\_\_\_ gal.

**13.0 HAND PUMPING – SECOND END**

(13.6) Ambient Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.7) Grease Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.9) **Initial** Grease Height (a) \_\_\_\_\_ in. (13.12) **Final** Grease Height (b) \_\_\_\_\_ in.

(13.14) Total amount of Grease added: \_\_\_\_\_ gal. (a – b) x 1.77 into the \_\_\_\_\_ end

(13.16) Quantity of Waste Grease: \_\_\_\_\_ gal. (13.15)  Poured  Hand Pumped

(13.17) Total Grease **Replaced** this end: \_\_\_\_\_ gal.

**14.0 CALCULATION OF PRESSURE PUMPING**

(14.1) Total **Tendon** Grease Replaced: \_\_\_\_\_ gal. (13.17 + 13.17)

(14.2) Net Tendon Duct Grease Volume: \_\_\_\_\_ gal. Refer to SQ 12.2 – GREASE VOLUMES, for the Tendon Net Duct Volume

(14.3) Percent Difference:  $\frac{\text{Total Tendon Replaced (14.1) - Total Tendon Loss (8.9)}}{\text{Net Tendon Duct Grease Volume (14.2)}} \times 100 = \text{_____ \% Difference}$

(14.4) Grease Leaks:  Yes  No

(14.5) Refill Acceptable:  Yes (less than 10%)  No (greater than 10%)

If No – Customer Notified NCR No.: \_\_\_\_\_

(14.6) Comments: \_\_\_\_\_

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

GREASE VOLUMES

<u>Melissa Lara</u> Prepared by	<u>Q.C. INSPECTOR</u> Title	<u>09/03/13</u> Date
<u>Gerald F. Bussone</u> Approved by	<u>Q.A. MANAGER</u> Title	<u>09/03/13</u> Date
<u>Paul C. Smith</u> Approved by	<u>PRESIDENT</u> Title	<u>09/03/13</u> Date



**1.0 PURPOSE**

1.1 This procedure will establish the Net Tendon Duct Grease Volumes to be observed during the refilling of the Post-Tensioning System Tendons with Corrosion Protection Material (Grease) during the 40th Year In-Service-Inspection (surveillance) of the Post-Tensioning System at Exelon's Three Mile Island - Unit 1 as provided by TMI Engineering.

**2.0 SCOPE**

2.1 This procedure shall apply to PSC Procedure SQ 12.1.



2.2 Table 7-1: TMI Unit 1 – Grease Void Volumes for All Surveillance Tendons

TENDON	NET DUCT VOLUME (GAL.)	10% NET DUCT VOL. (GAL.)
D-142	86.9	8.69
<b>D-143</b>	<b>85.4</b>	<b>8.54</b>
D-144	84.1	8.41
D-224	97.5	9.75
<b>D-225</b>	<b>97.5</b>	<b>9.75</b>
D-226	97.6	9.76
D-236	93.6	9.36
<b>D-237</b>	<b>92.8</b>	<b>9.28</b>
D-238	92.1	9.21
D-302	78.4	7.84
<b>D-303</b>	<b>80.3</b>	<b>8.03</b>
D-304	82.2	8.22
H13-02	109.7	10.97
<b>H13-03</b>	<b>109.7</b>	<b>10.97</b>
H13-04	110.4	11.04
<b>H13-10</b>	<b>110.7</b>	<b>11.07</b>
H13-11	110.6	11.06
H13-12	111.3	11.13
<b>H24-15</b>	<b>110.9</b>	<b>11.09</b>

TENDON	NET DUCT VOLUME (GAL.)	10% NET DUCT VOL. (GAL.)
<b>H24-22</b>	<b>110.1</b>	<b>11.01</b>
H24-23	110.1	11.01
H24-24	110.4	11.04
H35-01	110.3	11.03
<b>H35-02</b>	<b>110.1</b>	<b>11.01</b>
H35-05	110.0	11.00
H62-25	110.3	11.03
<b>H62-26</b>	<b>110.1</b>	<b>11.01</b>
H62-27	110.1	11.01
V-30	119.8	11.98
<b>V-32</b>	<b>120.4</b>	<b>12.04</b>
V-33	120.2	12.02
<b>V-84</b>	<b>120.0</b>	<b>12.00</b>
V-107	119.6	11.96
<b>V-108</b>	<b>120.3</b>	<b>12.03</b>
V-109	119.9	11.99
<b>V-159</b>	<b>119.9</b>	<b>11.99</b>
V-160	119.8	11.98
V-161	120.0	12.00

= SURVEILLANCE TENDON

= ADJACENT TENDON



2.3 Table 7-2: TMI Unit 1 – Grease Void Volumes for All Augmented Scope Tendons

TENDON	NET DUCT VOLUME (GAL.)	10% NET DUCT VOL. (GAL.)
H46-33	109.7	10.97
<b>H46-34</b>	<b>109.8</b>	<b>10.98</b>
H46-36	109.6	10.96
H51-39	109.6	10.96
<b>H51-40</b>	<b>109.1</b>	<b>10.91</b>
H51-41	108.8	10.88

TENDON	NET DUCT VOLUME (GAL.)	10% NET DUCT VOL. (GAL.)
V-114	119.0	11.90
<b>V-115</b>	<b>119.0</b>	<b>11.90</b>
V-116	120.3	12.03
V-135	121.7	12.17
<b>V-136</b>	<b>121.6</b>	<b>12.16</b>
V-137	122.8	12.28

= SURVEILLANCE TENDON

= ADJACENT TENDON



EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

PROGRAM PURPOSE

*Melissa Lara*

Prepared by

Q.C. INSPECTOR

Title

09/03/13

Date

*Gerald F. Buosone*

Approved by

Q.A. MANAGER

Title

09/03/13

Date

*Paul C. Smith*

Approved by

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Title

09/03/13

Date



## **1.0 PURPOSE**

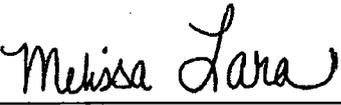
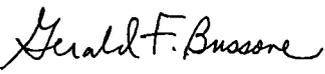
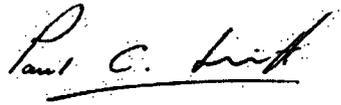
- 1.1 This section of the Surveillance I.S.I Manual shall outline the Quality Assurance/Quality Control activities necessary to insure that the In-Service Inspection operations are performed in accordance with approved procedures and provide the required quality level, consistent with the project specifications, industry standards, regulatory code requirements and the Precision Surveillance Corporation Quality Assurance Program.



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IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

PROGRAM SCOPE

 _____ Prepared by	Q.C. INSPECTOR _____ Title	09/03/13 _____ Date
 _____ Approved by	Q.A. MANAGER _____ Title	09/03/13 _____ Date
 _____ Approved by	PRESIDENT _____ Title	09/03/13 _____ Date



## **1.0 SCOPE**

- 1.1 The Quality Assurance Procedures within this Section of the Surveillance Program I.S.I. Manual are intended to be supplemental to the Precision Surveillance Corporation (PSC) Quality Assurance Manual. They are not intended to replace any Criteria of the Quality Assurance Manual. The Quality Assurance Manual remains as the highest category of document within the Quality Assurance Program hierarchy of documents.



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QUALITY CONTROL PROCEDURE

QUALITY ORGANIZATION

<u><i>Melissa Lara</i></u> Prepared by	<u>Q.C. INSPECTOR</u> Title	<u>09/03/13</u> Date
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<u><i>Paul C. Smith</i></u> Approved by	<u>PRESIDENT</u> Title	<u>09/03/13</u> Date



## 1.0 ORGANIZATION

- 1.1 PSC Field Quality Control Inspectors operate under the immediate direction of the Lead Field Quality Control Inspector, who in turn reports to the PSC Manager, Quality Assurance.
- 1.2 The Field Quality Control Inspectors shall have full authority and responsibility in all matters pertaining to or affecting the quality control function for the Surveillance of the Post-Tensioning System. These Inspectors shall have the authority to accept, reject, or recommend changes to the field operations or performance.
- 1.3 The Field Quality Control Inspectors, and the Quality Assurance personnel shall have the authority to issue a "Stop Work Order" for any activity, material, or procedure not in conformance with the project specifications, the Quality Assurance Manual or the Surveillance I.S.I. Manual. The stop work action shall be coordinated through the PSC Manager of Quality Assurance.
- 1.4 The Quality Assurance Procedures section of this manual shall serve to further outline the duties and responsibilities of those personnel engaged in performing the quality control functions for the Surveillance of the Post-Tensioning System.
- 1.5 All personnel engaged in those activities that affect the quality function for the Surveillance operations, shall be qualified by experience or training, prior to the initial performance of their assignments.
- 1.6 Documentation of qualification and/or training shall be maintained in the quality files on site for those personnel engaged in quality activities.



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QUALITY CONTROL PROCEDURE

QUALITY CONTROL RESPONSIBILITY

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<u>Gerald F. Bussone</u> Approved by	<u>Q.A. MANAGER</u> Title	<u>09/03/13</u> Date
<u>Paul C. Smith</u> Approved by	<u>PRESIDENT</u> Title	<u>09/03/13</u> Date



## **1.0 QUALITY CONTROL RESPONSIBILITY**

- 1.1 The responsibility for the Quality Assurance and Quality Control functions for this project shall be incumbent on those organizations performing that portion of the work described within the various sections of this manual, or as otherwise agreed to in the contract documents.
- 1.2 Portions of the work not performed by PSC, but where PSC supplies only the equipment or material, shall be subject to the quality requirements specified within the applicable PSC Surveillance I.S.I. Manual, where that Quality Manual has been developed to comply with the project specifications or contract documents.
  - 1.2.1 The development of the Quality Assurance and Quality Control procedures for the Surveillance operations shall be the responsibility of those organizations performing that portion of the work, unless otherwise agreed to in the contract documents.
- 1.3 PSC Field Quality Control Personnel shall provide the Quality Control actions for that portion of the work, where PSC or its subcontractors are performing the work or as agreed to in the project specifications or contract documents. All subcontractors performing work as an agent of PSC shall be subject to the Quality requirements of the project specifications and the applicable PSC Quality Program.
- 1.4 PSC and its subcontractors and vendors, shall maintain open access for Inspection, Survey and Audit by Exelon for all portions of the work being performed for the project.



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QUALITY CONTROL PROCEDURE

PERSONNEL QUALIFICATIONS

<i>Melissa Lara</i> _____ Prepared by	Q.C. INSPECTOR _____ Title	09/03/13 _____ Date
<i>Gerald F. Bussone</i> _____ Approved by	Q.A. MANAGER _____ Title	09/03/13 _____ Date
<i>Paul C. Smith</i> _____ Approved by	PRESIDENT _____ Title	09/03/13 _____ Date



## 1.0 QUALIFICATIONS

### 1.1 QUALITY CONTROL INSPECTORS

1.2 All Quality Control Inspectors performing Inspections and Tests shall be qualified to minimum of Level II capability in accordance with the requirements of ANSI N45.2.6-1978. Inspectors performing General or Detailed Visual Examinations are to be qualified as a Level II examiner as defined in PSC's written certification practice approved by Exelon and each examiner shall be approved by the Exelon Responsible Engineer.

1.3 All Lead Field Quality Control Inspectors shall be qualified to a minimum of Level II capability in accordance with the requirements of ANSI N45.2.6-1978.

1.3.1 All Field Quality Control Inspectors performing reviews of Quality Control Documentation for the various procedures in the PSC Surveillance I.S.I. Manual shall be qualified to a minimum of Level II in accordance with the requirements of ANSI N45.2.6-1978.

1.3.2 All Quality Control Inspectors shall be certified to specific skill Levels by a Quality Control Inspector who has been qualified as Level III in accordance with the requirements of ANSI N45.2.6-1978.

### 1.4 PERSONNEL

1.4.1 Precision Surveillance Corporation Field Construction Personnel shall be responsible for the physical activities associated with the Surveillance of Post-Tensioning System Tendons. Construction Personnel shall be fit by skill, training and/or experience to perform these activities.

### 1.5 SUPERVISION

1.5.1 PSC Supervisory and Field Representative Personnel shall be responsible for administering the progress of the work and directing PSC Field Construction Personnel as necessary. These Personnel shall be fit by skill, training and/or experience to perform these duties.

1.5.2 Construction Personnel or Construction Supervision need not be qualified to ANSI N45.2.6 as they are supervised or overseen by a qualified individual participating in the inspection, examination, or test.

### 1.6 AUDITORS

1.7 PSC Personnel performing audits of field operations shall be qualified as auditors in accordance with the requirements of ANSI N45.2.23-1978.



**2.0 DOCUMENTATION**

2.1 Records of training and personnel skill certifications shall be documented in accordance with the requirements of the governing ANSI N45.2 or daughter specifications and shall be retained on site for those personnel so certified and/or trained.



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UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

**PERSONNEL TRAINING**

<u>Melissa Lana</u> Prepared by	<u>Q.C. INSPECTOR</u> Title	<u>09/03/13</u> Date
<u>Gerald F. Bussone</u> Approved by	<u>Q.A. MANAGER</u> Title	<u>09/03/13</u> Date
<u>Paul C. [Signature]</u> Approved by	<u>PRESIDENT</u> Title	<u>09/03/13</u> Date



## 1.0 TRAINING

- 1.1 Precision Surveillance Corporation personnel on site involved in the Surveillance of the Post-Tensioning System, shall be qualified and experienced in all phases of Post-Tensioning operations.
- 1.2 All training activities shall be conducted and coordinated by qualified, experienced, PSC personnel.
- 1.3 At the start of the work and usually at the beginning of each new phase of the Post-Tensioning operations, the field crews shall be instructed to perform the work in a safe manner and in accordance with the approved surveillance procedures manual. They shall further, be trained in the use of the Post-Tensioning equipment for the operation for which they are being qualified, and for any subsequent actions during those operations that may affect the quality or integrity of the Post-Tensioning System.
- 1.4 The duration of the training period shall not be of a predetermined period of time, but shall instead be of such a length of time, that the PSC training personnel feel confident that the personnel being trained are sufficiently knowledgeable in the methods and procedures of the operation for which they are being trained. Each trainee shall be oriented by on-the-job training prior to the initial performance of any quality oriented function and each time he performs a different job assignment not previously trained or qualified for.
- 1.5 A list of the trained and qualified personnel shall be maintained on site, indicating the training received and the dates of training. Newly trained personnel shall be added to the list as the training is completed. This list shall be reviewed and controlled by PSC Field Quality Control personnel. Crew proficiency shall be verified during the progress of the work, through the mediums of inspection, surveillance or audit.
- 1.6 Procedures shall be used for training those personnel not familiar with Post-Tensioning Systems or Surveillance activities.



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PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

PROCUREMENT

<i>Melissa Lara</i> _____ Prepared by	Q.C. INSPECTOR _____ Title	09/03/13 _____ Date
<i>Gerald F. Bussone</i> _____ Approved by	Q.A. MANAGER _____ Title	09/03/13 _____ Date
<i>Paul C. Smith</i> _____ Approved by	PRESIDENT _____ Title	09/03/13 _____ Date



## **1.0 PROCUREMENT**

### **1.1 SAFETY – RELATED**

1.2 The purchase of any safety-related material or service to be used for the Post-Tensioning System or surveillance operation shall be performed by the Procurement Section of the Precision Surveillance Corporation in accordance with the requirements of the Quality Assurance Program requirements in effect at that time and the requirements stated below.

1.2.1 Field personnel shall initiate a procurement request by a written or verbal order to the Construction or Project Management Section.

1.2.2 A requisition shall be prepared and submitted to the PSC Quality Assurance Section for attachment of applicable quality documents and/or comments and returned to the Project Management Section.

1.2.3 The requisition shall be sent to the Procurement Section for drafting of the purchase order, pricing, vendor selection, etc.

1.2.4 The purchase order shall be submitted to the Quality Assurance Section for review of quality content, approved vendor selection and sign-off. Other pertinent quality documents may be attached or referenced and then the purchase order shall be returned to the Procurement Section.

1.2.5 The purchase order shall be submitted to the vendor and copies of the order distributed to appropriate personnel.

1.2.6 Changes to the original purchase order shall be provided through the use of a Supplemental Purchase Order, which shall be subject to the same review and control process as the original purchase order.

### **1.3 NON-SAFETY-RELATED**

1.3.1 Miscellaneous non-safety-related field purchases may be initiated by the field personnel or Procurement Section within the confines of the operating procedures established by the Operating or Construction Departments, independent of this manual.



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QUALITY CONTROL PROCEDURE

FIELD CHANGE REQUEST

*Melissa Lara*

Prepared by

Q.C. INSPECTOR

Title

09/03/13

Date

*Gerald F. Bussone*

Approved by

Q.A. MANAGER

Title

09/03/13

Date

*Paul A. Smith*

Approved by

PRESIDENT

Title

09/03/13

Date



## **1.0 FIELD CHANGE REQUEST**

- 1.1 The Field Change Request (FCR) shall be the mechanism for requesting rapid evaluation and approval for those operations that must be changed to accommodate field conditions. The FCR shall be approved by Exelon prior to that change being put into effect.
- 1.2 Field Changes that take place prior to the approval of the FCR shall be documented by a Nonconformance Report (NCR) and subject to a "STOP WORK" order, depending on the magnitude of the change and the impact on the quality program. It shall not be necessary to generate an NCR where it has become necessary to return or move to a safe condition of the tendon or personnel.
- 1.3 Revisions to this manual shall be performed according to the Revision Control procedure found in the prologue of the Surveillance I.S.I. Manual. The following information will supplement those procedures for Field Change Request Activity.
  - 1.3.1 When field operating procedures, as stated in this manual, become impractical to follow exactly for any reason, that portion, and any other affected portion of the manual shall be revised to provide the appropriate procedures. Where possible, revisions shall be made prior to performing the work.
  - 1.3.2 When revisions become necessary, they shall be formally drafted by the PSC Quality Assurance Section and submitted to Exelon for formal approval. Where applicable, the responsible PSC Field Quality Control Personnel shall prepare a Field Change Request document to expedite approval from Exelon's Field Quality Organization, Maintenance Engineer or such other authority as designated by Exelon, in order to continue operations without extraordinary delays. The change document may then be transmitted to Exelon for formal approval or to issue a change order notice type of document.
  - 1.3.3 Approval of the Field Change Request or emergency revision shall be obtained from the appropriate Site Quality Assurance Authority representing Exelon, before starting any Field Changes or Revisions.
  - 1.3.4 Copies of the Field Change Request shall be submitted to the PSC Quality Assurance Section for review and where necessary for development of formal procedures to be included in the Surveillance I.S.I. Manual.
  - 1.3.5 The approval of the FCR shall be considered as the acceptance for the Revised Procedures unless gross changes occur during the Revision drafting that affect other portions of the Surveillance I.S.I. Manual.



1.3.5.1 If gross changes occur, the Surveillance I.S.I. Manual affected procedures shall be submitted for formal review and approval. Otherwise, the FCR Revision shall be considered as approved and submitted on a controlled basis for inclusion in the Surveillance I.S.I. Manual.

1.3.6 As the PSC Quality Assurance Section and the Engineering Department are responsible for drafting Revisions, whether a result of the FCR process or Specification Changes, it shall not be necessary for either function to provide a formal review and signoff. It shall be necessary for the Originator or PSC Field Quality Control personnel to call the PSC Home Office to acquire agreement and acceptance of the FCR before submitting it to Exelon. This way Quality Assurance and Engineering can evaluate the impact of the FCR on Quality Control, Engineering features and other subsequent Surveillance activities.

1.3.6.1 The Originator or PSC Quality Control personnel shall document the review and acceptance of the PSC Home Office personnel by printing the name of the person accepting that FCR and the date of acceptance at the bottom of the Recommended Change area on the FCR form.

1.3.7 The original FCR shall be maintained with the Field Quality Control records.

1.3.7.1 The remaining distribution shall be completed, using the Distribution Listing shown at the bottom of the FCR form once the FCR is formally approved by PSC and Exelon.

1.3.7.2 The FCR shall be entered into the FCR Index Log for

1.3.7.2.1 FCR Number

1.3.7.2.2 Brief Description

1.3.7.2.3 Date Written

1.3.7.2.4 Date Approved

1.3.7.2.5 Date of Revision (to Surveillance I.S.I. Manual, if applicable)

1.4 **DOCUMENTATION**

1.4.1 Included with this procedure are the various forms and control sheets described in this procedure.

2.0 **ATTACHMENTS**

2.1 Field Change Request Form

2.2 Field Change Request Index Log



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**FIELD CHANGE REQUEST FORM**  
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SPECIAL FIELD REVISION CONTROL		FIELD CHANGE REQUEST NO.: <u>FCR</u>	
REQUEST BY: _____	TITLE: _____	DATE: _____	
ORIGINATOR: _____	TITLE _____	DATE: _____	
PROCEDURE NUMBER: _____		REV NO.: _____	PROCEDURE TITLE _____
AFFECTED SECTION: _____		REVISION TO MANUAL REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NCR REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NCR NUMBER: _____	HOLD TAG NO.: _____	
DETAILED DESCRIPTION OF EXISTING CONDITION: (USE EXTRA PAGES OR WRITE ON BACK)			
RECOMMENDED CHANGE:			
PSC APPROVAL SIGN & DATE:	QA	QC	ENGINEERING
EXELON APPROVAL OR COMMENTS:			
APPROVED SITE QA AUTHORITY: _____		TITLE: _____	DATE _____
DISPOSITION PSC QC:	HOLD TAG APPLIED: _____	HOLD TAG REMOVED: _____	DATE: _____
QC INSPECTOR: _____			
DISTRIBUTION			
<input type="checkbox"/> EXELON QA	<input type="checkbox"/> EXELON ENGINEERING	<input type="checkbox"/> QC PSC	
<input type="checkbox"/> QA PSC	<input type="checkbox"/> PROJECT MGR. PSC	<input type="checkbox"/> _____	
<input type="checkbox"/> ENGINEERING PSC	<input type="checkbox"/> EXELON QC	<input type="checkbox"/> _____	

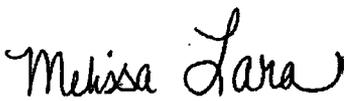
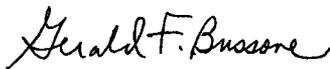
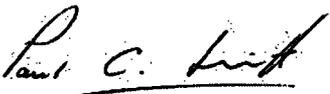




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 IN-SERVICE INSPECTION  
 QUALITY CONTROL PROCEDURE**

**DOCUMENT CONTROL**

 <hr/> Prepared by	Q.C. INSPECTOR <hr/> Title	09/03/13 <hr/> Date
 <hr/> Approved by	Q.A. MANAGER <hr/> Title	09/03/13 <hr/> Date
 <hr/> Approved by	PRESIDENT <hr/> Title	09/03/13 <hr/> Date



## **1.0 DOCUMENT CONTROL**

- 1.1 The responsibility for control and retention of all documentation and records, related to the quality control functions for the project within the limitations of the contract documents shall be incumbent on those organizations performing that portion of the work and as further stated in PSC Procedure QA 3.0.
- 1.2 All documentation, which includes inspections, tests, certifications, drawings, purchase orders, specifications, procedures, correspondence and audits, etc. shall be prepared in accordance with the procedures as described in the applicable job related manuals and procedures.
- 1.3 All inspection records shall be reviewed, initialed or signed and dated by the personnel responsible for the quality control functions.
- 1.4 All quality related documents pertaining to the project shall be retained in the field office file, jobsite vault, or both and maintained in such a manner so as to permit retrieval and prevent loss.
- 1.5 Document distribution or retention shall be in accordance with the requirements of the project specifications, or as agreed to in the contract documents.
  - 1.5.1 All documents such as Data Sheets, Nonconformances, verification records, calibration records, certified mill test reports, engineering analyses, etc. generated during the course of the In-Service Inspection, shall be included in the Final Report or appended to that Final Report.
- 1.6 Copies of Non-Conformance Reports shall be distributed in accordance with the project specifications or as noted on the Non-Conformance/Corrective Action form; refer to PSC Procedure QA 9.0.
- 1.7 All records shall be sent to the responsible Quality Control Section for further distribution in accordance with the project specifications, or as agreed to in the contract documents, or the PSC Quality Assurance Manual.

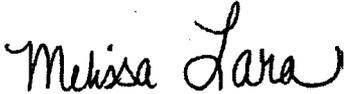
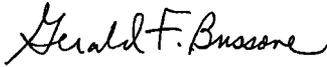
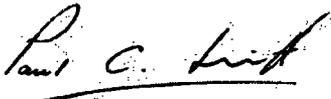


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REVISION CONTROL  
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REVISION CONTROL

 _____ Prepared by	<i>Q.C. INSPECTOR</i> _____ Title	09/03/13 _____ Date
 _____ Approved by	<i>Q.A. MANAGER</i> _____ Title	09/03/13 _____ Date
 _____ Approved by	<i>PRESIDENT</i> _____ Title	09/03/13 _____ Date



## 1.0 GENERAL

- 1.1 The statements within this Manual are representative of the Precision Surveillance Corporation quality program activities in effect at the time of issue. The construction phase of the project and other delays have a direct influence on the amount of time that will transpire between the actual startup of fabrication and termination of the construction life of the contract. It may therefore become necessary to review and upgrade or revise the various quality procedures or manuals, as a means of accommodating changes in the specifications, codes, operating procedures, material procurement, or as a means of transmitting intent, information or clarification. Correction of misspelled words or typographical errors that do not affect intent, shall not be considered as revisions.

## 2.0 TRANSMITTAL

- 2.1 Submittal of revisions to Exelon shall be in conformance with PSC Procedure QA 6.0, Document Control, of the Quality Assurance Manual.

## 3.0 REVISION CONTROL

- 3.1 If a revision is submitted where a Surveillance I.S.I. Manual has been issued, only those procedures being revised shall be affected for approval status. The remainder of the Surveillance I.S.I. Manual shall still remain approved. The original or previous revision of the affected procedure shall remain in effect, unless unworkable, until the revised procedure has been approved.
- 3.2 When a revision is submitted, the entire manual shall then become "Revision One" for example. Included in the revision package are all those documents required to bring the original version of that manual to "Revision One" status.
- 3.3 A Revision Control Sheet shall show all the documents being submitted, with the correct revision status of each page. The Revision Control Sheet provides a chronological history of development for the manual while the Index Status Sheet indicates all the original documents contained within the original submittal of the manual.
- 3.4 The Index Status Sheet shall not be revised to any extent greater than to show a date and revision number in the Revision Status column on the Index Status Sheet.
- 3.5 It is unlikely that any document within any Surveillance I.S.I. Manual shall be of an unrevised status or of the same revision status as the Manual itself. Therefore, the document and manual revision numbers will not be the same. The Index Status Sheet will establish the revision status of each Manual or document issued.
- 3.6 When a revision is made to a procedure, the entire procedure will revert to that revision number, even if there are no editorial or format changes to that page.



- 3.6.1 Revisions to a Section/Paragraph of a procedure will be identified with a triangle appearing at the left edge of the page near the Section/Paragraph which has been affected and revised. Inside the triangle will appear the revision number for that current change. The triangle will appear only for those Sections/Paragraphs that have changed.
- 3.6.2 It will not be necessary to delete the triangle from the previous revision, even though it is generally recommended that signs of a previous revision be removed to avoid confusion. It will be acceptable to erase, white-out, or tape over signs of the previous revision, where that page has not been revised and is not being reproduced as a new document.
- 3.6.3 It will not be necessary to apply a revision number to the top of each of those pages that comprise the body of the procedure. The revision number and date need only appear at the top of the Title Page and Data Sheets.
- 3.6.4 No Change will be taken to mean, that no changes have occurred to that page and that the revision number indicates the current status of that page. No dates other than the original effective date will appear on individual pages. Only the Title Page and Data Sheets shall show revision status and date of that revision, along with the triangle at the bottom of the page.
- 3.6.5 No Editorial Change or Format Change will be taken to mean, that the text of that procedure has not changed and that the change affects the page number, section/paragraph number or that information has shifted from one page to another. This will be noted along side the triangle at the bottom of the page.
- 3.7 Where drawings are included in the manual, such as post-tensioning fabricated components, these drawings shall be controlled through the quality manual for that product, except where otherwise agreed to in writing. This system utilizes the drawings and procedures from a controlled quality manual for fabrication and inspection control of that component and shall accompany the purchase order to the vendor, where applicable.

#### **4.0 RESPONSE**

- 4.1 Once the revision is received by Exelon the Acknowledgement of Receipt or a facsimile, shall be returned to the Precision Surveillance Corporation, Quality Assurance Section.
- 4.2 Exelon comments shall be referred to the PSC Quality Assurance Section or those personnel responsible for contract coordination.
- 4.3 Exelon approval without comments shall be transmitted in writing to either party noted in Section 4.2 above, however verbal approval shall be sufficient to start work using the approved revision.



4.3.1 Section 4.2 or 4.3 above, may be replaced by other means of control which have been established and formally agreed to by PSC and Exelon.

## 5.0 EXELON CONTROL (SUGGESTED)

5.1 As a means of maintaining the controlled manual and revisions at Exelon's facility, it is recommended that the submitted documents be verified for accuracy of inclusion, by comparing them to the Revision Control Sheet. PSC is not immune to errors, regardless of the amount of controls imposed or implied.

## 6.0 EXPEDITING CONSTRUCTION

6.1 In order to expedite the construction schedule and with Exelon's approval, it may become necessary or advantageous to fabricate materials prior to the approval of the revision. All materials fabricated in this situation shall be tagged "Hold" and retained on that status until approval of the revision. At the time of approval the "Hold" tag shall be removed.

6.2 If, for some reason, the revision is not approved, the material fabricated or installed under the controls of the revised procedure shall be maintained on Hold status until the revision is approved. Adjustments to the material shall be made, where required, after approval.

## 7.0 VOID DOCUMENTS

7.1 Once approved, the document being revised shall be marked void and dated to reflect the revision date. This void copy will be removed from the manual and placed into a dead or void file for retention as part of the Quality Assurance records.

7.2 As a temporary measure, the void copy may be turned backwards in the manual, until removal to the file.

7.3 Items fabricated or installed with the use of the previous revisions will not require any subsequent change once fabricated or installed. The date of the document approval shall determine the point of fabrication change over and therefore, the applicable quality requirements.

7.4 PSC does not require that void documents be returned.

## 8.0 FORMS/DATA SHEETS

8.1 Any of the forms contained in this Surveillance I.S.I. Manual or any Quality Control Procedure used as a means of providing quality control or inspection documentation, are subject to change at any time without prior approval of Exelon, providing that the amount of information shown on the original form is not diminished in any way.



- 8.2 These revised forms shall be submitted for approval at the convenience of PSC with the next revision of that procedure that effects the change, but in no case later than 30 days from the first use of that form.
  - 8.3 If the information required of the original or previous revision of that form is to be diminished in any way that form shall be submitted for approval prior to use.
  - 8.4 Forms may be provided at any time where not shown in any procedure in order to provide the required quality control or inspection documentation, without prior approval and at the option of the PSC Quality Control or Quality Assurance Sections.
- 9.0 ATTACHMENTS**
- 9.1 Revision Control Sheet





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QUALITY CONTROL PROCEDURE

NONCONFORMANCES

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Title

09/03/13

Date

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Q.A. MANAGER

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09/03/13

Date

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Approved by

PRESIDENT

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Date



## 1.0 NONCONFORMANCE REPORTING

- 1.1 Any item, service, activity or procedure not conforming to the approved drawings, specifications, instructions or other project requirements as related to the PSC contract for the project, shall be documented as a nonconformance. A non-conformance report shall be written by the authority responsible for quality, discovering the nonconformance, regardless of the location where the deficiency was discovered or the source of origin.
- 1.1.1 This reporting shall be completed on a timely basis, preferably immediately upon discovery and consultation. The reporting action should be within one working day from discovery.
- 1.2 All nonconforming items shall be removed to a segregated area.
- 1.3 The nonconformance report shall be distributed to the appropriate parties noted on the distribution list shown on the PSC Nonconformance/Corrective Action (NC/CA) Report Form, which is shown at the end of this procedure. A typical Nonconformance Report Index shall also be seen.
- 1.3.1 Exelon shall receive copies of those nonconformance reports that indicate a loss of control for the manufacturing process, field construction, or quality control system and where it has been determined by PSC Quality Assurance, Quality Control, and/or possibly Exelon, that a measure of input shall be required by Exelon to resolve the deficiency.
- 1.3.1.1 The Recommended Corrective Action for the nonconformance reports noted in Section 1.3.1 above, shall be submitted to Exelon for review and approval prior to the execution of that action, for all items to be dispositioned as "Repair" or Use-As-Is.
- 1.3.1.2 All nonconformance reports shall be submitted to Exelon, whether for review and/or approval.
- 1.4 Acceptance of the nonconforming item, after completion of the corrective action, shall be by inspection.
- 1.5 Once the corrective action has been determined, the Quality Control or Quality Assurance personnel shall make arrangements for the completion of the nonconformance, including verification. The completion of this action shall be documented in the Disposition area provided on the NC/CA Report Form.
- 1.5.1 Once the nonconformance has been corrected and the disposition completed on the NC/CA Report Form, the formal close-out of that report shall be documented in the NCR Index Log. All nonconformance reports shall be closed-out.



- 1.5.2 In some circumstances, the corrective action may be completed on another document, such as an Exelon nonconformance report. In that case, the PSC NC/CA Report may be closed-out immediately as a result of Exelon's document, and shall be so noted in the Index Log.
- 1.6 Only Quality Control or Quality Assurance personnel shall have the authority to return the nonconforming item to inventory or service, once disposition of the corrective action has been completed and accepted by that Quality authority.
- 1.7 In addition to the normal reporting system for Nonconforming Material and Services, supplemental reports shall be submitted for deficiencies whether a result of design, conformance, fabrication, or performance, that represent a significant breakdown in the Quality Assurance Program and, were they to remain uncorrected, could adversely affect the operation of the item at any time throughout the expected lifetime of the item. These written reports shall be prepared by the PSC Quality Assurance, Quality Control, and/or Engineering Department and submitted to Exelon documenting the cause of the deficiency and the formal corrective action to prevent repetition.
- 1.8 The Nonconformance Reports shall be retained in the appropriate Quality file on site.
- 2.0 DRAFTING THE REPORT**
- 2.1 The following outline shall be used as a guide for developing the Nonconformance Report. Refer to the example at the end of this procedure.
- 2.2 The Nonconformance Report shall indicate the identification of the nonconforming item, the deficiency noted, preferably with reference to the requirement in violation, in the area marked Nonconformance on the NC/CA Report Form.
- 2.3 The Apparent Cause Known shall be entered onto the form, if it can be readily discerned. Overly restrictive or unworkable procedures or specifications may be listed as the cause, as well as changes in working conditions not considered by the procedures or specifications. If this cannot be satisfactorily resolved by the initiator of the report, then it shall be completed by Quality Assurance, Quality Control or the Engineering Department.
- 2.4 The area marked Recommended Corrective Action on the NC/CA Report Form shall indicate the action necessary to immediately correct the deficiency. Usually noted as Use-As-Is; Repair; Rework; Scrap; and any appropriate commentary to substantiate that action.
- 2.4.1 Where nonconforming items are to be corrected by repairing the stated deficiency, the repairs shall be accomplished through the use of an approved repair procedure. This may be shown directly on the NC/CA Report Form or attached to it as a separate document.



- 2.4.2 Nonconforming items shall be rejected, repaired, reworked or accepted for corrective action after evaluation by the PSC Quality Assurance, Quality Control, Engineering and/or Exelon.
- 2.5 Where possible, the Corrective Action to Prevent Recurrence area of the NC/CA Report Form, shall provide the long range action that may be instrumental in preventing recurrence of that deficiency entered onto the form.
- 2.6 The determination of Significant Condition status shall be performed by the Quality Assurance, Quality Control and/or the Engineering Department. The identification of significant conditions adverse to quality, their cause and the appropriate corrective action to resolve the condition shall be documented on the NC/CA Report Form or in a separate report as noted in Section 1.7 of this procedure.
- 2.6.1 A significant condition adverse to quality shall exist if one or more of the following elements are required:
- 2.6.1.1 A significant investigation is necessary to determine the cause.
- 2.6.1.2 Significant redesign, repair or rework of the item.
- 2.6.1.3 A significant evaluation of the QA/QC Program implementation.
- 2.6.1.4 Significant evaluation for determining generic implication.
- 3.0 NONCONFORMANCE REPORT NUMBERING**
- 3.1 All Nonconformance Report Numbers shall be prefixed with the PSC project Contract Number.
- 3.2 All Field originated NCR's shall prefix the project Contract Number with the letter "F".
- 3.3 Non-project oriented NCR's shall be prefixed with QA and shall only be issued through the Quality Assurance Section.
- 3.4 All NCR's shall be assigned a sequential control number, to follow the prefix number, which shall be applied in ascending order from the previous report and originating with the number "1".
- 4.0 PROCESSING NONCONFORMANCE REPORTS**
- 4.1 This is intended to provide PSC Field Quality Control personnel with the means of approving processing or closing out NCR's where they are not in close proximity to the home office.



4.2 The report may be drafted by independent action or with the assistance of the Engineering or Quality Assurance Sections. Where input has been provided by the assistance of others, the Quality Control person drafting the report shall print the name of that person assisting and the date in the respective area of that Section of the Nonconformance/Corrective Action Report Form. The report should be distributed as soon as it is drafted, unless the disposition of the corrective action takes place within 5 days after discovery of the deficiency; in this instance, the distribution will probably take place after the disposition is complete.

4.3 The PSC Approval for QA, QC and/or Engineering may be communicated by telephone to expedite corrective action. In which case the Quality Control person on site would print the name of the person approving that action and the date. Those NCR's could be initialed at a later date to formally complete the approval actions.

#### 5.0 DOCUMENTATION

5.1 Included with this procedure are the various tags and control sheets described in this procedure.

#### 6.0 ATTACHMENTS

6.1 Tags and Sample Logs (Example)

6.2 Sample NC/CA Report

6.3 NC/CAR Form

6.4 NCR Index Form

6.5 Hold Tag Index Log

6.6 Reject Tag Index Log



**NONCONFORMING MATERIALS, PARTS OR COMPONENTS**

**TAGS**

Shown below are typical examples of Hold, Reject and Acceptance tags. They may vary in appearance but, are representative of the format and information to be provided. All but the Acceptance tag, are two-part tags.

<b>HOLD</b>	
ITEM:	_____
REASON:	_____
INSPECTOR:	DATE: 3309

<b>ERROR INFORMATION CARD REJECTED</b>	
COMPONENT DESCRIPTION:	PLYP ADDRESS: TRAJIDR NUMBER:
EXPLANATION:	_____
INSPECTOR:	DATE: 0599

<b>ACCEPTED</b>	
ITEM:	_____
QC INSPECTOR:	DATE:

**SAMPLE LOG ENTRIES**

Shown below are typical examples of entries made into each respective log. Note that some are cross-referenced such as HOLD 1100 to Reject 1700; and HOLD 1103 to Reject 1701.

QUALITY ASSURANCE PROGRAM HOLD TAG LOG			
Project:			
Tag No.	Date Issued	Description of Condition	Date Removed / QC Signoff
1100	5-1-05	ANALOG REC101 DAMAGED	5-3-05 CB
1101	5-6-05	DOCUMENTATION INCOMPLETE - RT1036	5-8-05 DMW
1102	6-4-05	TENDON AC401 - FIELD END CUTOFF	6-10-05 CB
1103	6-15-05	RUSTY TENDON VIBS	6-16-05 JWK
1104	7-3-05	UNABLE TO COUPLE TO TENDON VIB1	

QUALITY ASSURANCE PROGRAM REJECT TAG LOG			
Project:			
Tag No.	Date Issued	Description of Condition	Date Removed / QC Signoff
1700	5-3-05	SEE HOLD TAG 1100 - SCRAP HEAD	5-4-05 JWK
1701	6-16-05	SEE HOLD TAG 1103 - SCRAP TENDON	6-30-05 DMW
1702	6-21-05	DRUM OF GEARBOX CONTAMINATED - SCRAP	6-23-05 CB
1703	6-30-05	ANALOG HARDS DAMAGED - SCRAP	6-30-05 CB
1704	7-2-05	SAMS DAMAGED - HS #13691 - SCRAP	7-3-05 CB



**NONCONFORMANCE/CORRECTIVE ACTION REPORT FORM - SAMPLE**

<b>NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM</b>		
HOLD TAG NO.:	NC / CA NO.:	
<b>NONCONFORMANCE:</b> Enter the nonconformance preferable referencing the quality program requirement that has been violated. Refer to Section 2.1 of Procedure QA 9.0.		
<b>APPARENT CAUSE KNOWN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DESCRIBE: May require consultation with QA, QE and/or Engineering. Refer to Section 2.2 of Procedure 9.0.		
<b>RECOMMENDED CORRECTIVE ACTION:</b> The immediate corrective action that will be taken to correct the stated nonconformance. One of the following dispositions shall be noted for the deficiency as it applies: "Use-As-Is", "Repair", "Rework", or "Scrap". Refer to Section 2.3 of Procedure 9.0.		
ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.		
<b>CORRECTIVE ACTION TO PREVENT RECURRENCE:</b> The long range corrective action that may be useful in eliminating the deficiency or reducing the frequency. Refer to Section 2.4 of Procedure 9.0.		
INITIATOR:	TITLE:	DATE:
<b>SIGNIFICANT CONDITION:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, REFER TO QAM SECTION 4 CRIT		
<b>APPROVAL COMMENTS:</b> Enter any comments that might be pertinent to effecting the approval of the corrective action. Refer to Section 25. of Procedure 9.0.		
PSC APPROVAL SIGN & DATE:	QC	QA
	ENGINEER	
<b>OWNER / AGENT APPROVAL REQUIRED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
	ENGINEER	QA
	DATE	DATE
<b>COMMENTS:</b> This area to be input only by the Owner or his agent. Refer to Section 1.3.1.1 of Procedure 9.0.		
<b>DISTRIBUTION</b> <input type="checkbox"/> QA SECTION <input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> QE SECTION <input type="checkbox"/> CONTR. MGMT. <input type="checkbox"/> ENGINEERING <input type="checkbox"/> OWNER/AGENT		<b>DISPOSITION COMPLETED</b> SIGNED: _____ TITLE: _____ DATE: _____

Enter NCR Number here and also into NCR Index Log. The NCR Number is the Project Number, prefixed with an "F" (e.g. FN123-001).

Enter the Hold Tag No., if applicable. If a tag was applied, note its removal in the Disposition Completed block.

A "Yes" only by or with an evaluation and consultation with QA, QE and/or Engineering.

To be signed by Dept. indicated. May be signed by Initiator only if the Dept. designee was notified.

To be signed by Initiator or designee based on completion of Corrective Actions. Ensure NCR Index Log is updated to reflect closeout.



N1091 PSC PROCEDURE QA 9.0  
**NONCONFORMANCES**  
**NC/CAR FORM**  
 09/03/13  
 Revision 0  
 Page \_\_\_\_ of \_\_\_\_

**NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM**

HOLD TAG NO.: \_\_\_\_\_

NC / CA NO.: \_\_\_\_\_

**NONCONFORMANCE:**

**APPARENT CAUSE KNOWN:**     YES     NO    **IF YES, DESCRIBE:**

**RECOMMENDED CORRECTIVE ACTION:**

**ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.**

**CORRECTIVE ACTION TO PREVENT RECURRENCE:**

**INITIATOR:** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNIFICANT CONDITION:**     YES     NO    **IF YES, REFER TO QAM SECTION 15.**

**APPROVAL COMMENTS:**

<b>PSC APPROVAL SIGN &amp; DATE:</b>	<b>QC</b>	<b>QA</b>	<b>ENGINEERING</b>
--------------------------------------	-----------	-----------	--------------------

**EXELON APPROVAL REQUIRED**     YES     NO    **ENGINEER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS:**    **QA** \_\_\_\_\_ **DATE** \_\_\_\_\_

DISTRIBUTION			DISPOSITION COMPLETED
<input type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	<b>SIGNED:</b> _____
<input type="checkbox"/> QE SECTION	<input type="checkbox"/> CONTR. MGMT.	<input type="checkbox"/> _____	<b>TITLE:</b> _____
<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> EXELON	<input type="checkbox"/> _____	<b>DATE:</b> _____









EXELON  
THREE MILE ISLAND  
UNIT 1 (40<sup>TH</sup> YEAR) PHYSICAL  
CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

CALIBRATION OF MEASURING  
AND TEST EQUIPMENT

<u>Melissa Lara</u>	Q.A. MANAGER	09/03/13
Prepared by	Title	Date
<u>Gerald F. Buosone</u>	PROJECT MANAGER, P.E.	09/03/13
Approved by	Title	Date
<u>Paul C. Smith</u>	PRESIDENT	09/03/13
Approved by	Title	Date



## **1.0 CALIBRATION REQUIREMENTS**

- 1.1 This procedure will establish the requirements for calibration of the Quality Control Test and Measuring Equipment to be used for inspection, testing and evaluation, during the In-Service Inspections (Surveillance) of the Post-Tensioning System Tendons.

## **2.0 CONTROLS**

- 2.1 All calibrated test and measuring equipment shall be controlled for issue by the PSC Quality Control or Quality Assurance Section. The area of issue shall be indicated on the calibration records. The calibration records shall be maintained by the PSC Quality Control or Quality Assurance Section.
- 2.2 PSC Quality Control personnel shall maintain a file or list of in-service devices requiring calibration, and periodically review those records to prevent any lapse in calibration.
- 2.3 The Quality Assurance Section shall review calibration records during audits of that operation being audited.
- 2.4 All calibrated equipment shall be documented and identified by a label, tag, or log sheet indicating the status of calibration. The control device shall identify the equipment, the date of calibration, date due for recalibration and the signature or initials of the person performing or verifying the calibration.
- 2.5 The identification control of the calibrated equipment shall be of such a nature so that the specific traceability of that device will not be lost; usually engraved or marked with a Quality Control code number.
- 2.6 Any calibrated device that has been damaged, adjusted or repaired before the recalibration due date, shall be recalibrated before initial use, to assure the prescribed accuracy.
- 2.7 There is no intent to apply calibration requirements on those devices such as tapelines, levels, etc. where normal commercial practices provide adequate accuracy, or where there is no need for accuracy.
- 2.8 Procedures shall be provided for the calibration of special testing, measuring, inspection devices or other equipment requiring calibration and shall be controlled by the Quality Assurance Section or included in the Surveillance I.S.I. Manual for the project.
- 2.9 The Rams which have been used for Monitoring Force, Detensioning or Retensioning operations for the In-Service Inspection of the Post-Tensioning System Tendons shall be verified for calibrated status after the completion of the work.



- 2.10 The documents for the calibration of Rams prior to starting the work and after completing the work shall be included with the Final Report for the In-Service Inspection.

### 3.0 OUT OF CALIBRATION

- 3.1 Devices out of calibration shall be processed as nonconformances. Devices out of calibration that are determined to have an adverse effect on quality shall have copies of that nonconformance report submitted to Executive Management for review, and comments where applicable.
- 3.1.1 Nonconformance Reports shall be drafted, submitted and distributed in accordance with the requirements of PSC Procedure QA 9.0.
- 3.2 Instruments that are found to be out of calibration shall be re-calibrated and a comparison made of the results of the new calibration and the out-of-calibration variance, if any. If no significant variation exists, the instrument shall be put back into service. In the event that a discrepancy exists, then the Engineering and/or Quality Assurance and Quality Control Sections shall make an evaluation of the discrepancy and the possible effect on the items processed with the out-of-calibration device, with regard to quality, accuracy or reliability. If it is determined that a serious problem exists, then the Quality Assurance Section shall determine what items checked with the out-of-calibration device shall be rechecked with an effective calibrated device.
- 3.3 Instruments that are found to be in excess of the required accuracy or tolerance band after being returned from Field Service, shall be controlled with Nonconformance Reports as required of Sections 3.1 and 3.2 of this Procedure.

### 4.0 TOOL AND GAUGE CONTROL

- 4.1 The calibration standards used to calibrate measuring and test equipment shall be traceable to the National Institute of Standards and Technology (NIST) and shall be controlled to an accuracy not to exceed a limit of 25% of the tolerance of the equipment being calibrated or the smallest used division of that instrument's scale, unless otherwise limited by "State-of-the Art" conditions. Pressure Gauges used for Post-Tensioning System operations shall be excluded from this requirement and shall be defined for accuracy in separate procedures.
- 4.1.1 For example, a micrometer that has a smallest scale reading of 0.001" shall be calibrated with a standard or device that has been calibrated to an accuracy or 0.00025" or less.
- 4.2 All measuring and test equipment used for Quality Control Inspections shall have subdivisions or increments for measurements that are equal to or smaller than the tolerance of the parameter being measured.



4.2.1 For example, a part needs to be controlled to a dimension of 9.365" with a tolerance of plus or minus 0.001". It would therefore be acceptable to perform that measurement with a device that is capable of measuring to 0.001" or smaller.

4.3 Calibrated Devices may be extended for the stated period of frequency, where that device has been calibrated and placed into storage, rather than into service. The original frequency period stated in Section 5.2, Equipment List, shall always be observed.

## 5.0 EQUIPMENT

5.1 The Equipment List shown in Section 5.2 of this Procedure contains those devices that are required for the In-Service Inspection or are used to calibrate devices that will be used during the In-Service Inspection. The required accuracy and frequency of calibration are stated for each device. It should be noted that the accuracy requirement is meant to be the tolerance band to which the device is being calibrated and not the original accuracy or the accuracy between calibration frequencies.

5.1.1 The term "DISS" in the Accuracy Column is defined as "Division of that Instrument's Smallest Scale".

5.1.2 Where an asterisk "\*" follows the accuracy dimension, this is meant to be that the dimension shown shall be verified with a Micrometer that reads to 0.0001".

5.1.3 The procedures that are used to calibrate the various types of equipment, gauges or instruments used during the In-Service Inspection, will accompany this procedure in the Surveillance I.S.I. Manual. These procedures provide information relative to the calibration of each device and may be used for purposes of calibrating these devices in the field, should that become necessary.



**5.2 EQUIPMENT LIST**

DEVICE	FREQUENCY	ACCURACY
Load Cell (3000 Kips)	5 Years	+ .1% FS Entire System
Load Cell (Approx 50 Kips)	8 Years	+ .1% FS Entire System
Rams/Jacks (Stressing, Testing, etc.)	Beginning & End (B & E) of Project	Calculated to within + 0.01 square" for Ram Area
Dead Weight Tester	5 Years	+ 0.10% FS
Heise Digital Gauge	3 Years	+ 0.10% FS
Pressure Gauge-Master (1/4%)	1 Year	+ 30 psi
Pressure Gauge-Stressing (1/4%)	1 Year	+ 30 psi of Heise
Pressure Gauges (1/2%) (Not used for Stressing)	1 Year	+ 55 psi of Heise
Micrometer	6 months	+ 1 DISS
Micrometer-Checking Bar Standard	1 Year	+ 0.0001"
<u>Thickness (Feeler) Gauge</u>		
Under 0.005"	1 Year	+ 0.0005"
0.005" and Over (* Verified with a 0.0001" micrometer)	1 Year	+ 0.001"
Steel Ruler	1 Year	+ 0.01"
Thermometer	1 Year	+ 1 DISS
Optical Comparator	1 Year	+ 0.001"
Dial Indicator	1 Year	+ 1 DISS

**6.0 DOCUMENTATION**

6.1 The various types of documents generated for calibration and/or status of calibrations will be described in the General Procedures for Calibration or contained within that procedure for a particular device. Others may be added as the need arises. Quality Control personnel shall prepare or assist in the preparation of these records. A copy of the calibration record shall accompany the calibrated device to the field.



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QUALITY CONTROL PROCEDURE

VERIFICATION OF CALIBRATION STATUS  
OF HYDRAULIC PRESSURE GAUGES

<i>Melissa Lara</i>	Q.C. INSPECTOR	09/03/13
_____ Prepared by	_____ Title	_____ Date
<i>Gerald F. Bussone</i>	Q.A. MANAGER	09/03/13
_____ Approved by	_____ Title	_____ Date
<i>Paul C. Smith</i>	PRESIDENT	09/03/13
_____ Approved by	_____ Title	_____ Date



## **1.0 FIELD VERIFICATION OF PRESSURE GAUGES**

- 1.1 The following procedure shall be used to verify the calibration of hydraulic pressure gauges during field operations. These gauges may be used in stressing operations with the rams or other devices that require a measure of accuracy to produce quality results. Frequency and Accuracy of Calibration shall be controlled as stated in Section 5.2 of Procedure QA 10.0 Equipment List. The Verification frequency shall be controlled as stated in Section 2.5 of this Procedure, while the Verification Accuracy shall be controlled as stated in Sections 3.6 or 3.7.

## **2.0 GENERAL**

- 2.1 Prior to being used for any work, all gauges shall be calibrated with the use of a Dead Weight Tester or the Heise Digital electronic pressure indicator.
- 2.2 In addition to the pressure gauges used during the surveillance, one gauge, designated as the Master Gauge or a Heise Digital Gauge, shall be set aside for purposes of Calibration Verification during the process of the work. Prior to use the Master Gauge or Heise Digital Gauge used for Calibration Verification shall have been calibrated per PSC Procedure Q12.8.C-W with a dead weight tester traceable to the NIST.
- 2.3 PSC Quality Control personnel shall maintain the controls for distribution and recall of each Pressure Gauge being used on site.
- 2.4 A Pressure Gauge may be verified for calibration or accuracy at shorter frequencies than stated in Section 5.2 of Procedure QA 10.0. It is important that verification be performed any time that the gauge has been damaged, subjected to some physical abuse or there is some reason to suspect its accuracy.
- 2.5 Pressure Gauges used for Detensioning or Retensioning (Stressing) tendons of Post-Tensioning Tendon Systems during In-Service Inspections of Nuclear Power Plants, shall be Verified for Calibrated status at least once a day during the operational use of those gauges.

## **3.0 VERIFICATION OF CALIBRATION**

- 3.1 Clean and remove any dirt, grease or residue that could affect the accuracy of the calibration or use of the pressure gauge.
- 3.2 At the option of the PSC Quality Control Section it shall be acceptable to use a Heise Digital Pressure Indicating Gauge for Calibration Verification of Pressure Gauges, rather than a Master Gauge.
- 3.3 Attach the Pressure Gauge to the Calibration Pump of the Heise Indicator or Master Gauge.



- 3.4 Close the back pressure valves before pressurizing the system.
- 3.5 Increase the hydraulic pressure to the point of the desired reading on the Pressure Gauge, usually 1,000 psi plus or minus 100 psi increments. Take a reading of the Pressure Gauge and the Heise Indicator and document both on the Pressure Gauge Calibration Form.
- 3.6 **MASTER GAUGE (1/4% Accuracy)**
- 3.6.1 Where a Master gauge is used for verification of calibration, the master gauge and field gauge to be calibrated shall be connected to a common line (manifold) on a hydraulic pump. The pump shall be pressurized in no greater than 1,000 psi increments, plus or minus 100 psi, to the highest overstress pressure that shall be encountered during stressing activities; for example, 7,600 psi overstress will require calibration on that gauge to at least 7,600 psi. It shall be acceptable to go to 8,000 psi.
- 3.6.2 The accuracy of a gauge verified in this manner shall be acceptable, if it reads to within 50 psi of any reading on the Master Gauge.
- 3.7 **HEISE DIGITAL GAUGE**
- 3.7.1 A Pressure Gauge may be verified for calibration by connecting that gauge and the Heise Digital Gauge to a common line, which is in turn connected to a hydraulic pump and pressurized to the same values noted in 3.6.1 above.
- 3.7.2 The verification accuracy of that Pressure Gauge shall be acceptable if it reads to within 30 psi of the Heise Digital Gauge reading for a 1/4 percent accuracy gauge or 55 psi for 1/2 percent accuracy gauge. As a 1/2 percent gauge cannot be accurately interpolated to increments of 5 psi it will be acceptable to take the reading to some point equal to or above 50 psi but not to exceed 60 psi.
- 3.7.3 Pressure Gauges with an accuracy of 1/2 percent or greater shall not be used for Monitoring Force, Detensioning or Retensioning operations of the Post-Tensioning Tendon System during In-Service Inspections.
- 3.8 With the Verification and Documentation of the Pressure Gauge being acceptable, the pump and gauge shall be depressurized and prepared for disassembly.
- 4.0 UNACCEPTABLE CONDITIONS**
- 4.1 If a Pressure Gauge fails to meet the accuracy requirements of Section 3.6.2 or 3.7.2 after being used for Stressing or Detensioning operations, it shall be necessary to draft a Nonconformance Report in accordance with the requirements of Section 3 of Procedure QA 10.0, to control that Gauge and any Tendons worked with that Gauge.



4.2 Any Pressure Gauge not capable of meeting the stated accuracy requirements of Section 3.6.2 or 3.7.2 for the method of calibration being used, shall be returned to the PSC shop for adjustment or repair. Any repaired or adjusted Gauge shall be recalibrated before use.

4.3 ZERO ALIGNMENT (Zero Beating)

4.3.1 On occasion, the Pressure Gauge Indicating Needle may not be in precise alignment with the Zero mark on the Gauge Face, necessitating realignment. Before calibration the needle is to be realigned to the zero mark, with the realignment completed the Verification shall be performed and documented.

## 5.0 ACCURACY VARIATIONS

5.1 Even though Pressure Gauges that have been calibrated or verified for calibration, variations in excess of the requirements of Sections 3.6.2 and 3.7.2 may be detected between calibrations or verifications. In an effort to explain and control this deficiency, this Section shall be reviewed before the Verification of any Pressure Gauges.

5.2 The accuracy of the calibration of Pressure Gauges or the verification of calibration is highly dependent on the accuracy of the reading of the location of the Pressure Indicating Needle on the Gauge Face. While there is an attempt to precisely align the needle with the Gauge Face Indicating Line, it is nearly impossible to maintain that control. In an effort to explain any variations that could be noted between calibrations or verifications, it is recommended that a notation be added to the Calibration Document to signify that the intended increment was not precisely obtained. At that increment it would be noted that the value actually achieved was plus or minus an extrapolated pressure noted during the calibration.

5.2.1 For example: If the target increment on the gauge Face was intended to be 2,000 psi and the Indicating Needle was somewhat over the 2,000 psi line, perhaps enough to interpret as 10 psi, the notation on the Calibration Record would read:

2,000 psi +10

5.2.2 The requirements for Stressing or Detensioning Tendons do not require the Pressure to be read any finer than 10 psi during the In-Service Inspections. The Hydraulic Ram Calibration Procedure takes the reading error into account for Stressing or Detensioning along with any other errors that may occur as a result of calibration or gauge reading, thereby maintaining the accuracy or integrity of the work being performed. It is therefore necessary to document any minor variations during calibration or verification activities, so as to maintain the integrity of the accuracy of the Pressure Gauges.



## **6.0 DOCUMENTATION**

- 6.1 A gauge Calibration Record form shall be prepared for each gauge being calibrated or verified. All pertinent information as required by the form shall be posted during calibration or verification.
- 6.2 Calibration or verification documents shall be retained in the appropriate jobsite Quality file.

## **7.0 ATTACHMENTS**

- 7.1 Gauge Calibration Record Form.



Project: TMI NUCLEAR PLANT UNIT 1 – 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED \_\_\_\_\_  
 GAUGE I.D. \_\_\_\_\_  
 MASTER GAUGE I.D. \_\_\_\_\_  
 REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MASTER GAUGE (PSI)	JACK GAUGE (PSI)

QC SIGN OFF \_\_\_\_\_

Project: TMI NUCLEAR PLANT UNIT 1 – 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED \_\_\_\_\_  
 GAUGE I.D. \_\_\_\_\_  
 MASTER GAUGE I.D. \_\_\_\_\_  
 REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MASTER GAUGE (PSI)	JACK GAUGE (PSI)

QC SIGN OFF \_\_\_\_\_



EXELON  
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CONTAINMENT BUILDING TENDON SURVEILLANCE

PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE

QUALITY CONTROL INSPECTION

*Melissa Lara*

Prepared by

Q.C. INSPECTOR

Title

09/03/13

Date

*Gerald F. Bussone*

Approved by

Q.A. MANAGER

Title

09/03/13

Date

*Paul C. Smith*

Approved by

PRESIDENT

Title

09/03/13

Date



## 1.0 QUALITY CONTROL INSPECTIONS

- 1.1 Where Precision Surveillance Corporation is not acting as the General Contractor for the Post-Tensioning operations, Quality Control Inspections shall be performed by the organization responsible for the quality control function of that portion of the work they are performing, as stated in PSC Procedure QA 4.0 of this manual, or as agreed to in the contract documents.
- 1.2 It is PSC's intent to provide the Quality Control activities for the Surveillance Inspection of the Post-Tensioning Tendon System as agreed to in the contract documents and as stated in the Surveillance I.S.I. Manual.
- 1.3 Quality Control documents shall NOT BE SIGNED until all information for the inspections or tests for which that document is being generated have been entered onto that document.
  - 1.3.1 Partially completed inspection or tests, those where the operation cannot be completed on the same day, shall be initialed and dated by the Inspector for those items that have been completed and require documentation.
  - 1.3.2 Partially completed inspections or tests, those where the operation is interrupted by a temporary condition such as lunch or a break and where the operation shall be completed the same day, may be initialed completed by the Inspector to that point, for those items that have been completed and require documentation.
- 1.4 Quality Control documents that are being reviewed for completeness but were not witnessed by the reviewer shall be signed for that review ONLY AFTER completion of the review and NOT BEFORE.
- 1.5 A Quality Control document is defined as any document or record that contains a Quality Control Inspector signature requirement.
- 1.6 All inspections shall be documented on the appropriate inspection form for those operations witnessed on that day. All inspection documents shall be signed or initialed, dated and retained in the appropriate Quality file at the jobsite.
- 1.7 Quality Control Documentation shall be completed and turned in for review as soon as possible after completion of that Inspection Test or Evaluation.
- 1.8 Reviews of Quality Control Documentation should be completed within 24 hours of receipt or sooner to verify that the information is accurate and complete. Errors or deficiencies shall be resolved without delay.



1.9 There are a number of Quality Control Documents that may not be completed in one day or require posting to another document. It is advisable to make reproductions of these documents and use these to complete whatever actions are necessary, while retaining the original document, even though incomplete, in a Quality Control file. The additional information can be entered onto the original document until completed. Leave the reproduced copies attached to the back of that document until the review is completed, at which time the reproductions may be disposed of.

1.10 It may be necessary to generate more than one original copy of a Quality Control Document for an Inspection or Test on a tendon. This shall be acceptable just so the total quantity of pages and the page number appear on each document.

## **2.0 INSPECTION**

2.1 The term Inspection is meant to include:

2.2 The witnessing of an operation that generates Quality Control Data which is documented by the Inspector.

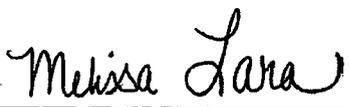
2.3 The performance of some operation by the Inspector, such as measuring or other Quality Control Data, which is documented by the Inspector.



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CONTAINMENT BUILDING TENDON SURVEILLANCE**

**PRECISION SURVEILLANCE CORPORATION  
IN-SERVICE INSPECTION  
QUALITY CONTROL PROCEDURE**

**AUDITS**

 <hr/> Prepared by	Q.C. INSPECTOR <hr/> Title	09/03/13 <hr/> Date
 <hr/> Approved by	Q.A. MANAGER <hr/> Title	09/03/13 <hr/> Date
 <hr/> Approved by	PRESIDENT <hr/> Title	09/03/13 <hr/> Date



## 1.0 AUDITS

- 1.1 Surveillance operations shall be audited as required by the project specifications or as agreed to in the contract documents, to verify conformance with the approved job related manuals and procedures.
- 1.2 Audits shall be performed by qualified personnel of the Precision Surveillance Corporation Quality Assurance Section and who shall be independent of the area being audited.
- 1.3 Audits shall be performed using a checklist prepared prior to the audit, with the results documented on a Jobsite Audit Summary Sheet and a commentary noted on an Audit Finding Report form or similar type documents.
- 1.4 Audits shall be performed on a random basis and shall be scheduled when a variety of operations are being performed or as a specific activity occurs.
- 1.5 Subsequent audits shall provide a review of previously noted deficiencies or program non-compliance to ensure appropriate action has been taken to resolve those areas of concern.
- 1.6 Copies of the audit report shall be maintained in the appropriate jobsite quality files and distributed in accordance with the project specifications or distribution list on the audit checklist.
- 1.7 The audits shall be performed as early in the life of the In-Service Inspection, as is practical, and must consider the limitations of the scaffolding or platforms.
- 1.8 The elements to be audited shall be commensurate with the status and importance associated with the In-Service Inspection activities.
- 1.9 Exelon has the right of access for the performance of quality audit.
- 1.9.1 Any findings noted as a result of an Exelon audit shall be addressed by Precision Surveillance Corporation on a timely basis with corrective action as approved by Exelon.



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 9-23-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS NONE

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	3990
5000	4990
6000	6000
7000	7000

QC SIGN OFF WRR 9-23-2013

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 9-24-13  
 GAUGE I.D. CC-138756  
 MASTER GAUGE I.D. 44083  
 REMARKS NONE

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	1000
2000	1990
3000	3000
4000	4000
5000	5000
6000	4000
7000	7000

QC SIGN OFF CLW 9-24-13



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 9-27-13  
 GAUGE I.D. CC-138756  
 MASTER GAUGE I.D. 44083  
 REMARKS NONE

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1980
3000	2980
4000	3980
5000	4990
6000	6000
7000	7000

QC SIGN OFF CGW 9-27-13

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-1-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1980
3000	2990
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF WRR 10-1-2013



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-2-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. Renee Collier

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-3-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	3990
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. Renee Collier



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-8-2013  
 GAUGE I.D. CC 138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF C. H. Vint

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-9-13  
 GAUGE I.D. CC-138755  
 MASTER GAUGE I.D. 44083  
 REMARKS NONE

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	1000
2000	2000
3000	2990
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF C. H. Vint



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-9-13  
 GAUGE I.D. CC-138756  
 MASTER GAUGE I.D. 44083  
 REMARKS NONE

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	1000
2000	1980
3000	2980
4000	3990
5000	4990
6000	6000
7000	7000

QC SIGN OFF *Alt. Wt*

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED \_\_\_\_\_  
 GAUGE I.D. \_\_\_\_\_  
 MASTER GAUGE I.D. 44083  
 REMARKS \_\_\_\_\_

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	
2000	
3000	
4000	
5000	
6000	
7000	

QC SIGN OFF \_\_\_\_\_



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-14-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 440837WRR 10-14-13  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1980
3000	2980
4000	3980
5000	4990
6000	6000
7000	7000
8000	8000

QC SIGN OFF W.R. Pollock

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-14-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W.R. Pollock



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-15-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1990
3000	2990
4000	3990
5000	4990
6000	6000
7000	7000
8000	8000

QC SIGN OFF W.R. Pollock

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-15-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W.R. Pollock



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-16-13  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	3990
5000	4900
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. R. Robb

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-16-13  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1980
3000	2980
4000	3980
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. R. Robb



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-17-13  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. Bruce Robt

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-17-13  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1980
3000	2980
4000	3990
5000	4990
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. Bruce Robt



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-18-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	1000
2000	2000
3000	3000
4000	4000
5000	5000
6000	6000
7000	7010

QC SIGN OFF W. R. Robbin

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-21-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1980
3000	2980
4000	3980
5000	4990
6000	6000
7000	7000

QC SIGN OFF W. R. Robbin



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-28-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. R. Robb

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-28-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	3990
5000	4990
6000	5990
7000	7000
8000	8000

QC SIGN OFF W. R. Robb



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-29-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	980
2000	1980
3000	2990
4000	3990
5000	4990
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. Bruce Robb

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 10-29-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000

QC SIGN OFF W. Bruce Robb



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-1-13  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7010

QC SIGN OFF W.R. Pablan

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-4-13  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF W.R. Pablan



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-5-2013  
GAUGE I.D. CC138755  
MASTER GAUGE I.D. 44083  
REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	1000
2000	2000
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF W.R. Roblin

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-7-2013  
GAUGE I.D. CC138755  
MASTER GAUGE I.D. 44083  
REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF W.R. Roblin



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-14-13  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	3990
5000	5000
6000	6000
7000	7000

QC SIGN OFF W. R. Patton

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-15-13  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2990
4000	3990
5000	5000
6000	6000
7000	7000

QC SIGN OFF W. R. Patton



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-18-13  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	2000
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF W.P. Robb

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-18-13  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS None

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1980
3000	2980
4000	3980
5000	4990
6000	6000
7000	7000

QC SIGN OFF W.P. Robb



Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-20-2013  
 GAUGE I.D. CC138755  
 MASTER GAUGE I.D. 44083  
 REMARKS NONE

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000

QC SIGN OFF W. R. Peltier

Project: TMI NUCLEAR PLANT UNIT 1 - 40<sup>th</sup> Year

Job # N1091

**GAUGE CALIBRATION VERIFICATION RECORD**

DATE CHECKED 11-20-2013  
 GAUGE I.D. CC138756  
 MASTER GAUGE I.D. 44083  
 REMARKS NONE

MASTER GAUGE (PSI)	JACK GAUGE (PSI)
1000	990
2000	1990
3000	2890
4000	3990
5000	5000
6000	6000
7000	7000

QC SIGN OFF W. R. Peltier





NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC / CA NO.: NCR-N1091-001

NONCONFORMANCE: *Per PSC procedure 8.0 sec. 13.5 when 1 or more protruding wires that have not been previously documented are detected during inspection, the client shall be notified by a NCR. Two protruding wires were found on tendon # H24-15 butt. 4 shop end. Both wires are protruding approx 0.25".*

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:

RECOMMENDED CORRECTIVE ACTION: *Client to determine.*

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE: *Client to determine.*

INITIATOR: TITLE DATE:

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS:

PSC APPROVAL SIGN & DATE:	QC <i>[Signature]</i> 9-27-13	QA <i>[Signature]</i> 9/30/13	ENGINEERING <i>[Signature]</i> 9/30/13
---------------------------	-------------------------------	-------------------------------	--

EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_  
 QA \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

DISTRIBUTION			DISPOSITION COMPLETED	
<input checked="" type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____	
<input type="checkbox"/> QE SECTION	<input type="checkbox"/> CONTR. MGMT.	<input checked="" type="checkbox"/> <i>Site File</i>	TITLE: _____	
<input checked="" type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> EXELON	<input type="checkbox"/> _____	DATE: _____	



N1091 PSC PROCEDURE SQ 8.0  
 ANCHORAGE INSPECTION  
 Data Sheet 8.0B  
 09/03/13  
 Page 1 of 1  
 Revision 0

Project: TMI 2013 TENDON SURVEILLANCE  UNIT 1  
 (7.3) Tendon No.: 24H15 Tendon End: BUTT 4  Shop

ANCHORAGE INSPECTION CRITERIA

As-Found  Post De-Tensioning / Pre-Wire Removal  Post Re-Tensioning Q.C. Signoff

9.0 & 10.0 - CORROSION & CRACK INSPECTION

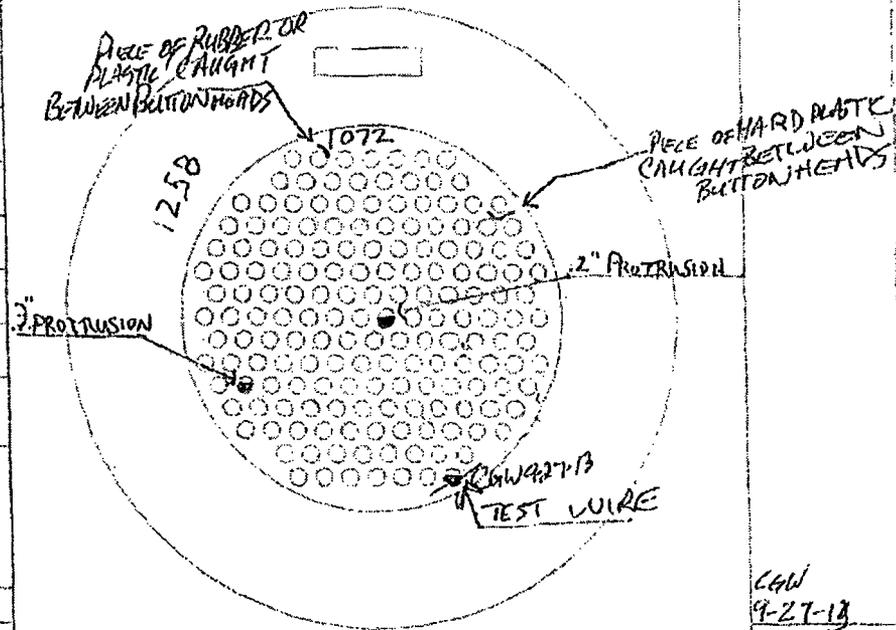
(9.2) Buttonheads	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Anchorhead	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bushing	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Shims	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bearing Plate	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

<sup>(1)</sup> - Corrosion Level of C requires a NCR. <sup>(2)</sup> - Compose a sketch of the cracks on Sketch Sheet 8.0 and initiate a NCR.

CLW  
9-27-13

11.0 - BUTTONHEAD INSPECTION

- Offsize (Malformed)
- Protruding/unseated wire/buttonheads
- Broken/missing wire/buttonheads
- Previously identified as missing
- Discontinuous -- removed this surveillance
- wire(s) being removed during this surveillance for testing



CLW  
9-27-13

(11.2) Anchorhead I.D. 1072  
 Located on Sketch:  Yes  No  
 Bushing I.D. 1258  
 Located on Sketch:  Yes  No  
 (11.4) Missing Buttonheads Found:  
 Yes  No Quantity: N/A  
 Additional information: Shim stack h: 2"  
1 2" SHIM

(12.2) Number of Protruding Buttonheads (w): 2 (8.3) Illumination source OC 11-026 FLASHLIGHT  
 (12.3) Number of Missing Buttonheads (w, ): 0  
 (12.4) Total of Protruding + Missing Buttonheads: 2 (12.6) Continuity Test Requested?  Yes  No  
 (12.5) Total # of Effective Buttonheads Seated: 107 Wires Identified?  Yes  No  
 (12.7) Overall Results  Acceptable  Un-Acceptable Customer Notified NCR#: NCR-11091-001 (CLW) 9-27-13

QC Reviewed: W. Lance Robles Level: II Date: 9-27-2013



N1091 PSC PROCEDURE QA 9.0  
 NONCONFORMANCES  
 NCICAR FORM  
 09/03/13  
 Revision 0  
 Page \_\_\_ of \_\_\_

NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC / CA NO.: NCE-N1091-002

NONCONFORMANCE: *1 additional missing wire/buttonhead that was not previously reported. Per PSC procedure I.Q. 8.0 sec. 13.6 when 1 or more missing wires or buttonheads are detected Exxelou Engineering is to be notified by a NCR*  
*This is at the gallery/field end of tendon # V136.*

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:

RECOMMENDED CORRECTIVE ACTION: *Client to determine.*

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE: *Client to determine.*

INITIATOR: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS:

PSC APPROVAL SIGN & DATE: QC *W. Roman Poble* 10-2-2013 QA *A. Bussone* 10/2/13 ENGINEERING *[Signature]* 10/2/13

EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: QA \_\_\_\_\_ DATE \_\_\_\_\_

DISTRIBUTION			DISPOSITION COMPLETED	
<input type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____	
<input type="checkbox"/> QE SECTION	<input type="checkbox"/> CONTR. MGMT.	<input type="checkbox"/> _____	TITLE: _____	
<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> EXELON	<input type="checkbox"/> _____	DATE: _____	



N1091 PSC PROCEDURE SQ 8.0  
 ANCHORAGE INSPECTION  
 Data Sheet 8.0A  
 09/03/13  
 Page 1 of 1  
 Revision 0

Project: TMI 2013 TENDON SURVEILLANCE

UNIT 1

(7.3) Tendon No.: V-1310 Tendon End: GALLERY

Field

**ANCHORAGE INSPECTION CRITERIA**

As-Found     Post De-Tensioning / Pre-Wire Removal     Post Re-Tensioning

Q.C. Signoff

**9.0 & 10.0 - CORROSION & CRACK INSPECTION**

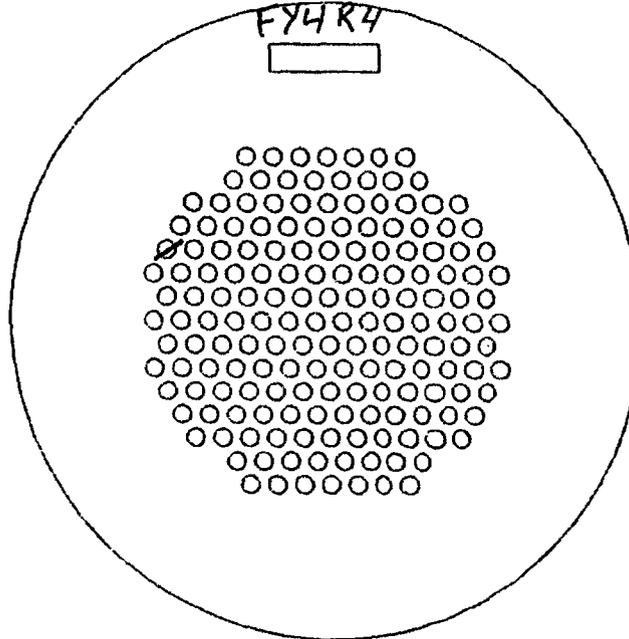
(9.2) Buttonheads	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Anchorhead	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Shims	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bearing Plate	Level: <u>B</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

*CGW*  
10-2-13

<sup>(1)</sup> - Corrosion Level of C requires a NCR. <sup>(2)</sup> Compose a sketch of the cracks on Sketch Sheet 8.0 and initiate a NCR.

**11.0 - BUTTONHEAD INSPECTION**

- Offsize (Malformed)
- Protruding/unseated wire/buttonheads
- Broken/missing wire/buttonheads
- Previously identified as missing
- Discontinuous - removed this surveillance.
- wire(s) removed during this surveillance for testing



*CGW*  
10-2-13

(11.2) Anchorhead I.D. FY4R4  
 Located on Sketch:  Yes  No

(11.4) Missing Buttonheads Found:  
 Yes  No Quantity: 1  
SEARCHED GREASE IN CAP

Additional Information:  
Shim stack ht. - 4.1" (2 2")

(12.2) Number of Protruding Buttonheads (☐): 0  
 (12.3) Number of Missing Buttonheads (☐, ☒): 1  
 (12.4) Total of Protruding + Missing Buttonheads: 1  
 (12.5) Total # of Effective Buttonheads Seated: 108  
 (12.7) Overall Results  Acceptable  Un-Acceptable

(8.3) Illumination source CC 11-0226 FLASHLIGHT

(12.6) Continuity Test Requested?  Yes  No  
 Wires Identified?  Yes  No

Customer Notified NCR#: NCR-N1091-002

*CGW*  
10-2-13

QC Reviewed: \_\_\_\_\_

Level: \_\_\_\_\_

Date: \_\_\_\_\_



N1091 PSC PROCEDURE QA 9.0  
 NONCONFORMANCES  
 NC/CAR FORM  
 09/03/13  
 Revision 0  
 Page \_\_\_ of \_\_\_

NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC / CA NO.: NER-N1091-003

NONCONFORMANCE: V-136 tendon was locked off at 1414 kips which is over 70% of guts. Per PSC procedure sec 11.0 sec. 9.8.3 Lock off force is not to exceed 70% of G.U.T.S. (1394 kips for a 169 wire tendon, or 8.25 kips per wire.

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:  
Mistake by Quality Control inspector.

RECOMMENDED CORRECTIVE ACTION: Client to determine.

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE:

INITIATOR: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS:

PSC APPROVAL SIGN & DATE:	QC <u>W. Rance Robbins</u> <u>10-8-2013</u>	QA <u>A. Bussone</u> <u>10/8/13</u>	ENGINEERING <u>[Signature]</u> <u>10/9/13</u>
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EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_  
 QA \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

DISTRIBUTION			DISPOSITION COMPLETED	
<input checked="" type="checkbox"/> QA SECTION	<input checked="" type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____	
<input type="checkbox"/> QE SECTION	<input type="checkbox"/> CONTR. MGMT.	<input checked="" type="checkbox"/> <u>Site File</u>	TITLE: _____	
<input checked="" type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> EXELON	<input type="checkbox"/> _____	DATE: _____	



Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE  Unit 1  
 (7.8) Tendon No.: V-136 Tendon End: Top  Shop  Field

LIFT-OFF INSPECTION CRITERIA

Q.C. Signoff

(9.3) Temp. of Concrete: 84 °F Thermometer No.: ST-102 Recal Date: 10-29-13  
 Ambient Temp.: 80 °F Thermometer No.: PK104 Recal Date: 10-29-13 WRP10-2-13

(9.4) Anchorhead and Stressing Adapter Threads:  Acceptable  Unacceptable

(9.5) Number of Effective Wires: 168

(9.6) Anchorhead and Stressing Adapter Engagement/Alignment:  Acceptable  Unacceptable WRP10-2-13

(9.7) RAM ID: 9400 Recal Date: end of job RAM Area: 231.947 K = -0.269  
 Gauge ID: CC138755 Recal Date: Daily on use Daily Check: OK WRP10-2-13

(9.8) Shim Stack Height: #1 15 in. #2 15 in. Ruler ID: R94 Recal Date: 11-9-13  
 Individual Shims: Stack #1: 4,4,4, 1/2, 1/4, 2 in. Stack #2: 4,4,4, 1/2, 1/4, 2 in. WRP10-2-13

(9.9) Lift-off Overstress Force (LOSF): 1592 kips Pressure: 6867.76 psi

(9.10) PF: 1306 kips 95% PF: 1241 kips 90% PF: 1175 kips  
5634.19 psi 5353.83 psi 5069.16 psi WRP10-2-13

(9.11.5) As-Found Lift-Off (9.11.13) Circled Values  
 Stack #1: 1) 5750 psi Stack #2: 1) 5760 psi 1) 5760 psi  
 2) 5750 psi 2) 5760 psi 2) 5760 psi  
 3) 5750 psi 3) 5760 psi 3) 5760 psi

(9.11.13) End Average Force (this end): 1335.17 kips Average: 5760 psi WRP10-2-13

(9.11.14) End Avg. Force (other end): N/A kips (9.11.15) Average Lutoff (ALV) 1335.17 kips

(9.11.16) Lutoff (ALV) Acceptance Criteria:  
 a)  Acceptable – ALV is ≥ 95% PF.  
 b)  Adjacent Tendons to be stressed – ALV is < 95%PF but ≥ 90%PF. Document on a NCR.  
 c)  Unacceptable – ALV is < 90%PF. Document on a NCR.  
 NCR Required  Yes  No Customer Notified NCR No.: N/A WRP10-2-13

(9.11.17) Adjacent Tendon Lift-Offs (Note: Use a separate Data Sheet 9.0 to document Lutoff forces.)  
 a) { Adj Tendon: \_\_\_\_\_  Acceptable – ALV > 95% of PF, The original scope tendon SHALL be restored to within -0/+6% of PF, but in no case, no greater than 0.70 GUTS as determined for the number of effective wires. N/A  
 This Tendon: \_\_\_\_\_  
 Adj Tendon: \_\_\_\_\_ EXELON Notified:  Yes  No Name/Date: \_\_\_\_\_ WRP10-2-13

b) { Adj Tendon: \_\_\_\_\_  Unacceptable – ALV < 95% of PF for either tendon. Document the condition on a NCR. N/A  
 Adj Tendon: \_\_\_\_\_ Customer Notified NCR No.: \_\_\_\_\_ WRP10-2-13

c) { Adj Tendon: \_\_\_\_\_  Unacceptable – ALV < 90% of PF for either tendon. Document the condition on a NCR. N/A  
 Adj Tendon: \_\_\_\_\_ Customer Notified NCR No.: \_\_\_\_\_ WRP10-2-13

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE  Unit 1  Unit 2  
 (9.3) Tendon No.: V-136 Tendon End: TOP  Shop  Field  
 (9.4) Temp. of Concrete: 81 °F Thermometer No.: ST 102 Recal Date: 10-29-13  
 Ambient Temp.: 85 °F Thermometer No.: PK-104 Recal Date: 10-29-13  
 (9.5) Anchorhead and Stressing Adapter Threads:  Acceptable  Unacceptable

RETENSIONING DOCUMENTATION		QC Signoffs
(9.6) Number of Effective Wires: <u>167</u>	(from Data Sht. 8.0) <u>see data sheet SQ 8.0 from gallery end.</u>	
(9.7) Anchorhead and Stressing Adapter Engagement/Alignment: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		
(9.7.3) RAM ID: <u>9400</u> Recal Date: <u>End of Job</u> RAM Area: <u>231.847</u> K <u>-0.26A</u>		
Gauge ID: <u>CC138755</u> Recal Date: <u>Daily on use</u> Dally Check: <u>OK</u>		<u>WRR 10-2-13</u>

**Calculated Force for Elongation Measurement and Retensioning using formula below**  
**NOTE: Stress during Lift-Off should not exceed 9.425 kips per effective wire or 1592 kips for a 169 wire tendon.**

(9.8.4) PTF = <u>197</u> kips	Pressure: <u>850.86</u> psi	
Step 1 = <u>800</u> kips	Pressure: <u>3451.71</u> psi	Elongation: <u>4.84</u> in.
Step 2 = <u>1200</u> kips	Pressure: <u>5176.99</u> psi	Elongation: <u>8.05</u> in.
LOF = <u>1339.17</u> kips	Pressure: <u>5760.00</u> psi	
OSF = <u>1568</u> kips	Pressure: <u>6724.24</u> psi	Elongation: <u>11</u> in.

WRR 10-2-13

$$P = \frac{(F - K)}{A} \times 1000$$

Key: F = Force (kips)  
 A = Ram Area (in<sup>2</sup>)  
 P = Gauge Pressure (psi)  
 K = Constant factor (kips)  
 (CAUTION: "K" constants can be either positive or negative.)

NOTE: We removed 1 set of 1/4" shims and added 1 set of 1/8" shims at the top end.  
 We added 1 set of 1" shims at the bottom/gallery end.  
 HT #5 1/8" - R1657  
 WRR 10-2-13 1/2" - 9F702F

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



N1091 PSC PROCEDURE SQ 11.0  
RETENSION TENDONS  
DATA SHEET SQ 11.0  
09/03/13  
Page 2 of 2  
Revision

Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE  Unit 1  Unit 2  
(9.3) Tendon V-136 Tendon End: Top  Shop  Field

**Actual Observed Force and Elongation Measurements using formula below**

QC Signoffs

(9.9.4.1) PTF = 196.80 kips Pressure: 950 psi  Elongation: 3.95 in.  
(9.9.5.1) Step 1 799.60 kips Pressure: 3450 psi Elongation: 9.2 in.  
(9.9.6.1) Step 2 1200.70 kips Pressure: 5180 psi Elongation: 12.8 in.  
(9.9.7.1) OSF = 1567.02 kips Pressure: 6760 psi  Elongation: 16.0 in.

NR 10-2-13

$$231.847 \text{ Area } K = -0.269$$

$$F = \frac{A \times P}{1000} + K$$

(9.9.8)  $\text{②} - \text{①} =$  12.05 in. Elongation Value (this end)  
(9.9.9) N/A in. Elongation Value (opposite end)  
(9.9.10) 12.05 in. TOTAL Tendon Elongation Value  
(9.9.12.1) Elongation 9.54% Ruler ID: R-94 Recal Date: 11-9-13

(9.9.12.3) Elongation Results  Acceptable  Unacceptable  
Customer Notified NCR No.: N/A

Options	Original Lift-off Values from Data Sheet SQ 9.0
A	Lift-off < Predicted Force <input type="checkbox"/> Use Predicted Force - 0 + 6%
B	Lift-off > Predicted Force <input checked="" type="checkbox"/> Use Lift-off - 0 + 6%
C	Lift-off > 67% GUTS <input type="checkbox"/> Use 70% + 0 - 3% GUTS (effective wires)
D	Lift-off > 70% GUTS <input type="checkbox"/> Use 70% + 0 - 3% GUTS (effective wires)

(9.10.5) LOF Acceptable Range Min Max  
As found lift-off/or predicted (highest): 1335.17 kips 1415.28 kips  
From: 5760 psi To: 6103.60 psi

NR 10-2-13

(9.10.6) Actual Lift-Off (9.10.8) Circled Values  
Stack #1: 1) 6090 psi Stack #2: 1) 6100 psi 1) 6100 psi  
2) 6090 psi 2) 6100 psi 2) 6100 psi  
3) 6090 psi 3) 6100 psi 3) 6100 psi

(9.10.8) Force (this end): 1414.00 kips Actual Average: 6100 psi

(9.10.9) Force (opposite end): N/A kips (9.10.10) Tendon ALV Force 1414 kips

(9.10.11) ALV Acceptable:  Yes  No Customer Notified NCR No.: N/A

(9.10.15) Additional broken/missing wires:  No  Yes Amount: 0

(9.10.16) Additional Protruding/Unseated wires:  No  Yes Amount: 0

9F702F  
1/8 R1657 If Yes - Customer Notified NCR No.: N/A

(9.10.17) Final Shim Stack Height: #1: 4,4,4 1/2, 1/8, 2 in. #2: 4,4,4 1/2, 1/8, 2 in.

NR 10-2-13

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



N1091 PSC PROCEDURE QA 9.0  
 NONCONFORMANCES  
 NC/CAR FORM  
 09/03/13  
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NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC / CA NO.: NCR-N1091-004

NONCONFORMANCE: EXCESSIVE SHIM GAP FOUND AT AS FOUND INSPECTION OF TENDON D-143 SOUTH/SHOP END. SHIM GAP MEASURED 1 INCH WIDE ON TOP SIDE OF SHIM STACK. PER PSC PROCEDURE S&B.O SEC. 12.7 EXELON ENGINEERING SHALL BE NOTIFIED BY A NCR.

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:  
 POSSIBLY CENTER HOLE OF SHIMS IS TOO SMALL, SHIMS APPEAR TO BE AGAINST THE WIRE BUNDLE

RECOMMENDED CORRECTIVE ACTION:  
 CLIENT TO DETERMINE

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE:

INITIATOR: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS: AS FOUND GAP WAS 1" WIDE, AS LEFT WAS .5" AT TOP .25" AT BOTTOM, CLOSED AS MUCH AS POSSIBLE.

PSC APPROVAL SIGN & DATE:	QC <i>John W. J. 10-9-13</i>	QA <i>A. Busone 10/9/13</i>	ENGINEERING <i>R. J. Hill 10/9/13</i>
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EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_  
 QA \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

DISTRIBUTION			DISPOSITION COMPLETED	
<input checked="" type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____	TITLE: _____
<input type="checkbox"/> QE SECTION	<input type="checkbox"/> CONTR. MGMT.	<input checked="" type="checkbox"/> SITE FILE	DATE: _____	
<input checked="" type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> EXELON	<input type="checkbox"/> _____		



N1091 PSC PROCEDURE QA 9.0  
 NONCONFORMANCES  
 NC/CAR FORM  
 09/03/13  
 Revision 0  
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NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC/CA NO.: NCR-N1091-005

NONCONFORMANCE: *Excessive shim gap on the buttress 1 end of H13-08, the gap measures 1" at the top side. Per PSC procedure S.Q.8.0 sec. 12.7 the client is to be notified by a NCR.*

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:

RECOMMENDED CORRECTIVE ACTION: *Client to determine.*

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE: *Client to determine.*

INITIATOR: TITLE DATE:

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS:

PSC APPROVAL SIGN & DATE:	QC <i>W. Pamer Robb</i> 10-31-2013	QA <i>[Signature]</i> 10/31/13	ENGINEERING <i>[Signature]</i> 10/31/13
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EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_

QA \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

DISTRIBUTION			DISPOSITION COMPLETED		
<input checked="" type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____		
<input type="checkbox"/> QE SECTION	<input checked="" type="checkbox"/> CONTR. MGMT.	<input checked="" type="checkbox"/> <i>Site File</i>	TITLE: _____		
<input checked="" type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> EXELON	<input type="checkbox"/> _____	DATE: _____		



N1091 PSC PROCEDURE SQ 8.0  
 ANCHORAGE INSPECTION  
 Data Sheet 8.0B  
 09/03/13  
 Page 1 of 1  
 Revision C

Project: TMI 2013 TENDON SURVEILLANCE

UNIT 1

(7.3) Tendon No.: H 13-08 Tendon End: Buttress 1

Shop

ANCHORAGE INSPECTION CRITERIA

As-Found  Post De-Tensioning / Pre-Wire Removal  Post Re-Tensioning

Q.C. Signoff

9.0 & 10.0 - CORROSION & CRACK INSPECTION

(9.2) Buttonheads	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Anchorhead	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bushing	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Shims	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bearing Plate	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

<sup>(1)</sup> - Corrosion Level of C requires a NCR <sup>(2)</sup> - Compose a sketch of the cracks on Sketch Sheet 8.0 and initiate a NCR.

WPR 10-31-13

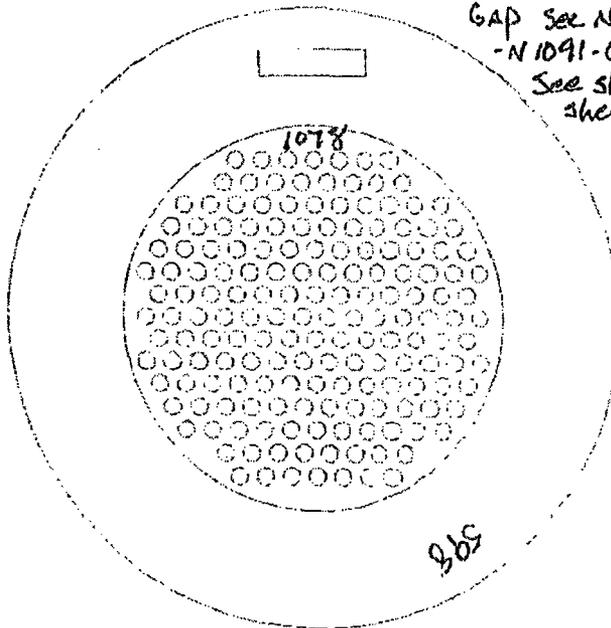
11.0 - BUTTONHEAD INSPECTION

- Offsize (Malformed)
- Protruding/unseated wire/buttonheads
- Broken/missing wire/buttonheads
- Previously identified as missing
- Discontinuous -- removed this surveillance
- wire(s) being removed during this surveillance for testing

(11.2) Anchorhead I.D. 1078  
 Located on Sketch:  Yes  No  
 Bushing I.D. 598  
 Located on Sketch:  Yes  No

(11.4) Missing Buttonheads Found:  
 Yes  No Quantity:

Additional Information: Shim stack hts - 6.6 (4, 2, 1/2)



Excessive shim GAP See NCR # - N 1091-005 See sketch sheet

WPR 10-31-13

(12.2) Number of Protruding Buttonheads (⊖): 0 (8.3) Illumination source CAF cc-11 -048 w/a flashlight  
 (12.3) Number of Missing Buttonheads (⊘, ⊙): 0  
 (12.4) Total of Protruding + Missing Buttonheads: 0 (12.6) Continuity Test Requested?  Yes  No  
 (12.5) Total # of Effective Buttonheads Seated: 169 Wires Identified?  Yes  No  
 (12.7) Overall Results  Acceptable  Un-Acceptable Customer Notified NCR#: N1091-005

WPR 10-31-13

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



N1091 PSC PROCEDURE SQ 8.0  
 ANCHORAGE INSPECTION  
 Sketch Sheet 8.0  
 09/03/13  
 Page 1 of 1  
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Project: Exelon 2012 TENDON SURVEILLANCE

UNIT 1

Tendon No.: H13-08

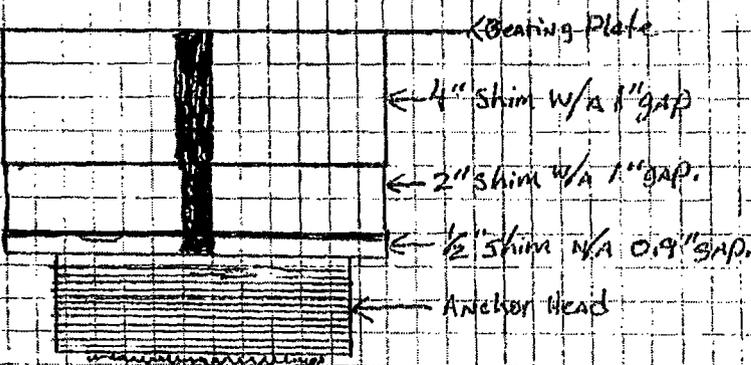
Tendon End: Buttress 1

Shop

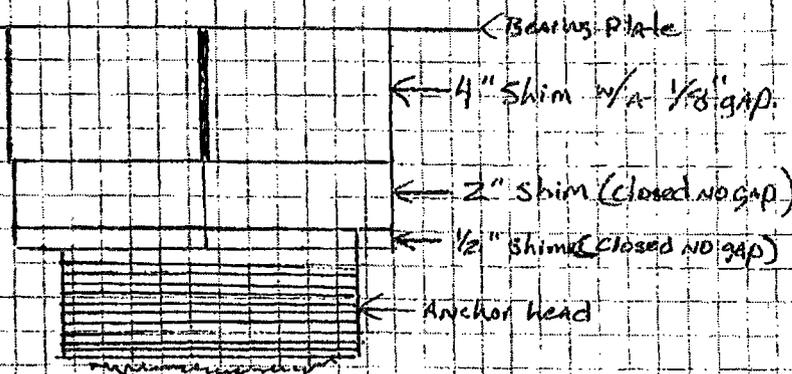
Field

(10.2) Sketch each crack as it appears in the anchorheads/bushings, shims and bearing plates. Identify each Unit by number; record the location of the anchorhead or bushing identification and apply to the sketch. Use as many Sketch Sheets as necessary being sure to list the page number below and to apply a Sketch Number to each unit with cracks. Ensure a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Exelon approval.

TOP VIEW H13-08



BOTTOM VIEW H13-08



QC Inspector: W. Parace Robb

Level: II

Date: 10-31-13

QC Reviewed:

Level:

Date:



## 7.0 PREREQUISITES

- 7.1 The Anchorage Cleanup will be completed.
- 7.2 The tendon will be in a stressed condition.
- 7.3 **QCD** – Document the tendon identification and tendon end on Data Sheet 8.0A or 8.0B, ANCHORAGE INSPECTION.

## 8.0 ANCHORAGE INSPECTION

- 8.1 The tendon anchorage, including the anchorhead, bearing plate, stressing shims, buttonheads and wires of all selected tendons shall be visually inspected (Detailed Visual Examination) for signs of corrosion, cracking, missing wires, protruding buttonheads and signs of deformation.
- 8.2 This inspection is to be performed with light conditions supplemented by auxiliary light sources if needed.
- 8.3 **QCD** – Record the illumination source used on Data Sheet 8.0A or 8.0B as applicable.
- 8.4 For Detailed Visual Examinations, access must be sufficient to place the eye within 24 inches, at an angle not less than 30° to the surface.
  - 8.4.1 Mirrors may be used to improve the angle of vision.
- 8.5 **QCD** - The gap between shim halves for the first set of shims under anchorhead shall not exceed an average of 0.25". A maximum gap of 0.50" is acceptable at one gap location if other side of shim halves is in contact. The remaining shims are allowed a maximum gap of 0.50" at each location of shim halves. Exelon Engineering shall be notified by a Nonconformance Report if the average shim gap exceeds 0.25". A gap of 0.50" on one side and 0" on the other side is acceptable.





N1091 PSC PROCEDURE QA 9.0  
 NONCONFORMANCES  
 NC/CAR FORM  
 09/03/13  
 Revision 0  
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NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC / CA NO.: NCR-N1091-006

NONCONFORMANCE: *ON tendon D-143 the grease loss to grease replaced difference exceeds 10%. The actual difference is 59.94%. Per PSC procedure 5.02 12.1 sec. 15.1 the client is to be notified by a NCR.*

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:

RECOMMENDED CORRECTIVE ACTION: *Client to determine.*

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE: *Client to determine.*

INITIATOR: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS:

PSC APPROVAL SIGN & DATE:	QC <i>N. Rance Robbin</i> <i>11-13-13</i>	QA <i>L. Bussone</i> <i>11/13/13</i>	ENGINEERING <i>R. J. O'Neill</i> <i>11/13/13</i>
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EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_  
 QA \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

DISTRIBUTION			DISPOSITION COMPLETED	
<input checked="" type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____	
<input type="checkbox"/> QE SECTION	<input checked="" type="checkbox"/> CONTR. MGMT.	<input checked="" type="checkbox"/> <i>Site File</i>	TITLE: _____	
<input checked="" type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> EXELON	<input type="checkbox"/> _____	DATE: _____	



N1091 PSC PROCEDURE SQ 12.1  
**GREASE REPLACEMENT**  
 Data Sheet 12.1a - Pressure Pumping  
 09/03/13  
 Page 1 of 1  
 Revision 0

Project: TMI 40<sup>th</sup> YEAR TENDON SURVEILLANCE Tendon No.: D-143

**GREASE REPLACEMENT**

QC SIGNOFFS

(8.4) Grease Used  NEW  OLD - TEST DATE:  ACCEPTABLE  APPROVAL LETTER DATED: NR 11-12-13  
**8.0 PREREQUISITES**  
 (8.5) Total Grease Loss from Data Sheet 6.0 for South tendon end: 15.5 gal. NR 11-12-13  
 (8.6) Total Grease Loss from Data Sheet 6.0 for East tendon end: 4.0 gal. NR 11-12-13  
 (8.7) Estimated grease losses from leaks for South tendon end: 0 gal. NR 11-12-13  
 (8.8) Estimated grease losses from leaks for East tendon end: 0 gal. NR 11-12-13  
 (8.9) TOTAL Tendon Grease Loss: 19.5 gal. NR 11-12-13

**12.0 INITIAL PRESSURE PUMPING**

(12.6) Ambient Temp.: 36 °F Thermometer ID: PK-A Recal Date: 10-11-14  
 (12.7) Grease Temp.: 200 °F Thermometer ID: PK-A Recal Date: 10-11-14  
 (12.9) Initial Grease Height (a) 43.5 in. (12.14) Final Grease Height (b) 3 in.  
 (12.16) Total amount of Grease Pumped: 71.69 gal. (a - b) x 1.77 into the South end  
 (12.18) Quantity of Waste Grease: 1.0 gal. (12.17) Was Exit Achieved?  Yes  No  
 (12.19) Total Grease Replaced this end: 70.69 gal. If no, Pressure Held for N/A psi N/A min NR 11-12-13

**13.0 HAND PUMPING - SECOND END (if necessary)**

(13.6) Ambient Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_  
 (13.7) Grease Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_  
 (13.9) Initial Grease Height (a) \_\_\_\_\_ in. (13.12) Final Grease Height (b) \_\_\_\_\_ in.  
 (13.14) Total amount of Grease added: A gal. (a - b) x 1.77 into the \_\_\_\_\_ end  
 (13.16) Quantity of Waste Grease: \_\_\_\_\_ gal. (13.15)  Poured  Hand Pumped  
 (13.17) Total Grease Replaced this end: \_\_\_\_\_ gal.

**14.0 CALCULATION OF PRESSURE PUMPING**

(14.1) Total Tendon Grease Replaced: 70.69 gal. (12.19 + 13.17)  
 (14.2) Net Tendon Duct Grease Volume: 85.4 gal. Refer to SQ 12.2 - GREASE VOLUMES for the Tendon Net Duct Volume  
 (14.3) Percent Difference:  $\frac{\text{Total Tendon Replaced (14.1) - Total Tendon Loss (8.9)}}{\text{Net Tendon Duct Grease Volume (14.2)}} \times 100 = \underline{59.94}$  % Difference NR 11-12-13  
 (14.4) Grease Leaks:  Yes  No NR 11-12-13  
 (14.5) Refill Acceptable:  Yes (less than 10%)  No (greater than 10%) NR 11-12-13  
 If No - Customer Notified NCR No.: \_\_\_\_\_ NR 11-12-13  
 (14.6) Comments: None

QC Reviewed: R A Puy Level: III Date: 11/13/13



N1091 PSC PROCEDURE QA 9.0  
 NONCONFORMANCES  
 NCICAR FORM  
 09/03/13  
 Revision 0  
 Page \_\_\_ of \_\_\_

NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC / CA NO.: NCR-N1091-007

NONCONFORMANCE: On tendon D146 the grease loss to grease replaced difference exceeds 10%. The actual difference is 58.84%. Per PSC procedure 3Q 12.1 sec. 15.1 the client is to be notified by a NCR.

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:

RECOMMENDED CORRECTIVE ACTION: Client to determine.

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE: Client to determine.

INITIATOR: TITLE DATE:

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS:

PSC APPROVAL SIGN & DATE:	QC <u>W. Vance Robb</u> <u>11-13-13</u>	QA <u>L. Brusone</u> <u>11/14/13</u>	ENGINEERING <u>Agil Chull</u> <u>11/14/13</u>
---------------------------	--	---	--

EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: QA \_\_\_\_\_ DATE \_\_\_\_\_

DISTRIBUTION			DISPOSITION COMPLETED	
<input checked="" type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____	TITLE: _____
<input type="checkbox"/> QE SECTION	<input checked="" type="checkbox"/> CONTR. MGMT.	<input checked="" type="checkbox"/> <u>Site File</u>	DATE: _____	
<input checked="" type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> EXELON	<input type="checkbox"/> _____		



N1091 PSC PROCEDURE SQ 12.1  
**GREASE REPLACEMENT**  
 Data Sheet 12.1a - Pressure Pumping  
 09/03/13  
 Page 1 of 1  
 Revision 0

Project: TMI 40<sup>th</sup> YEAR TENDON SURVEILLANCE

Tendon No.: D146

**GREASE REPLACEMENT**

QC SIGNOFFS

(8.4) Grease Used  NEW  OLD - TEST DATE: \_\_\_\_\_  ACCEPTABLE  APPROVAL LETTER DATED: WRR 10-21-13

**8.0 PREREQUISITES**

(8.5) Total Grease Loss from Data Sheet 6.0 for South tendon end: 11.5 gal. WRR 10-21-13

(8.6) Total Grease Loss from Data Sheet 6.0 for East tendon end: 4.0 gal. WRR 10-21-13

(8.7) Estimated grease losses from leaks for South tendon end: 0 gal. WRR 10-21-13

(8.8) Estimated grease losses from leaks for East tendon end: 0 gal. WRR 10-21-13

(8.9) TOTAL Tendon Grease Loss: 15.5 gal. WRR 10-21-13

**12.0 INITIAL PRESSURE PUMPING**

(12.6) Ambient Temp.: 37 °F Thermometer ID: PK-A Recal Date: 10-11-14

(12.7) Grease Temp.: 220 °F Thermometer ID: PK-A Recal Date: 10-11-14

(12.9) Initial Grease Height (a) 62.75 in. (12.14) Final Grease Height (b) 26.5 in.

(12.16) Total amount of Grease Pumped: 64.16 gal. (a - b) x 1.77 into the South end

(12.18) Quantity of Waste Grease: 1.0 gal. (12.17) Was Exit Achieved?  Yes  No

(12.19) Total Grease Replaced this end: 63.16 gal. If no, Pressure Held for N/A psi N/R min WRR 10-13-13

**13.0 HAND PUMPING - SECOND END (if necessary)**

(13.0) Ambient Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.7) Grease Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_

(13.9) Initial Grease Height (a) \_\_\_\_\_ in. (13.12) Final Grease Height (b) \_\_\_\_\_ in.

(13.14) Total amount of Grease added: \_\_\_\_\_ gal. (a - b) x 1.77 into the \_\_\_\_\_ end

(13.16) Quantity of Waste Grease: \_\_\_\_\_ gal. (13.15)  Poured  Hand Pumped

(13.17) Total Grease Replaced this end: \_\_\_\_\_ gal.

**14.0 CALCULATION OF PRESSURE PUMPING**

(14.1) Total Tendon Grease Replaced: 63.16 gal. (12.19 + 13.17)

(14.2) Net Tendon Duct Grease Volume: 31.0 gal. Refer to SQ 12.2 - GREASE VOLUMES for the Tendon Net Duct Volume

(14.3) Percent Difference:  $\frac{\text{Total Tendon Replaced (14.1)} - \text{Total Tendon Loss (8.9)}}{\text{Net Tendon Duct Grease Volume (14.2)}} \times 100 = \frac{63.16 - 15.5}{31.0} \times 100 = \underline{50.84} % Difference WRR 11-13-13$

(14.4) Grease Leaks:  Yes  No WRR 11-13-13

(14.5) Refill Acceptable:  Yes (less than 10%)  No (greater than 10%) WRR 11-13-13

If No - Customer Notified NCR No.: N1091-0087 WRR 11-13-13

(14.6) Comments: None WRR 11-13-13

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



N1091 PSC PROCEDURE QA 9.0  
 NONCONFORMANCES  
 NC/CAR FORM  
 09/03/13  
 Revision 0  
 Page \_\_\_ of \_\_\_

NONCONFORMANCE / CORRECTIVE ACTION REPORT FORM

HOLD TAG NO.: N/A NC / CA NO.: NCR-N1091-008

NONCONFORMANCE: *On tendon D-237 the grease loss to grease replaced difference exceeds 10%. The actual difference is 43.08%. Per PSC procedure SQ 12.1 sec. 15.1 the client is to be notified by a NCR.*

APPARENT CAUSE KNOWN:  YES  NO IF YES, DESCRIBE:

RECOMMENDED CORRECTIVE ACTION: *Client to determine.*

ANY NONCONFORMING ITEM TO BE REPAIRED SHALL HAVE AN APPROVED REPAIR PROCEDURE.

CORRECTIVE ACTION TO PREVENT RECURRENCE: *Client to determine.*

INITIATOR: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNIFICANT CONDITION:  YES  NO IF YES, REFER TO QAM SECTION 15.

APPROVAL COMMENTS:

PSC APPROVAL SIGN & DATE:	QC <i>W. Bruce Robinson</i> 11-14-2013	QA <i>A. Bussone</i> 11/14/13	ENGINEERING <i>[Signature]</i> 11/14/13
---------------------------	---	-------------------------------	---

EXELON APPROVAL REQUIRED  YES  NO ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_  
 QA \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS:

DISTRIBUTION			DISPOSITION COMPLETED	
<input checked="" type="checkbox"/> QA SECTION	<input type="checkbox"/> VICE PRESIDENT	<input type="checkbox"/> VENDOR	SIGNED: _____	TITLE: _____
<input type="checkbox"/> QE SECTION	<input checked="" type="checkbox"/> CONTR. MGMT.	<input checked="" type="checkbox"/> <i>Site File</i>	DATE: _____	
<input checked="" type="checkbox"/> ENGINEERING	<input checked="" type="checkbox"/> EXELON	<input type="checkbox"/> _____		



N 1091 PSC PROCEDURE SQ 12.1  
 GREASE REPLACEMENT  
 Data Sheet 12.1a - Pressure Pumping  
 09/03/13  
 Page 1 of 1  
 Revision 0

Project: TMI 40<sup>th</sup> YEAR TENDON SURVEILLANCE Tendon No.: D237

GREASE REPLACEMENT

QC SIGNOFFS

(8.4) Grease Used  NEW  OLD - TEST DATE:  ACCEPTABLE  APPROVAL LETTER DATED: WRR 11-13-13  
**8.0 PREREQUISITES**  
 (8.5) Total Grease Loss from Data Sheet 6.0 for West tendon end: 16.0 gal. WRR 11-13-13  
 (8.6) Total Grease Loss from Data Sheet 6.0 for S. East tendon end: 4.75 gal. WRR 11-13-13  
 (8.7) Estimated grease losses from leaks for West tendon end: 0 gal. WRR 11-13-13  
 (8.8) Estimated grease losses from leaks for S. East tendon end: 0 gal. WRR 11-13-13  
 (8.9) TOTAL Tendon Grease Loss: 20.75 gal. WRR 11-13-13

12.0 INITIAL PRESSURE PUMPING

(12.6) Ambient Temp.: 30 °F Thermometer ID: PK-A Recal Date: 10-11-14  
 (12.7) Grease Temp.: 220 °F Thermometer ID: PK-A Recal Date: 10-11-14  
 (12.9) Initial Grease Height (a) 64 in. (12.14) Final Grease Height (b) 26.5 in.  
 (12.16) Total amount of Grease Pumped: 66.37 gal. (a - b) x 1.77 into the West end  
 (12.18) Quantity of Waste Grease: 1.0 gal. (12.17) Was Exit Achieved?  Yes  No WRR  
 (12.19) Total Grease Replaced this end: 65.37 gal. If no, Pressure Held for N/A psi N/A min 11-14-13

13.0 HAND PUMPING - SECOND END (if necessary)

(13.6) Ambient Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_  
 (13.7) Grease Temp.: \_\_\_\_\_ °F Thermometer ID: \_\_\_\_\_ Recal Date: \_\_\_\_\_  
 (13.9) Initial Grease Height (a) \_\_\_\_\_ in. (13.12) Final Grease Height (b) \_\_\_\_\_ in.  
 (13.14) Total amount of Grease added: \_\_\_\_\_ gal. (a - b) x 1.77 into the \_\_\_\_\_ end  
 (13.16) Quantity of Waste Grease: \_\_\_\_\_ gal. (13.15)  Poured  Hand Pumped  
 (13.17) Total Grease Replaced this end: \_\_\_\_\_ gal.

14.0 CALCULATION OF PRESSURE PUMPING

(14.1) Total Tendon Grease Replaced: 65.37 gal. (12.19 + 13.17)  
 (14.2) Net Tendon Duct Grease Volume: 92.8 gal. Refer to SQ 12.2 - GREASE VOLUMES for the Tendon Net Duct Volume  
 (14.3) Percent Difference:  $\frac{\text{Total Tendon Replaced (14.1)} - \text{Total Tendon Loss (8.9)}}{\text{Net Tendon Duct Grease Volume (14.2)}} \times 100 = \frac{65.37 - 20.75}{92.8} \times 100 = 48.08\%$  % Difference WRR 11-14-13  
 (14.4) Grease Leaks:  Yes  No WRR 11-14-13  
 (14.5) Refill Acceptable:  Yes (less than 10%)  No (greater than 10%) WRR 11-14-13  
 If No -- Customer Notified NCR No.: N1091-008 WRR 11-14-13  
 (14.6) Comments: None

QC Reviewed: [Signature] Level: III Date: 4/14/13





SPECIAL FIELD REVISION CONTROL		FIELD CHANGE REQUEST NO.: <u>FCR -N1091-001</u>	
REQUEST BY: <u>Dustin Estep</u>	TITLE: <u>PSC sup.</u>	DATE: <u>10-17-13</u>	
ORIGINATOR: <u>W. Rance Robbins</u>	TITLE: <u>PSC A.C.</u>	DATE: <u>10-17-13</u>	
PROCEDURE NUMBER: <u>S.G. 2.0</u>	REV NO.: <u>0</u>	PROCEDURE TITLE: <u>Surveillance Scope</u>	
AFFECTED SECTION: <u>Table 1</u>	REVISION TO MANUAL REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
NCR REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NCR NUMBER: <u>N/A</u>	HOLD TAG NO.: <u>N/A</u>	
DETAILED DESCRIPTION OF EXISTING CONDITION: (USE EXTRA PAGES OR WRITE ON BACK) <u>Due to seismic equipment located adjacent to D-143 tendon, at the east end, it will be inaccessible for ram work.</u>			
RECOMMENDED CHANGE: <u>Change to D-146.</u>			
PSC APPROVAL SIGN & DATE:	QA <u>A. Buscane 10/17/13</u>	QC <u>W. Rance Robbins 10-17-2013</u>	ENGINEERING <u>E. J. Mull 10/17/13</u>
EXELON APPROVAL OR COMMENTS: <u>Engineering Data provided to PSC via email 10/17/13. Formal transmittal to follow via TOD1 5971-2013-033.</u>			
APPROVED SITE QA AUTHORITY: <u>[Signature]</u>		TITLE: <u>Eng. Programs</u>	DATE: <u>10/17/13</u>
DISPOSITION PSC QC:	HOLD TAG APPLIED:	HOLD TAG REMOVED:	DATE:
QC INSPECTOR:			
DISTRIBUTION			
<input type="checkbox"/> EXELON QA	<input checked="" type="checkbox"/> EXELON ENGINEERING	<input checked="" type="checkbox"/> QC PSC	
<input checked="" type="checkbox"/> QA PSC	<input checked="" type="checkbox"/> PROJECT MGR. PSC	<input checked="" type="checkbox"/> <u>Site File</u>	
<input checked="" type="checkbox"/> ENGINEERING PSC	<input type="checkbox"/> EXELON QC	<input type="checkbox"/>	

## Gerald Bussone

---

**From:** Nick Darlage  
**Sent:** Thursday, October 17, 2013 3:39 PM  
**To:** Gerald Bussone; Paul Smith; Christopher Cox; William Robbins; Dustin Estep  
**Subject:** FW: Preliminary Tendon Data: FCR Response from TMI  
**Attachments:** FCR N1091-001.pdf; ATT00001.txt

### Nick Darlage

Precision Surveillance Corporation

**From:** Grimm, Michael:(GenCo-Nuc) [<mailto:Michael.Grimm@exeloncorp.com>]  
**Sent:** Thursday, October 17, 2013 3:26 PM  
**To:** Stein, Howard:(GenCo-Nuc); Nick Darlage; Taylor, Sean Ryan:(GenCo-Nuc); Espenshade, Marvin H:(GenCo-Nuc)  
**Subject:** RE: Preliminary Tendon Data: FCR Response from TMI

Nick,

Attached is the signed FCR. You will receive a TODI formally transmitting the values in this email chain tomorrow.

Thanks,

Mike

Michael Grimm

Reactor Vessel Internals/ISI Programs Engineer, EIT



Exelon Generation

Three Mile Island  
2025 River Road, Middletown, PA 17057  
Office: 717-313-8376  
[michael.grimm@exeloncorp.com](mailto:michael.grimm@exeloncorp.com) [www.exeloncorp.com](http://www.exeloncorp.com)

**From:** Stein, Howard:(GenCo-Nuc)  
**Sent:** Thursday, October 17, 2013 3:59 PM  
**To:** Nick Darlage; Grimm, Michael:(GenCo-Nuc); Taylor, Sean Ryan:(GenCo-Nuc); Espenshade, Marvin H:(GenCo-Nuc)  
**Subject:** RE: Preliminary Tendon Data: FCR Response from TMI  
**Importance:** High

Mike-

Please see Nick's comment below.

Thanks,  
Howard

**From:** Nick Darlage [mailto:ndarlage@pscuclear.com]  
**Sent:** Thursday, October 17, 2013 3:22 PM  
**To:** Stein, Howard:(GenCo-Nuc)  
**Subject:** RE: Preliminary Tendon Data

Thanks Howard.

Can we get Mike to sign that FCR and reference this information within his response?

Thank you,

**Nick Darlage**  
Precision Surveillance Corporation

**From:** Stein, Howard:(GenCo-Nuc) [mailto:Howard.Stein@exeloncorp.com]  
**Sent:** Thursday, October 17, 2013 2:15 PM  
**To:** Nick Darlage  
**Subject:** FW: Preliminary Tendon Data

Here is info Nick!

**From:** Grimm, Michael:(GenCo-Nuc)  
**Sent:** Thursday, October 17, 2013 2:12 PM  
**To:** Stein, Howard:(GenCo-Nuc)  
**Subject:** Preliminary Tendon Data

Howard,

Please distribute this information so we can start on D-146. We need to get the TODI signed off and we have not been able to get the right people yet this morning. Will get by end of day. Work can proceed at risk with the information below.

**Tendon Stressing Data:**

Tendon Number	Normalization Factor	Predicted Force (Kips)	95% Predicted Force (Kips)	90% Predicted Force (Kips)
D-141	47	1059	1006	953
D-146	-4	1110	1055	999
D-149	52	1055	1002	950

**Tendon Net Duct Volume:**

Tendon Number	Net Duct Volume (GAL)	10% Net Duct Volume (GAL)
D-141	80.6	8.06
D-146	81	8.1
D-149	75.84*	7.58*

**\*Tendon D-149 installation cards are not included in electronic files and are not readily available. The net duct volume provided is the minimum value per calculation C-1101-153-E410-033 Revision 0, *Dome Tendon Grease Void Calculations*.**

Thanks,

Mike

**Michael Grimm**  
Reactor Vessel Internals/ISI Programs Engineer, EIT

 **Exelon**Generation.

Three Mile Island  
2625 River Road, Middletown, PA 17057  
Office: 717-943-9306  
[michael.grimm@exeloncorp.com](mailto:michael.grimm@exeloncorp.com) [www.exeloncorp.com](http://www.exeloncorp.com)

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TODI 5971-2013-033

**Tendon Stressing Data:**

Tendon Number	Normalization Factor	Predicted Force (Kips)	95% Predicted Force (Kips)	90% Predicted Force (Kips)
D-141	47	1059	1006	953
D-146	-4	1110	1055	999
D-149	52	1055	1002	950

**Tendon Net Duct Volume:**

Tendon Number	Net Duct Volume (GAL)	10% Net Duct Volume (GAL)
D-141	80.6	8.06
D-146	81	8.1
D-149	75.84*	7.58*

\*Tendon D-149 installation cards are not included in electronic files and are not readily available. The net duct volume provided is the minimum value per calculation C-1101-153-E410-033 Revision 0, *Dome Tendon Grease Void Calculations*.

**PSC to sign and confirm receipt of this information:**

Receipt: APBussone PSC QA Manager Date: 10/18/13

**References:**

- 1) CC-AA-310, *Transmittal of Design Information*
- 2) C-1101-153-E410-046, *Tendon Force Predictions*
- 3) C-1101-153-E410-033, *Dome Tendon Grease Void Calculation*
- 4) Technical Evaluation A2238266-04, *Tendon Net Duct Volume*

Supplemental Distribution: E - Mail: [ndarlage@psctendon.com](mailto:ndarlage@psctendon.com) Hard Copy: EDMS



SPECIAL FIELD REVISION CONTROL

FIELD CHANGE REQUEST NO.: FCR - N1091 - 002

REQUEST BY: Dustin Estep TITLE: PSC Sup. DATE: 11-4-2013

ORIGINATOR: W. Rance Robbins TITLE: PSC QI. DATE: 11-4-2013

PROCEDURE NUMBER: SO 12.2 REV NO.: 0 PROCEDURE TITLE: Grease Volumes

AFFECTED SECTION: 2.2 Table 7-1 REVISION TO MANUAL REQUIRED:  YES  NO

NCR REQUIRED:  YES  NO NCR NUMBER: N/A HOLD TAG NO.: N/A

DETAILED DESCRIPTION OF EXISTING CONDITION: (USE EXTRA PAGES OR WRITE ON BACK)

Need grease duct volume for H24-47, gasket repair tendons, AND H13-08, which was deemed inaccessible and replaced with H13-10 then dropped from the scope.

RECOMMENDED CHANGE:

Add net duct volumes for the two tendons listed above.

PSC APPROVAL SIGN & DATE:

QA J Buscove 11/4/13

QC W. Rance Robbins 11-4-2013

ENGINEERING J. O'Neill 11/4/13

EXELON APPROVAL OR COMMENTS:

APPROVED SITE QA AUTHORITY:

TITLE:

DATE:

DISPOSITION PSC QC:

HOLD TAG APPLIED:

HOLD TAG REMOVED:

QC INSPECTOR:

DATE:

DISTRIBUTION

- EXELON QA
- EXELON ENGINEERING
- QC PSC
- QA PSC
- PROJECT MGR. PSC
- site file
- ENGINEERING PSC
- EXELON QC



**TODI 5971-2013-037**

**PSC to sign and confirm receipt of this information:**

**Receipt:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**References:**

- 1) CC-AA-310, *Transmittal of Design Information*
- 2) C-1101-153-E410-032, *Horizontal Tendon Grease Void Calculation*
- 3) Technical Evaluation A2238266-02, *Tendon Net Duct Volume*
- 4) Technical Evaluation A2238266-04, *Tendon Net Duct Volume*

**Supplemental Distribution:**      **E - Mail:** [ndarlage@psctendon.com](mailto:ndarlage@psctendon.com)      **Hard Copy:** EDMS

**From:** Marvin H: Espenshade Marvin.Espenshade@exeloncorp.com  
**Subject:** FW: Grease Void Info  
**Date:** October 31, 2013, 12:13 PM  
**To:** Dustin Estep destep@pscuclear.com

**From:** Grimm, Michael:(GenCo-Nuc)  
**Sent:** Thursday, October 31, 2013 11:24 AM  
**To:** Espenshade, Marvin H:(GenCo-Nuc)  
**Cc:** Stein, Howard:(GenCo-Nuc); [hthill@hthpe.com](mailto:hthill@hthpe.com); Taylor, Sean Ryan:(GenCo-Nuc)  
**Subject:** Grease Void Info

Butch,

Please pass this info on to Rance. I will send the TODI out with this information once signed. Just want to make sure you guys have it.

<b>Tendon Number</b>	<b>Net Duct Volume (GAL)</b>	<b>10% Net Duct Volume (GAL)</b>
<b>H24-47</b>	<b>110.1</b>	<b>11.01</b>
<b>H13-08</b>	<b>110.7</b>	<b>11.07</b>

Thanks,

Mike

This e-mail and any attachments are confidential, may contain legal, professional or other privileged information, and are intended solely for the addressee. If you are not the intended recipient, do not use the information in this e-mail in any way, delete this e-mail and notify the sender. -EXCIP







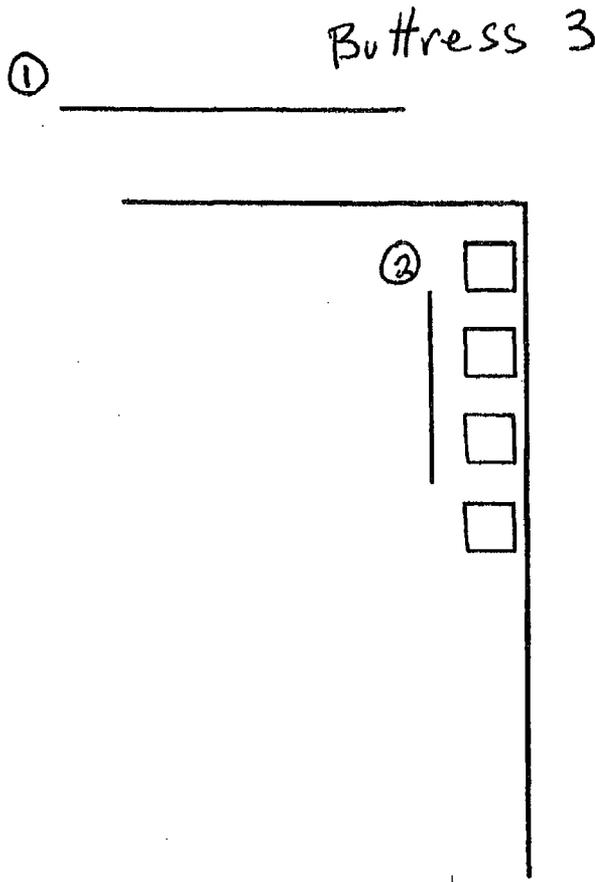


2 of  
Rep  
12/31

Project: TMI 2013 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: Buttress 3

1. Sketch or attach photographs to provide documentation or additional details as necessary.



Comments:

- ① cracking and grout degradation @ construction seam
- ② Embed is pulled away from face of concrete

QC Inspector: RAY

Level: II

Date: 12/3/13





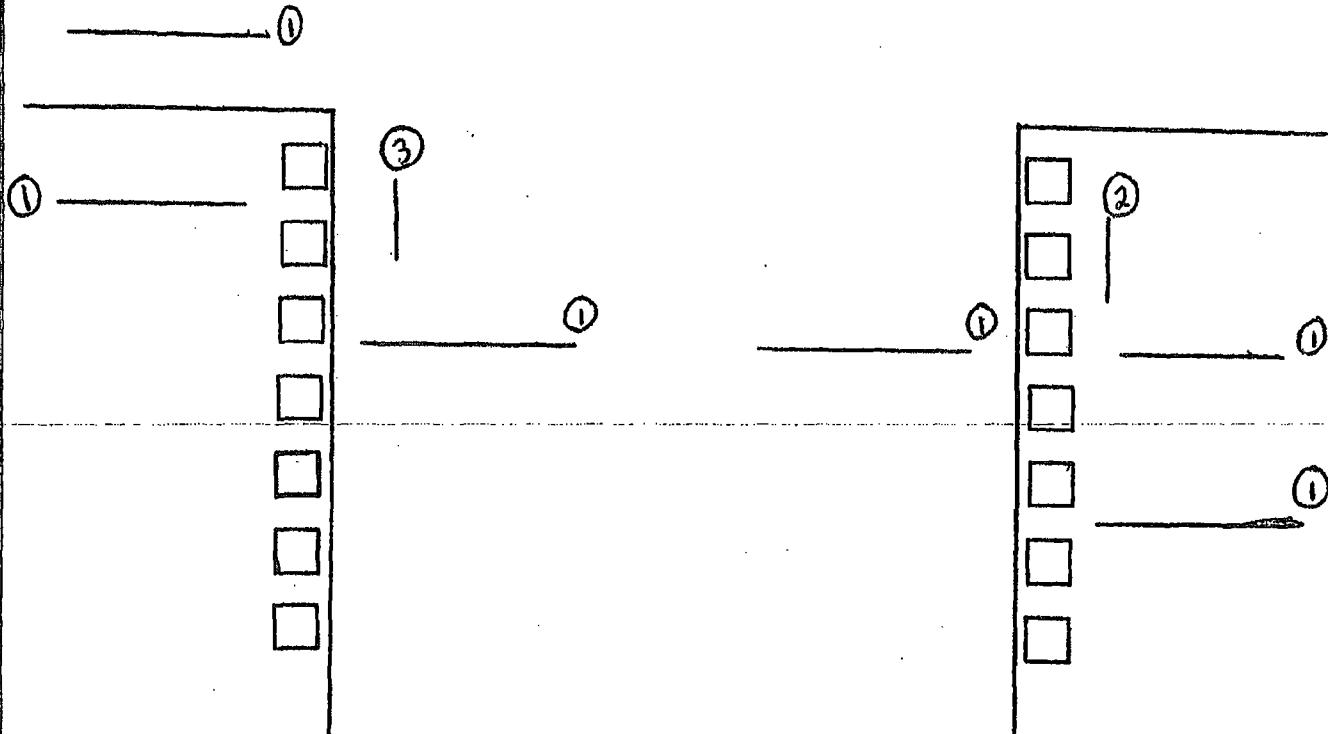
RAP  
12/03/13  
20F0

Project: TMI 2013 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: Buttress 4

1. Sketch or attach photographs to provide documentation or additional details as necessary.

Buttress 4



- ① Construction seam cracks
- ② Embed protruding from face
- ③ Embed flaking

Comments:

QC Inspector: Ronald A. Py Level: II Date: 12/3/13

**VISUAL EXAMINATION - GENERAL VISUAL EXAMINATION**

Project TMI Unit 1 Surveillance # 40TH Year 2013  
 Inspection Area: Containment tendons - Buttress 5 (outside)  
 Equipment Used Binoculars

**Concrete Surface Condition**

Containment Surface (Findings and Description)	NI	IO	RI
<u>Buttress 5 face is inaccessible due to ventilation stack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Small cracks noted &lt; 0.010 in width</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Degraded grout patches</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Minor oil stains</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Small bug holes</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Exposed embed plates with slight oxidation/no degradation noted.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Note: Conditions noted were previously reported. No apparent changes noted.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use as many sketch sheets (page 2) as needed to report any Recordable Indication (RI) or Information Only (IO) findings for the purpose of documentation and orientation.)

**Recordable Indications to be Examined For (PSC Procedure 8.4)**

- |  |  |
|--|--|
| Leaching or Chemical Attack                | Deterioration of any Concrete Coating (If applicable)            |
| Abrasion or Erosion Degradation            | Tendon Grease on Exposed Concrete Surfaces                       |
| Popouts and Voids                          | Corrosion on Grease Cans, Bearing Plates or Anchorage            |
| Cracks                                     | *Excessive Corrosion on Exposed Embedded Metal Surfaces          |
| Scaling                                    | *Detached Embedments or Loose Bolting                            |
| Spalls                                     | *Indication of Degradation Due to Vibration                      |
| Corrosion Staining on the Concrete Surface | (* The owner/agent must be notified for these noted conditions.) |
| Exposed Reinforcing Steel                  |  |
| Surface Patches or Repairs                 |  |

Comments and Disposition by Responsible Engineer  Acceptable  Unacceptable  
 Comments: \_\_\_\_\_

Inspector & Level: R. G. Bey II Date: 10/31/13  
 Responsible Engineer: [Signature] P.E. Date: 19 FEB 14  
 ANII: [Signature] Date: 4/15/14

Procedure: SQ 8.4 Rev 0



**VISUAL EXAMINATION - GENERAL VISUAL EXAMINATION**

Project TMI Unit 1 Surveillance # 40TH Year 2013

Inspection Area: Between Buttress 2 and 1

Equipment Used Binoculars; Test Chart SN 0C11-026

**Concrete Surface Condition**

Containment Surface (Findings and Description)	NI	IO	RI
Degraded grout patches *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hairline cracks *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Popouts and bugholes *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very slight spalling @ embed plates *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Slight leeching/efflorescence *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposed embed plate *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* These conditions were previously reported and remain essentially the same.			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use as many sketch sheets (page 2) as needed to report any Recordable Indication (RI) or Information Only (IO) findings for the purpose of documentation and orientation.)

**Recordable Indications to be Examined For (PSC Procedure 8.4)**

- |  |  |
|--|--|
| Leaching or Chemical Attack                | Deterioration of any Concrete Coating (If applicable)            |
| Abrasion or Erosion Degradation            | Tendon Grease on Exposed Concrete Surfaces                       |
| Popouts and Voids                          | Corrosion on Grease Cans, Bearing Plates or Anchorage            |
| Cracks                                     | *Excessive Corrosion on Exposed Embedded Metal Surfaces          |
| Scaling                                    | *Detached Embedments or Loose Bolting                            |
| Spalls                                     | *Indication of Degradation Due to Vibration                      |
| Corrosion Staining on the Concrete Surface | (* The owner/agent must be notified for these noted conditions.) |
| Exposed Reinforcing Steel                  |  |
| Surface Patches or Repairs                 |  |

Comments and Disposition by Responsible Engineer  Acceptable  Unacceptable

Comments: \_\_\_\_\_

Inspector & Level: R. A. Perry / II

Responsible Engineer: [Signature] P.E.

ANII: [Signature]

Date: 11/15/13

Date: 19 FEB 14

Date: 4/15/14

**VISUAL EXAMINATION -- GENERAL VISUAL EXAMINATION**

Project TMI Unit 1 Surveillance # 40TH Year 2013  
 Inspection Area: Between Buttress 3 and 2 (outside)  
 Equipment Used Binoculars; Test Chart SN 0211-026

Concrete Surface Condition

Containment Surface (Findings and Description)	NI	IO	RI
Hairline cracks *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposed embed plate *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Very slight leeching/efflorescence *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grout patches degraded *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spalling @ embed plates *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abandoned expansion anchors *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* Previously reported conditions remain essentially the same			

(Use as many sketch sheets (page 2) as needed to report any Recordable Indication (RI) or Information Only (IO) findings for the purpose of documentation and orientation.)

Recordable Indications to be Examined For (PSC Procedure 8.4)

- |  |  |
|--|--|
| Leaching or Chemical Attack                | Deterioration of any Concrete Coating (if applicable)            |
| Abrasion or Erosion Degradation            | Tendon Grease on Exposed Concrete Surfaces                       |
| Popouts and Voids                          | Corrosion on Grease Cans, Bearing Plates or Anchorage            |
| Cracks                                     | *Excessive Corrosion on Exposed Embedded Metal Surfaces          |
| Scaling                                    | *Detached Embedments or Loose Bolting                            |
| Spalls                                     | *Indication of Degradation Due to Vibration                      |
| Corrosion Staining on the Concrete Surface | (* The owner/agent must be notified for these noted conditions.) |
| Exposed Reinforcing Steel                  |  |
| Surface Patches or Repairs                 |  |

Comments and Disposition by Responsible Engineer  Acceptable  Unacceptable  
 Comments: \_\_\_\_\_

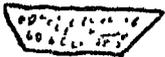
Inspector & Level: R. A. P. / II  
 Responsible Engineer: [Signature]  
 ANII: [Signature]

Date: 11/15/13  
 Date: 19 Feb 14  
 Date: 4/15/14







- ① SGR construction repair patch is coated with a shiny curing compound which is transparent and does not interfere/prohibit 100% examination. All other concrete surfaces are not coated. Condition remains unchanged.
- ② Embed plate (vertical) that is 4" wide and 2' feet from west side of Buttress 5 has the following condition(s):
- 7 tendons down from top the embed plate is pulled away from the face of the containment wall approx  $\frac{1}{4}$ " concrete has spalled on the left hand side of the embed plate.
  - 13 tendons down from top - repair patch is spalling  $9''L \times 5''w \times \frac{1}{2}''D$ .
  - 21 tendons down from top - the embed plate has pulled away from the concrete face approx.  $\frac{1}{4}$ ".
- ③ Crack just below ring girder is  $7'' \times 2'' \times \frac{1}{2}''d$ .
- ④ spalled area  - noted  $\approx \frac{1}{2}''$  in depth
- ⑤ Vertical embed plate that is 4" wide and 2' feet from east side of Buttress 6, the following conditions are noted!
- one location - embed plate concrete has degraded on Rt side. and cracks at repair area noted.
  - 2nd location - cracking/spalling of repair area @ embed plate.
  - 3rd location - embed plate has pulled away from face of concrete - concrete has separated from embed plate.
  - 4th location - concrete has separated from embed plate and embed plate is not flush with face of concrete.
  - 5th location - repair patch cracking and concrete separated from embed plate.

- f) 6<sup>th</sup> location - concrete has separated from embed plate and embed plate is not flush with concrete surface.
- g) 7<sup>th</sup> location - concrete has separated from embed plate and embed plate is not flush with face of concrete.

### General Observations: Previously reported

- a) hair cracks
- b) abandoned expansion anchors have Category A corrosion
- c) Embed plates that are exposed to the environment have Category A corrosion.
- d) Grout patches / repair areas exhibit continued degrading
- e) small bug holes

These conditions have been previously reported.

Note: Outside the scope of ASME Section XI  
IWE;

- a) Meteorological / electrical boxes exhibit significant degradation (material loss due to weathering) and provide ~~no~~ <sup>RAP</sup> little to no protection.  
11/14/13









① This examination was performed from floors, roofs, platforms, walkways, ladders and other permanent vantage points. This examination was performed on 11/4/13 through 11/8/13, specific examination results are provided where rooms are identified on the doorway, otherwise general area comments are provided.

Note: In all instances the conditions noted / observed are reported as "Information Only." No "Reportable Indications" (RI) were noted.

≈ 281' Elevation - Door I-1087 <sup>RIP</sup> 11/12/13

- a) Walls are painted - minor chipping
- b) abandoned expansion anchors
- c) grout repairs

≈ 281' Elevation - Door I-108

- a) walls are painted
- b) Popouts / bugholes (minor)
- c) 6 abandoned concrete expansion anchors

≈ 281' Elevation - Door I-104

- a) walls painted
- c) minor bugholes

≈ 281' Elevation @ ladder beside Buttress #1

- a) epoxy repair patch behind ladder 9"x9"
- b) popouts and bugholes (minor)

≈ 322' Elevation - Room I-204

- a) hairline cracks, minor bugholes and popouts
- b) very minor leeching / efflorescence
- c) exposed embed plates - minor corrosion / pitting
- d) 3 abandoned expansion anchor <sup>Repiliata</sup> & holes

≈ 322' Elevation - Room I-203

- a) minor popouts and bugholes
- b) 3 abandoned expansion anchors
- c) grout patch repairs
- d) pipe ≈ 3/4" diameter protruding from wall adjacent to junction box

≈ 322' Elevation - room east of Buttress #1

- a) minor popouts and bugholes
- b) ≈ 3/4" pipe protruding from concrete
- c) hairline cracks adjacent to Buttress #1
- d) oil/grease on Buttress @ tendons - not on containment wall.

≈ 322' Elevation - Buttress #1

- a) minor popouts and bugholes
- b) construction seams

≈ 322' Elevation west side of Buttress #1 (Room I-202)

- a) minor bug holes
- b) hairline cracks
- c) construction seams

≈ 322' Elevation - Room I-202 between Buttress 1 and 2

- a) oil/grease on Buttress 1 west side and not on containment wall
- b) minor hairline cracks
- c) leeching/efflorescence 1 foot from Buttress #1 wall
- d) grout repair patches
- e) 2 abandoned expansion anchors
- f) 3/4" pipe protruding ≈ 4" out from wall face
- g) minor bugholes and popouts

≈ 322' Elevation - Room east of I-202

a) minor popouts and bugholes

≈ 322' Elevation - Room I-201

a) minor bugholes

b) bottom portion of wall painted ≈ 13"

≈ 357' Elevation

a) grout patches

b) Popouts and bugholes

≈ 357' Elevation - 2nd room west of I-202

a) hairline cracks

b) bugholes

c) very minor leeching/efflorescence

≈ 357' Elevation - West side of Buttress #6

a) minor popouts and bugholes

General observations of areas that are not clearly / specifically defined - all elevations - Turbine Bldg.

---

- a) hair line cracks
- b) abandoned expansion anchors
- c) minor leeching / efflorescence
- d) minor popouts and bugholes
- e) grout and epoxy patches

Note! All conditions noted are acceptable. These are being reported as "Information Only"

**VISUAL EXAMINATION - GENERAL VISUAL EXAMINATION**

Project TMI Surveillance # 40TH Year 2013  
 Inspection Area: Tendon Gallery  $\approx$  253' elevation - 360° around  
 Equipment Used flashlight; headlight on hard hat and Test card s/n 0C11-026

**Concrete Surface Condition**

Containment Surface (Findings and Description)	NI	IO	RI
① Leeching/efflorescence (heavy) noted in two locations. Pictures included in report. Stalactites noted at interface between ceiling and wall.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
② Exposed rebar noted @ V-143 and V-149 (V-150) location. This was previously reported.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
③ Two cavity repairs by epoxy noted @ V-149 and V-150 location. Epoxy repair is not flush with face of concrete. One - 7 1/2" L x 1/2" W - Two - 2 1/2" x 2 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
④ Hairline cracks, minor bug holes and popouts noted which were previously noted.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
⑤ Minor/medium leeching/efflorescence noted randomly 360°. This was previously reported. This is on inner and outer wall.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
⑥ Exposed embed plate adjacent to V-113 is pitted $\leq$ 0.010 deep.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(Use as many sketch sheets (page 2) as needed to report any Recordable Indication (RI) or Information Only (IO) findings for the purpose of documentation and orientation.)

**Recordable Indications to be Examined For (PSC Procedure 8.4)**

- |  |  |
|--|--|
| Leaching or Chemical Attack                | Deterioration of any Concrete Coating (if applicable)            |
| Abrasion or Erosion Degradation            | Tendon Grease on Exposed Concrete Surfaces                       |
| Popouts and Voids                          | Corrosion on Grease Cans, Bearing Plates or Anchorage            |
| Cracks                                     | *Excessive Corrosion on Exposed Embedded Metal Surfaces          |
| Scaling                                    | *Detached Embedments or Loose Bolting                            |
| Spalls                                     | *Indication of Degradation Due to Vibration                      |
| Corrosion Staining on the Concrete Surface | (* The owner/agent must be notified for these noted conditions.) |
| Exposed Reinforcing Steel                  |  |
| Surface Patches or Repairs                 |  |

Comments and Disposition by Responsible Engineer  Acceptable  Unacceptable  
 Comments: \_\_\_\_\_

Inspector & Level: R. A. P. / Level II Date: 11/5/13  
 Responsible Engineer: [Signature], P.E. Date: 19 Feb 14  
 ANII: [Signature] Date: 4/15/14



① wall is painted approx. 11" from floor.

② At Buttress 1 - bugholes, an 11" grout patch, and grease was noted on the wall adjacent to the tendons.

③ The following conditions were noted between Buttress 1 and 6:

a) hairline cracks approx 5ft <sup>west</sup> ~~east~~ of Azimuth 0°  
RAP 11/5/13

b) hairline cracks 2ft east Azimuth 0°

c) A cavity 3" L x 1/2" W x 1/8" d @ Azimuth 350°

d) hairline cracks between Azimuth 350° and 340° were leeching oil

e) hairline cracks close to Azimuth 340° was noted as leeching/efflorescence.

f) hairline cracks 5ft east of Azimuth 340° leeching oil.

g) Approx 1 cup of oil noted on floor.

h) hairline cracks leeching oil 1ft west of Azimuth 330°.

④ The following conditions were noted @ Buttress 6:

a) hairline cracks, bug holes and popouts

b) Twenty-one (21) ~~abandoned~~ <sup>RAP 11/5/13</sup> expansion anchors were abandoned. One has bolt in the hole. These are aligned 8, 6 and 7 progressing west to east.

One cavity, 3 1/2" x 3 1/2" x 2" d appears to be an abandoned expansion anchor.

⑤ The following conditions were noted between Buttress 6 and 5.

a) leeching/efflorescence 7' west of Azimuth 310° <sup>below</sup> ~~above~~ <sup>RAP 11/4/13</sup> electrical conduit mounted on wall.

b) hairline cracks located @ Azimuth 300° and east thereof have 4 rows of leeching oil. Three are dry and one is wet.

⑤ Continued

c) Hairline cracks noted @ Azimuth  $290^\circ$  - two have oil (wet) leeching thru the wall. The other hairline crack the oil is dry.

⑥ Buttress 5 had the following conditions:

a) Minor hairline cracks  $< 0.010$  and very minor leeching/efflorescence noted.

b) Oil/grease noted on wall and grease cap.

⑦ Between Buttress 5 and 4 the following conditions were noted:

a) Hairline cracks  $< 0.010$  and very minor leeching/efflorescence.

⑧ Buttress 1 - the following conditions were noted:

a) minor bug holes

b) At Azimuth  $40^\circ$  white stains were observed emanating from a galvanized angle iron support (into only)

c) very minor leeching/efflorescence noted approx 20" west side of tendons (between Buttress 1 and 2)

d) Hairline cracks leeching <sup>wet</sup> oil thru concrete noted 5' east of Azimuth  $40^\circ$

e) Approx. 15 expansion anchors abandoned @ Azimuth  $60^\circ$

f) Dry and wet oil leeching thru concrete was noted @ Azimuth  $60^\circ$

g) Six (6) abandoned expansion anchor holes have been grouted.

- ⑨ conditions noted @ Buttress 2
- very minor bugholes
  - wet oil noted on grease caps and well
- ⑩ conditions noted <sup>RAP 11/5/83</sup> @ between Buttress 2 and 3:
- minor popouts and bugholes
  - hairline cracks  $< 0.010$  noted @ Azimuths  $90^\circ$ ;  $100^\circ$ ; and  $110^\circ$ ; Three were noted as having wet oil leeching thru concrete; the other has dry oil.
- ⑩ conditions noted @ Buttress 3:
- bugholes
  - one grout patch
  - two cavities (just west of Buttress 3); one cavity  $3" \times \frac{3}{8}" \times \frac{1}{4}"$ ; the other  $3" \times 1" \times \frac{1}{2}"$ .

Note: All the conditions noted above were previously reported and no apparent changes have occurred.







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Revision 0  
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**ATTACHMENT 4**  
**ASME IWLC (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
Page 1 of ~~2~~ <sup>REP</sup> 2 <sub>12/3/13</sub>

Station:	TMI		Unit:	1	Date:	12/3/13	Report No.:	
System:	Sp. (Endors)	Component:	Buttress 3 (outside)			WO No(s):	R2193606	
Location:	Building:	Cont.	Elev.:	NA	Col.:	NA	Row:	NA
Exam Type:	<input checked="" type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Remote		Mat. Type: Concrete		
Design Drawing(s)	TMI-0014/1		Visual Aids:	Test chart SN 0C11-026,				
Surface:	<input checked="" type="checkbox"/> OD	<input type="checkbox"/> ID	Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
illumination Used	Natural lighting - Sunlight							
Attributes	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Cracking at construction seams				
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)								
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	At construction seams				
Popouts, Voids, Honeycomb								
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)			<input checked="" type="checkbox"/>	Embed plate pulled away from face of concrete				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	E A Py			Level:	II		Date:	12/3/13
Further Evaluation Required:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Additional Actions:	RE-EXAMINE + DOCUMENT ADDL. DETAIL AT EMERGENTS PCI							
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER						Date:	12/3/13
ANII:	[Signature]						Date:	12/3/13

\* Initial examination was performed remotely with the aid of binoculars. Locations requiring direct UT-IC were performed on suspect locations as noted above.   
 Page 1 of 2  
 Attachment 2 of 2  
 12/3/13



CONCRETE EXTERIOR  
SKETCH SHEET 8.4  
09/03/13  
Page 1 of 1  
Revision 0

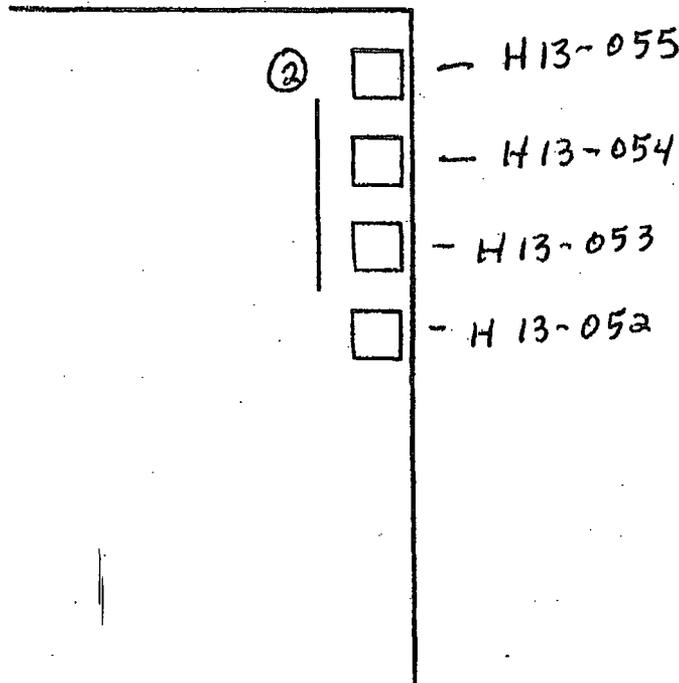
2 of  
Ref  
12/31

Project: TMI 2013 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: Buttress 3

1. Sketch or attach photographs to provide documentation or additional details as necessary.

① Buttress 3 (west side)



Comments:

- ① cracking and grout degradation @ construction seam
- ② Embed is pulled away from face of concrete

QC Inspector: Ray

Level: II

Date: 12/3/13

ER-AA-335-019  
 Revision 0  
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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI		Unit:	1	Date:	11/15/13	Report No:	
System:	Cont. Ponds	Component:	Buttness 1 (Outside)		WD No(s):	R2193606		
Location:	Building:	Cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A
Azimuth/Radius:		N/A		Exam Type:		<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		
Type Of Exam:		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:		Concrete		
Design Drawing(s)		TMI-0014/1		Visual Aids:		Binoculars		
Surface:		<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Illumination Used		Sunlight / binoculars						
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline - as previously reported				
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)								
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	As previously reported				
Popouts, Voids, Honeycombs			<input checked="" type="checkbox"/>	and bugholes - minor - As previously reported				
Spalls			<input checked="" type="checkbox"/>	At embed plates - slight				
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)			<input checked="" type="checkbox"/>	Abandoned expansion anchors				
Results Legend:		RI - Recordable Indication    NRI - No Recordable Indications    IO - Information Only						
Supplemental Information:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):						
Examiner:	R A Py		Level:	II		Date: 11/15/13		
Further Evaluation Required:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Additional Actions:								
(Action Request, Work Order, Test Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer								
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER		Date:		11/15/13			
ANII:	[Signature]		Date:		11/15/13			

ER-AA-335-019  
 Revision 0  
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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
 Page 1 of 1

Station:	TMI		Unit:	1	Date:	11/15/13	Report No:	
System:	Cont. Tendons	Component:	Buttress 2			WO No(s):	R2193606	
Location:	Building:	Cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type: Concrete		
Design Drawing(s)	TMI-0014 / 1		Visual Aids:	Binoculars				
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Illumination Used	Natural lighting - Sun light							
Attributes	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline *				
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)			<input checked="" type="checkbox"/>	Embed plates *				
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs			<input checked="" type="checkbox"/>					
Popouts, Voids, Honeycomb Spalls			<input checked="" type="checkbox"/>	And bugholes - minor *				
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abresion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)			<input checked="" type="checkbox"/>	Abandoned expansion anchors				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A P			Level:	II		Date:	11/15/13
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		* Previously reported - essentially remain the same					
Additional Actions:								
<small>(Action Request, Work Order, etc. Report, etc. Initials for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER						Date:	11/15/14
ANII:	[Signature]						Date:	11/15/14

**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
Page 1 of 1

Station:	TMI		Unit:	1	Date:	11/18/13	Report No:	
System:	Cont. Tendons	Component:	Buttress 3 (outside)			WO No(s):	R2133606	
Location:	Building:	Cont.	Elev.:	M/A	Col:	M/A	Row:	M/A
Azimuth/Radius:		M/A						
Exam Type:	<input type="checkbox"/> Detailed Visual		Type Of Exam:		<input type="checkbox"/> Direct		Mat. Type:	
<input checked="" type="checkbox"/> General Visual		<input checked="" type="checkbox"/> Remote		Concrete				
Design Drawing(s):	TMI-0014/1		Visual Aids:		Binoculars			
Surface:	<input checked="" type="checkbox"/> OD	<input type="checkbox"/> ID	Surface / Components Coated:					
<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO						
Illumination Used	Natural lighting - Sunlight							
Attributes	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline - previously reported				
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)			<input checked="" type="checkbox"/>	Minor corrosion @ embed plates				
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	As previously reported				
Popouts, Voids, Honeycomb			<input checked="" type="checkbox"/>	Minor popouts / bugholes				
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)			<input checked="" type="checkbox"/>	Abandoned expansion anchors				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A Py			Level:	II		Date: 11/18/13	
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:								
<small>(Action Request, Work Order, Issue Report, etc. Indicate for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER					Date: 1/9 Feb 14		
ANII:	[Signature]					Date: 4/15/14		

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
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Station:	TMI			Unit:	1		Date:	11/13/14		Report No.:	
System:	Cont. Tendons	Component:	Buttress 4 (outside)				WO No(s):	R2193606			
Location:	Building:	Cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A	Azimuth/Radius:	N/A	
Exam Type:	<input type="checkbox"/> Detailed Visual		Type Of Exam:			<input type="checkbox"/> Direct		Matl. Type:			
	<input checked="" type="checkbox"/> General Visual					<input checked="" type="checkbox"/> Remote		Concrete			
Design Drawing(s)	TMI-0014/1			Visual Aids:	Binoculars						
Surface:	<input checked="" type="checkbox"/> OD	<input type="checkbox"/> ID	Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
Illumination Used	Natural lighting - Sunlight										
Attributes	RI	NRI	IO	Explanation / Comments							
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline							
Exposed Reinforcing Steel											
Exposed Metallic Items (Other)			<input checked="" type="checkbox"/>	Category A corrosion - embed plates							
Evidence Of Grease Leakage											
Evidence Of Moisture											
Leaching Or Chemical Attack											
Settlements Or Deflections											
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	Previously reported							
Popouts, Voids, Honeycomb											
Spalls											
Cold Joint Lines											
Corrosion Staining											
Scaling / Dusting											
Coating Deterioration											
Abrasion, Cavitation, Wear											
Air Voids / Bug Holes											
Efflorescence											
Other (Explain)			<input checked="" type="checkbox"/>	Bugholes - minor							
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only										
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):										
Examiner:	R a Py					Level:	II		Date: 11/13/13		
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Additional Actions:											
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>											
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER							Date: 12 FEB 14			
ANII:	[Signature]							Date: 4/15/14			

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report** *RAP*  
**Page 1 of 2** *12/3/13*

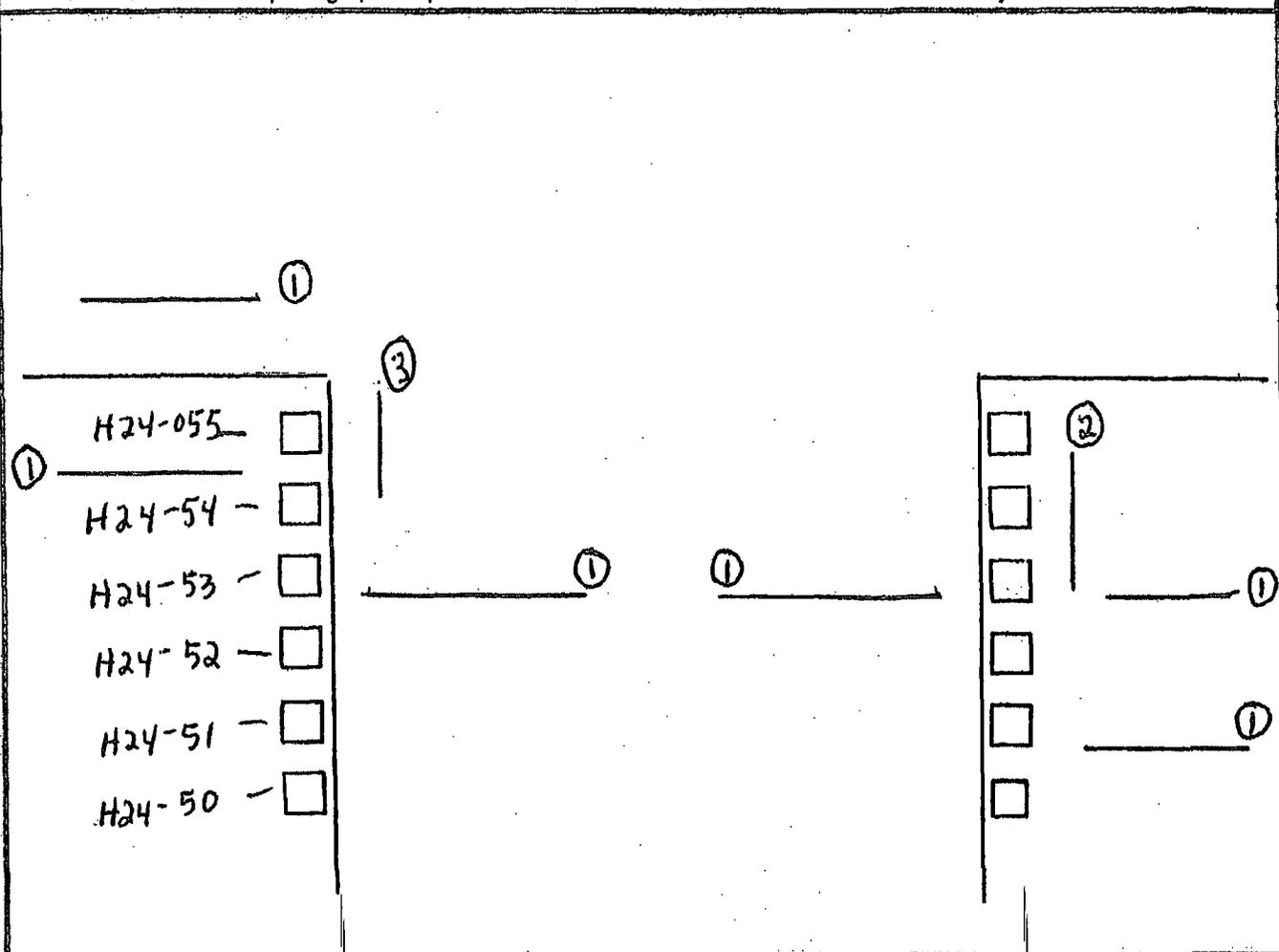
Station:	TMI		Unit:	/	Date:	12/3/13	Report No:	
System:	Cont. Tendons	Component:	Buttress 4 and adjacent areas			WO No(s):	R2193606	
Location:	Building:	Cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A
							Azimuth/Radius:	N/A
Exam Type:	<input checked="" type="checkbox"/> Detailed Visual <i>*</i> <input type="checkbox"/> General Visual		Type Of Exam:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Remote		Matl. Type: Concrete		
Design Drawing(s)	TMI-0014/1		Visual Aids:	Test Chart OC11-026				
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID	Surface / Components Coated:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
illumination Used	Natural lighting - sunlight							
Attributes	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)								
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)	<input checked="" type="checkbox"/>			Embed plate flaking				
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	At construction seams and embed plates				
Poppouts, Voids, Honeycomb			<input checked="" type="checkbox"/>	And scaling at face of ring girdes (random)				
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Delimiting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescences								
Other (Explain)	<input checked="" type="checkbox"/>			Embed plates pulled away from face of concrete				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A Py			Level:	II		Date: 12/3/13	
Further Evaluation Required:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Additional Actions:	RE-EXAMINE + DOCUMENT ADDL. DETAIL AT ENREP RATE RE'S							
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E.			RESPONSIBLE ENGINEER			Date: 12/11/14	
ANII:	[Signature]						Date: 4/15/14	

\* Initial examination was performed remotely with the aid of binoculars. Locations requiring direct VT-IC were performed on suspect areas *(locations indicated above)*. RAP 12/3/13

Project: TMI 2013 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: Buttress 4

1. Sketch or attach photographs to provide documentation or additional details as necessary.



Comments:

- ① Construction seam cracks - degraded patches
- ② Embed protruding from face
- ③ Embed flaking

QC Inspector: R a Py

Level: II

Date: 12/3/13

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
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Station:	TMI			Unit:	1	Date:	10/30/13	Report No:		
System:	Co. 11 Tendons	Component:	Containment Bld Buttress 5 *			WO No(s):	R2193606			
Location:	Building:	Cont	Elev.:	N/A	Col.:	N/A	Row:	N/A	Azimuth/Radius:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:	Concrete			
Design Drawing(s)	TMI-004/1			Visual Aids:	Binoculars					
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Illumination Used	Natural lighting - Sunlight									
Attribute	RI	NRI	IO	Explanation / Comments						
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Small cracks noted < 0.010						
Exposed Reinforcing Steel			<input checked="" type="checkbox"/>							
Exposed Metallic Items (Other)			<input checked="" type="checkbox"/>	Exposed embed plates noted - minor oxidation						
Evidence Of Grease Leakage			<input checked="" type="checkbox"/>	no degradation						
Evidence Of Moisture			<input type="checkbox"/>							
Leaching Or Chemical Attack			<input type="checkbox"/>							
Settlements Or Deflections			<input type="checkbox"/>							
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	Grout patches degraded						
Popouts, Voids, Honeycomb			<input type="checkbox"/>							
Spalls			<input type="checkbox"/>							
Cold Joint Lines			<input type="checkbox"/>	* Exam performed outside						
Corrosion Staining			<input type="checkbox"/>							
Scaling / Dusting			<input type="checkbox"/>							
Coating Deterioration			<input type="checkbox"/>							
Abrasion, Cavitation, Wear			<input type="checkbox"/>							
Air Voids / Bug Holes			<input type="checkbox"/>							
Efflorescence			<input type="checkbox"/>							
Other (Explain)			<input checked="" type="checkbox"/>	Bugholes and oil stains noted						
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only									
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):									
Examiner:	R A Py			Level:	II		Date:	10/31/13		
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Additional Actions:										
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>										
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER						Date:	1/9/14		
ANII:	[Signature]						Date:	4/15/14		

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
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Station:	TMI		Unit:	1	Date:	11/12/13	Report No:		
System:	Cond. Headers	Component:	Buttress 6 (outside)		WO No(s):	R2193606			
Location:	Building:	Cont.	Elev.:	NA	Col.:	NA	Row:	NA	
Azimuth/Radius:		NA							
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type: Concrete			
Design Drawing(s):	TMI-004/1		Visual Aids:	Binoculars					
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
illumination Used:	Natural lighting - Sunlight								
Attribute	RI	NRI	IO	Explanation / Comments					
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline					
Exposed Reinforcing Steel									
Exposed Metallic Items (Other)			<input checked="" type="checkbox"/>	Abandoned expansion anchors					
Evidence Of Grease Leakage									
Evidence Of Moisture									
Leaching Or Chemical Attack									
Settlements Or Deflections									
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	Previously reported					
Popouts, Voids, Honeycomb Spalls				floor popouts and bug holes					
Cold Joint Lines									
Corrosion Staining									
Scaling / Dusting									
Coating Deterioration									
Abrasion, Cavitation, Wear									
Air Voids / Bug Holes									
Efflorescence									
Other (Explain)									
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only								
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):								
Examiner:	RA AM				Level:	II		Date:	11/12/13
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Additional Actions:									
<small>(Action Request, Work Order, Issue Report, etc. Initialed for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>									
Reviewer:	[Signature] P.E., RESPONSIBLE ENGINEER						Date:	12/9/14	
ANII:	[Signature]						Date:	4/15/14	

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
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Station:	TMI		Unit:	1	Date:	11/12/13	Report No:	
System:	Cont. Tendons	Component:	Containment Dome			WO No(s):	R2153606	
Location:	Building:	Cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A
Azimuth/Radius:		N/A		Exam Type:		<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		
Type Of Exam:		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:		Concrete		
Design Drawing(s)		TMI-0014/1		Visual Aids:		Binoculars		
Surface:		<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Illumination Used:		Natural lighting - Sunlight						
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)				Minor cracking ①				
Exposed Reinforcing Steel				Water seepage on dome embeds ①				
Exposed Metallic Items (Other)								
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs				①				
Popouts, Voids, Honeycomb								
Spalls				At dome trench ①				
Cold Joint Lines								
Corrosion Staining				Angle iron supports exhibit rust				
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)				Rain has exposed aggregate				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A Py		Level:	II		Date:	11/12/13	
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:								
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER					Date:	12/19/14	
ANII:	[Signature]					Date:	4/15/14	

① These conditions were previously reported, no changes were noted.

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
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Station:	TMI			Unit:	1	Date:	11/18/13	Report No:		
System:	Coil Tendons	Component:	Behind missile shield			WO No(s):	R2193606			
Location:	Building:	Cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A	Azimuth/Radius:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:	Concrete			
Design Drawing(s)	TMI-0014/1			Visual Aids:	binoculars/Test chart/SN0011-026					
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface/Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
Illumination Used	Natural lighting - Sunlight									
	Attributes	RI	NRI	IO	Explanation/Comments					
Cracks (Characterize and Size)				<input checked="" type="checkbox"/>	hairline					
Exposed Reinforcing Steel										
Exposed Metallic Items (Other)				<input checked="" type="checkbox"/>	Abandoned expansion anchors					
Evidence Of Grease Leakage										
Evidence Of Moisture										
Leaching Or Chemical Attack				<input checked="" type="checkbox"/>	Minor in several locations					
Settlements Or Deflections										
Degraded Patches or Repairs				<input checked="" type="checkbox"/>	Minor					
Popouts/Voids, Honeycomb Spalls				<input checked="" type="checkbox"/>	and bugholes - minor At repair areas					
Cold Joint Lines										
Corrosion Staining										
Scaling/Dusting				<input checked="" type="checkbox"/>	Minor @ several locations					
Coating Deterioration										
Abrasion, Cavitation, Wear										
Air Voids/Bug Holes										
Efflorescence				<input checked="" type="checkbox"/>	Minor at several locations					
Other (Explain)										
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only									
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):									
Examiner:	R A Py			Level:	II		Date:	11/18/13		
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Additional Actions:										
<small>(Action Request, Work Order, Status Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>										
Reviewer:	[Signature] P.E., RESPONSIBLE ENGINEER						Date:	12 FEB 14		
ANII:	[Signature]						Date:	4/15/14		

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
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Station:	TMI		Unit:	1	Date:	11/15/13	Report No:	
System:	CONDENSERS	Component:	*Between Buttress 2 and 1			WO No(s):	R2193606	
Location:	Building:	Cont:	Elev.:	N/A	Col.:	N/A	Row:	N/A
Azimuth/Radius:		N/A						
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type: Concrete		
Design Drawing(s)	TMI-0014/1			Visual Aids:	Binoculars			
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Illumination Used	Natural lighting - Sunlight							
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)				Hairline				
Exposed Reinforcing Steel				Embed plate				
Exposed Metallic Items (Other)								
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack				Very minor				
Settlements Or Deflections								
Degraded Patches or Repairs								
Popouts / Voids, Honeycomb				And bugholes				
Spalls				AT embed plates (minor) *				
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration				* Exam performed outside				
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)								
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	K A Poy			Level:	II		Date: 11/15/13	
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:								
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature] P.E. RESPONSIBLE ENGINEER						Date: 11/15/13	
ANII:	[Signature]						Date: 11/15/13	

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
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Station:	TMI *		Unit:	1	Date:	4/15/13	Report No:	
System:	Containment	Component:	Between Buttress 3 and 2			WO No(s):	R2193606	
Location:	Building:	Cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A
Exam Type:		<input type="checkbox"/> Detailed Visual		Type Of Exam:		<input type="checkbox"/> Direct		
		<input checked="" type="checkbox"/> General Visual				<input checked="" type="checkbox"/> Remote		
				Matl. Type:		Concrete		
Design Drawing(s)		TMI-0014/1		Visual Aids:		Binoculars		
Surface:		<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Illumination Used		Sunlight - Natural lighting						
Attributes	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline *				
Exposed Reinforcing Steel			<input checked="" type="checkbox"/>	Embed plate *				
Exposed Metallic Items (Other)			<input checked="" type="checkbox"/>					
Evidence Of Grease Leakage			<input type="checkbox"/>					
Evidence Of Moisture			<input type="checkbox"/>					
Leaching Or Chemical Attack			<input checked="" type="checkbox"/>	Very slight *				
Settlements Or Deflections			<input checked="" type="checkbox"/>	Crack patches *				
Degraded Patches or Repairs			<input checked="" type="checkbox"/>					
Popouts, Voids, Honeycomb			<input checked="" type="checkbox"/>	at embed plates *				
Spalls			<input checked="" type="checkbox"/>					
Cold Joint Lines			<input type="checkbox"/>					
Corrosion Staining			<input type="checkbox"/>					
Scaling / Dusting			<input type="checkbox"/>					
Coating Deterioration			<input type="checkbox"/>	* Exam performed outside				
Abrasion, Cavitation, Wear			<input type="checkbox"/>					
Air Voids / Bug Holes			<input type="checkbox"/>					
Efflorescence			<input type="checkbox"/>					
Other (Explain)			<input checked="" type="checkbox"/>	Abandoned expansion anchors				
Results Legend:		RI - Recordable Indication NRI - No Recordable Indications IO - Information Only						
Supplemental Information: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):								
Examiner:	R A Py			Level:	II		Date:	4/15/13
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			* previously reported condition essentially the same				
Additional Actions:								
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature] P.E. RESPONSIBLE ENGINEER						Date:	4/15/13
ANII:	[Signature]						Date:	4/15/13

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI		Unit:	1	Date:	11/12/13	Report No:	
System:	Spindlers	Component:	Between Buttress 3-4-outside			WO No(s):	RA193606	
Location:	Building:	Cont	Elev.:	N/A	Col.:	N/A	Row:	N/A
							Azimuth/Radius:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Types Of Exam:		<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type: Concrete	
Design Drawing(s)	TMI-0014/1			Visual Aids:	Binoculars			
Surface:	<input checked="" type="checkbox"/> OD	<input type="checkbox"/> ID	Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Illumination Used	Natural lighting - sunlight							
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)				Hairline ①				
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)				Embed plates - A corrosion				
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs				As previously reported				
Popouts, Voids, Honeycomb				Minor popouts / bugholes				
Spalls				At ring girder - minor				
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence				Minor leeching / efflorescence				
Other (Explain)				Exposed expansion anchors (abandoned)				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	Ra Py			Level:	II		Date: 11/13/13	
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:								
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER						Date: 12/16/14	
ANII:	[Signature]						Date: 4/15/14	

① cracks above Fuel Handling Bldg remain unchanged from previous report.

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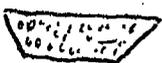
**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI			Unit:	1	Date:	11/14/13	Report No:		
System:	Unit	Component:	Between Buttress 4-5 (outside)			WO No(s):	R2193606			
Location:	Building:	Cost:	Elev.:	N/A	Col.:	N/A	Row:	N/A	Azimuth/Radius:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:	Concrete			
Design Drawing(s)	TMI-0014/1			Visual Aids:	Binoculars					
Surface:	<input checked="" type="checkbox"/> OD	<input type="checkbox"/> ID	Surface / Components Coated:			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Illumination Used	Natural lighting - sunlight									
Attribute	RI	NRI	IO	Explanation / Comments						
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline						
Exposed Reinforcing Steel										
Exposed Metallic Items (Other)										
Evidence Of Grease Leakage										
Evidence Of Moisture										
Leaching Or Chemical Attack										
Settlements Or Deflections										
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	Previously reported						
Popouts, Voids, Honeycomb			<input checked="" type="checkbox"/>	Minor popouts / bugholes						
Spalls										
Cold Joint Lines										
Corrosion Staining										
Scaling / Dusting										
Coating Deterioration										
Abrasion, Cavitation, Wear										
Air Voids / Bug Holes										
Efflorescence			<input checked="" type="checkbox"/>	Slight leeching / efflorescence						
Other (Explain)				Category A corrosion on embed plates						
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only									
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):									
Examiner:	R A Py					Level:	II		Date:	11/14/13
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Additional Actions:										
<small>(Action Request, Work Order, Issue Report, etc. Initialed for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>										
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER							Date:	12/14/14	
ANII:	[Signature]							Date:	11/14/14	

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI		Unit:	1	Date:		Report No:	
System:	Cont. Teadens	Component:	Between Buttress 5 & 6 (out side)			WO No(s):	R2193606	
Location:	Building:	Cont	Elev.:	N/A	Col.:	N/A	Row:	N/A
Exam Type:	<input checked="" type="checkbox"/> Detailed Visual <input type="checkbox"/> General Visual		Type Of Exam:	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Remote		Matl. Type: Concrete		
Design Drawing(s)	TMI-0014/1		Visual Aids:	Camera; Natural light		Test chart	SN OC11-026	
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated:			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ①		
Illumination Used	Natural lighting - Sunlight							
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)								
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)				② Embed plates (vertical) see attached comments				
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs				Grout patch over Equipment Opening remains unchanged				
Popouts, Voids, Honeycomb								
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)				W side of Buttress 5 - Bird poop				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R a Py		Level:	II		Date:	11/14/13	
Further Evaluation Required:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (PHOTOGRAPH SPALL AREAS +							
Additional Actions:	RE-EXAMINE + DOCUMENT ADDITIONAL DETAIL AT ENDED UP RIS							
<small>(Action Request, Work Order, Status Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E. RESPONSIBLE ENGINEER					Date:	1/9/14	
ANII:	[Signature]					Date:	4/15/14	

- ① SGR construction repair patch is coated with a shiny curing compound which is transparent and does not interfere/prohibit 100% examination. All other concrete surfaces are not coated. Condition remains unchanged.
- ② Embed plate (vertical) that is 4" wide and 2' feet from west side of Buttress 5 has the following condition(s):
- 7 tendons down from top the embed plate is pulled away from the face of the containment wall approx  $\frac{1}{4}$ " concrete has spalled on the left hand side of the embed plate.
  - 13 tendons down from top - repair patch is spalling  $9''L \times 5''W \times \frac{1}{2}''D$ .
  - 21 tendons down from top - the embed plate has pulled away from the concrete face approx.  $\frac{1}{4}''$ .
- ③ Crack just below ring girder is  $7'' \times 2'' \times \frac{1}{2}''D$ .
- ④ spalled area  - noted  $\approx \frac{1}{2}''$  in depth
- ⑤ Vertical embed plate that is 4" wide and 2' feet from east side of Buttress 6, the following conditions are noted:
- one location - embed plate concrete has degraded on Rt side. and cracks at repair area noted.
  - 2nd location - cracking/spalling of repair area @ embed plate.
  - 3rd location - embed plate has pulled away from face of concrete - concrete has separated from embed plate.
  - 4th location - concrete has separated from embed plate and embed plate is not flush with face of concrete.
  - 5th location - repair patch cracking and concrete separated from embed plate.

- f) 6<sup>th</sup> location - concrete has separated from embed plate and embed plate is not flush with concrete surface.
- g) 7<sup>th</sup> location - concrete has separated from embed plate and embed plate is not flush with face of concrete.

### General Observations; Previously reported

- a) hair cracks
- b) abandoned expansion anchors have Category A corrosion
- c) Embed plates that are exposed to the environment have Category A corrosion.
- d) Grout patches / repair areas exhibit continued degrading
- e) small bug holes

These conditions have been previously reported.

Note; Outside the scope of ASME Section XI

IWE;

- a) Meteorological / electrical boxes exhibit significant degradation (material loss due to weathering) and provide ~~no~~ <sup>RAP</sup> little to no protection.  
11/14/13

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI			Unit:	1	Date:		Report No:	
System:	Cont Tenders	Component:	Between Buttress 1-6 (outside)			WO No(s):	R2193606		
Location:	Building:	Elev.:	Col.:	Row:	Azimuth/Radius:				
	Cont.	N/A	N/A	N/A	N/A				
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:	Concrete		
Design Drawing(s)	TMI-0014/1			Visual Aids:	binoculars				
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input type="checkbox"/> YES <input type="checkbox"/> NO						
Illumination Used	Sunlight; Test card SNO11-026								
Attribute	RI	NRI	IO	Explanation / Comments					
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline *					
Exposed Reinforcing Steel									
Exposed Metallic Items (Other)									
Evidence Of Grease Leakage									
Evidence Of Moisture									
Leaching Or Chemical Attack									
Settlements Or Deflections									
Decayed Patches or Repairs			<input checked="" type="checkbox"/>	* *					
Popouts / Voids, Honeycomb			<input checked="" type="checkbox"/>	bugholes *					
Spalls									
Cold Joint Lines									
Corrosion Staining									
Scaling / Dusting									
Coating Deterioration									
Abrasion, Cavitation, Wear									
Air Voids / Bug Holes									
Efflorescence									
Other (Explain)			<input checked="" type="checkbox"/>	Abandoned expansion anchors					
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only								
Supplemental Information:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):								
Examiner:	R A Ry			Level:	II		Date: 11/15/13		
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * Previously reported								
Additional Actions:									
<small>(Action Request, Work Order, Status Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>									
Reviewer:	[Signature], P.E. RESPONSIBLE ENGINEER						Date: 11/15/13		
ANII:	[Signature]						Date: 11/15/13		

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
Page 1 of 2 *RaP 11/5/13*

Station:	<i>TMI</i>		Unit:	<i>1</i>	Date:	<i>11/5/13</i>	Report No:	
System:	<i>Cont. Tendons</i>	Component:	<i>Tendon Gallery Base Mat</i>			WO No(s):	<i>R2193606</i>	
Location:	Building:	<i>Cont.</i>	Elev.:	<i>± 253'</i>	Col.:	<i>N/A</i>	Row:	<i>N/A</i>
Exam Type:	<input checked="" type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:	<i>Concrete</i>	
Design Drawing(s)	<i>TMI 3-0016/1</i>			Visual Aids:	<i>Flashlight</i>		<i>Tape measure</i>	
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Illumination Used	<i>Flashlight and light mounted on hard hat.</i>							
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)								
Exposed Reinforcing Steel			<input checked="" type="checkbox"/>	<i>Adjacent to V-143 and V-149 (V-150)</i>				
Exposed Metallic Items (Other)								
Evidence Of Grease Leakage								
Evidence Of Moisture			<input checked="" type="checkbox"/>	<i>Ground water noted on floor in two locations</i>				
Leaching Or Chemical Attack			<input checked="" type="checkbox"/>	<i>* See comment on attached page</i>				
Settlements Or Deflections								
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	<i>* See comment on attached page</i>				
Popouts, Voids, Honeycomb			<input checked="" type="checkbox"/>	<i>Minor popouts/bugholes noted</i>				
Spalls			<input checked="" type="checkbox"/>	<i>At construction joint 6' above top basement</i>				
Cold Joint Lines								
Corrosion Staining								
Scaling / Delimiting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence			<input checked="" type="checkbox"/>	<i>* See comment on attached page</i>				
Other (Explain)								
Results Legend:	RI - Recordable Indication    NRI - No Recordable Indications    IO - Information Only							
Supplemental Information:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	<i>RaP</i>			Level:	<i>II</i>		Date:	<i>11/5/13</i>
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:	_____							
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	<i>[Signature], P.E. RESPONSIBLE ENGINEER</i>						Date:	<i>11/5/13</i>
ANII:	<i>[Signature]</i>						Date:	<i>11/5/13</i>

- ① Leeching/efflorescence heavy accumulation noted @ 2 locations. Accumulation buildup approx.  $\frac{1}{4}$ " from face of concrete. Stalactites noted @ interface between ceiling and wall. Previously noted.
- ② Leeching/efflorescence noted randomly  $360^\circ$  around tendon gallery. This condition was previously noted. Located inner/outer walls.
- ③ Two cavity repairs using epoxy was noted at location V-149 and V-150. The epoxy is not flush with the surface of the concrete. One repair  $7\frac{1}{2}$ " L x  $\frac{1}{2}$ " W. The other repair is  $2\frac{1}{2}$ " x  $2\frac{1}{2}$ ".
- ④ Other conditions noted, i.e. popouts, hairline cracks and bugholes were previously reported.
- ⑤ stress cracks previously reported remain @  $\leq 0.015$ "<sup>RAP 11/05/13</sup>
- ⑥ Exposed metal/ embed plates have pitting  $< 0.010$ ". This was previously reported.
- ⑦ Ground water noted in two locations on floor.

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**

NDE Report  
Page 1 of 4 <sup>RoP</sup> 11/5/13

Station:	TMI			Unit:	/		Date:	11/5/13		Report No:		
System:	Cont. Structures	Component:	Cont. Bldg Alligator Pit				WO No(s):	R2193606				
Location:	Building:	Cont	Elev.:	≈ 273	Col.:	N/A	Row:	N/A	Azimuth/Radius:	N/A		
Exam Type:	<input checked="" type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:	Concrete					
Design Drawing(s)	TMI-0014/1			Visual Aids:	Flashlight/hand hat light							
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
Illumination Used												
Attributes	RI	NRI	IO	Explanation / Comments								
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hair line - See attached pages								
Exposed Reinforcing Steel												
Exposed Metallic Items (Other)												
Evidence Of Grease Leakage			<input checked="" type="checkbox"/>	See attached pages for details								
Evidence Of Moisture												
Leaching Or Chemical Attack			<input checked="" type="checkbox"/>	See attached pages for details								
Settlements Or Deflections												
Degraded Patches or Repairs												
Popouts, Voids, Honeycomb			<input checked="" type="checkbox"/>	And bug holes - see attached pages								
Spalls			<input checked="" type="checkbox"/>	Mined								
Cold Joint Lines												
Corrosion Staining												
Scaling / Dusting												
Coating Deterioration												
Abrasion, Cavitation, Wear												
Air Voids / Bug Holes												
Efflorescence			<input checked="" type="checkbox"/>	See attached pages for details								
Other (Explain)			<input checked="" type="checkbox"/>	See attached pages for details								
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only											
Supplemental Information:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):											
Examiner:	R a P y					Level:	II		Date:	11/5/13		
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Additional Actions:												
<small>(Action Request, Work Order/Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>												
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER							Date:	19 FEB 14			
ANII:	[Signature]							Date:	11/5/14			

- ① wall is painted approx. 11" from floor.
- ② At Buttress 1 - bugholes, an 11" grout patch, and grease was noted on the wall adjacent to the tendons.
- ③ The following conditions were noted between Buttress 1 and 6:
- hairline cracks approx 5ft <sup>west</sup> ~~east~~ of Azimuth 0°  
RAP 11/5/13
  - hairline cracks 2ft east Azimuth 0°
  - A cavity 3" L x 1/2" W x 1/8" d @ Azimuth 350°
  - hairline cracks between Azimuth 350° and 340° were leeching oil
  - hairline cracks close to Azimuth 340° was noted as leeching/efflorescence.
  - hairline cracks 5ft east of Azimuth 340° leeching oil.
  - Approx 1 cup of oil noted on floor.
  - hairline cracks leeching oil 1ft west of Azimuth 330°.
- ④ The following conditions were noted @ Buttress 6:
- hairline cracks, bugholes and popouts
  - Twenty-one (21) ~~abandoned~~ <sup>RAP 11/5/13</sup> expansion anchors were abandoned. One has bolt in the hole. These are aligned 8, 6 and 7 progressing west to east. One cavity, 3 1/2" x 3 1/2" x 2" d appears to be an abandoned expansion anchor.
- ⑤ The following conditions were noted between Buttress 6 and 5.
- leeching/efflorescence 7' west of Azimuth 310° <sup>below</sup> ~~above~~ electrical conduit mounted on wall. RAP 11/4/13
  - hair line cracks located @ Azimuth 300° and east thereof have 4 rows of leeching oil. Three are dry and one is wet.

⑤ Continued

c) Hairline cracks noted @ Azimuth  $290^{\circ}$  - two have oil (wet) leeching thru the wall. The other hairline crack the oil is dry.

⑥ Buttress 5 had the following conditions:

a) Minor hairline cracks  $< 0.010$  and very minor leeching/efflorescence noted.

b) Oil/grease noted on wall and grease cap.

⑦ Between Buttress 5 and 4 the following conditions were noted:

a) Hairline cracks  $< 0.010$  and very minor leeching/efflorescence.

⑧ Buttress 1 - the following conditions were noted:

a) minor bug holes

b) At Azimuth  $40^{\circ}$  white stains were observed emanating from a galvanized angle iron support. (Info only)

c) very minor leeching/efflorescence noted approx 20" west side of tendons (between Buttress 1 and 2)

d) Hairline cracks leeching <sup>wet</sup> oil thru concrete noted 5' east of Azimuth  $40^{\circ}$

e) Approx. 15 expansion anchors abandoned @ Azimuth  $60^{\circ}$

f) Dry and wet oil leeching thru concrete was noted @ Azimuth  $60^{\circ}$

g) Six (6) abandoned expansion anchor holes have been grouted.

- ⑨ Conditions noted @ Buttress 2
- very minor bugholes
  - wet oil noted on grease caps and well
- ⑩ Conditions noted <sup>RAP 11/5/83</sup> @ between Buttress 2 and 3:
- minor popouts and bugholes
  - hairline cracks  $< 0.010$  noted @ Azimuths  $90^\circ$ ;  $100^\circ$ ; and  $110^\circ$ ; Three were noted as having wet oil leeching thru concrete; the other has dry oil.
- ⑩ Conditions noted @ Buttress 3:
- bugholes
  - one grout patch
  - two cavities (just west of Buttress 3); one cavity  $3" \times \frac{3}{8}" \times \frac{1}{4}"$ ; the other  $3" \times 1" \times \frac{1}{2}"$ .

Note: All the conditions noted above were previously reported and no apparent changes have occurred.

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
 Page 1 of 6 *Rep 11/12/13*

Station:	TMI		Unit:	1	Date:	11/12/13	Report No:	
System:	Dept. Turbines	Component:	Containment Bldg ① Turbine		WO No(s):	R2153606		
Location:	Building:	Turbine	Elev.:	All	Col.:	N/A	Row:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type: Concrete		
Design Drawing(s)	TMI 1-0015 / 1		Visual Aids:	See below ②				
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>as noted</i>					
Illumination Used	②							
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)				<i>See attached pages for specific comments.</i>				
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)								
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs								
Popouts, Voids, Honeycomb								
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)								
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A P y		Level:	II		Date: 11/12/13		
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:	_____							
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	<i>[Signature]</i> P.E., RESPONSIBLE ENGINEER					Date: 11/12/13		
ANIL:	<i>[Signature]</i>					Date: 11/15/14		

② Flashlight, light that is mounted on hard hat, beacon light, binoculars and Test chart SN 0C11-026

① This examination was performed from floors, roofs, platforms, walkways, ladders and other permanent vantage points. This examination was performed on 11/4/13 through 11/8/13, specific examination results are provided where rooms are identified on the doorway, otherwise general area comments are provided.

Note: In all instances the conditions noted / observed are reported as "Information Only." No "Reportable Indications" (RI) were noted.

≈ 281' Elevation - Door I-107 <sup>R40</sup> 11/12/13

- a) Walls are painted - minor chipping
- b) abandoned expansion anchors
- c) grout repairs

≈ 281' Elevation - Door I-108

- a) walls are painted
- b) Popouts / bugholes (minor)
- c) 6 abandoned concrete expansion anchors

≈ 281' Elevation - Door I-104

- a) walls painted
- c) minor bugholes

≈ 281' Elevation @ ladder beside Buttress #1

- a) epoxy repair patch behind ladder 9"x9"
- b) popouts and bugholes (minor)

≈ 322' Elevation - Room I-204

- a) hairline cracks, minor bugholes and popouts
- b) very minor leeching / efflorescence
- c) exposed embed plates - minor corrosion / pitting
- d) 3 abandoned expansion anchor<sup>Rep. 11/2/13</sup> holes

≈ 322' Elevation - Room I-203

- a) minor popouts and bugholes
- b) 3 abandoned expansion anchors
- c) grout patch repairs
- d) pipe ≈ 3/4" diameter protruding from wall adjacent to junction box

≈ 322' Elevation - room east of Buttress #1

- a) minor popouts and bugholes
- b) ≈ 3/4" pipe protruding from concrete
- c) hairline cracks adjacent to Buttress #1
- d) oil/grease on Buttress @ tendons - not on containment wall.

≈ 322' Elevation - Buttress #1

- a) minor popouts and bugholes
- b) construction seams

≈ 322' Elevation west side of Buttress #1 (Room I-202)

- a) minor bugholes
- b) hairline cracks
- c) construction seams

≈ 322' Elevation - Room I-202 between Buttress 1 and 2

- a) oil/grease on Buttress #1 west side and not on containment wall
- b) minor hairline cracks
- c) leeching/efflorescence 1 foot from Buttress #1 wall
- d) grout repair patches
- e) 2 abandoned expansion anchors
- f) 3/4" pipe protruding ≈ 4" out from wall face
- g) minor bugholes and popouts

≈ 322' Elevation - Room east of I-202

a) minor popouts and bugholes

≈ 322' Elevation - Room I-201

a) minor bugholes

b) bottom portion of wall painted ≈ 13"

≈ 357' Elevation

a) grout patches

b) Popouts and bugholes

≈ 357' Elevation - 2nd room west of I-202

a) hairline cracks

b) bugholes

c) very minor leeching/efflorescence

≈ 357' Elevation - West side of Buttress #6

a) minor popouts and bugholes

General observations of areas that are not clearly specifically defined - all elevations - Turbine Bldg.

- a) hair line cracks
- b) abandoned expansion anchors
- c) minor leeching / efflorescence
- d) minor popouts and bugholes
- e) grout and epoxy patches

Note: All conditions noted are acceptable. These are being reported as "Information Only"

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI		Unit:	1	Date:	11/12/13	Report No:	
System:	Cont. Tenders	Component:	Buttress 6 (outside)			WO No(s):	R2193606	
Location:	Building:	cont.	Elev.:	N/A	Col.:	N/A	Row:	N/A
Azimuth/Radius:		N/A						
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type: Concrete		
Design Drawing(s)	TMI-0014/1			Visual Aids:	Binoculars			
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
Illumination Used	Natural lighting							
Attributes	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)			<input checked="" type="checkbox"/>	Hairline cracks				
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)			<input checked="" type="checkbox"/>	Abandoned expansion anchors				
Evidence Of Grease Leakage								
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs			<input checked="" type="checkbox"/>	Previously reported				
Popouts, Voids, Honeycomb			<input checked="" type="checkbox"/>	Minor bugholes and popouts				
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)	Category A corrosion of embed plates							
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A P			Level:	II		Date: 11/11/13	
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:								
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER						Date: 9 Feb 14	
ANIL:	[Signature]						Date: 4/15/14	

**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI		Unit:	1	Date:	12/4/13	Report No:	
System:	Cont. Tenders	Component:	West side of Buttress 3			WO No(s):	R2193606	
Location:	Building:	Avk	Elev.:	305'	Col.:	N/A	Row:	N/A
Azimuth/Radius:		N/A						
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matt. Type:	Concrete	
Design Drawing(s)	TMI-0014/1		Visual Aids:	Flashlight Test chart OC11-026				
Surfaces:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Illumination Used	Flashlight, Test chart OC11-026							
Attribute	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)								
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)								
Evidence Of Grease Leakage			<input checked="" type="checkbox"/>	Minor				
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs								
Popouts, Voids, Honeycombs			<input checked="" type="checkbox"/>	Minor bugholes				
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)			<input checked="" type="checkbox"/>	Brown stain on wall - origin unknown				
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A Py		Level:	II		Date:	12/4/13	
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:	_____							
<small>(Action Request, Work Order, Issue Report, etc. Initialed for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewer:	[Signature] P.E. RESPONSIBLE ENGINEER					Date:	12/6/14	
ANII:	[Signature]					Date:	4/15/14	

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**ATTACHMENT 4**  
**ASME IWL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMI			Unit:	1	Date:	12/4/13	Report No:		
System:	Cond. Tendons	Component:	Buttress 4 281kV Aux Bldg			WO No(s):	R2193606			
Location:	Building:	Aux	Elev.:	261	Col.:	N/A	Row:	N/A	Azimuth/Radius:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual		Type Of Exam:		<input type="checkbox"/> Direct		Mat. Type: Concrete			
	<input checked="" type="checkbox"/> General Visual				<input checked="" type="checkbox"/> Remote					
Design Drawing(s)	TMI-0014/1			Visual Aids:	Flashlight Test Chart OC11-026					
Surface:	<input checked="" type="checkbox"/> OD	<input type="checkbox"/> ID	Surface / Components Coated:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO *					
Illumination Used	Flashlight and Test Chart OC-11-026									
Attribute	RI	NRI	IO	Explanation / Comments						
Cracks (Characterize and Size)										
Exposed Reinforcing Steel										
Exposed Metallic Items (Other)										
Evidence Of Grease Leakage										
Evidence Of Moisture				Note: Examination limited due to piping, conduit, junction boxes etc. which obscured vision *The buttress is not painted and containment walls are painted						
Leaching Or Chemical Attack										
Settlements Or Deflections										
Degraded Patches or Repairs										
Popouts, Voids, Honeycomb										
Spalls										
Cold Joint Lines										
Corrosion Staining										
Scaling / Dusting										
Coating Deterioration										
Abrasion, Cavitation, Wear										
Air Voids / Bug Holes										
Efflorescence				Minor leeching/efflorescence						
Other (Explain)				Abandoned expansion anchors and holes						
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only									
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):									
Examiner:	Ra Py			Level:	II		Date:	12/4/13		
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Additional Actions:										
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>										
Reviewer:	[Signature], P.E., RESPONSIBLE ENGINEER						Date:	1/9/14		
ANI:	[Signature]						Date:	4/15/14		

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**ATTACHMENT 4**  
**ASME NPL (Class CC) Containment Concrete Detailed or General Visual Examination**  
**NDE Report**  
**Page 1 of 1**

Station:	TMT		Unit:	1	Date:	12/4/13	Report No:	
System:	Condensers	Component:	Buttress 4 west side			WO No(s):	R2193606	
Location:	Building:	AUX	Elev.:	305'	Col.:	N/A	Row:	N/A
Exam Type:	<input type="checkbox"/> Detailed Visual <input checked="" type="checkbox"/> General Visual		Type Of Exam:	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> Remote		Matl. Type:	Concrete	
Design Drawing(s)	TMT-0014/1			Visual Aids:	Flashlight Test chart OC11-026			
Surface:	<input checked="" type="checkbox"/> OD <input type="checkbox"/> ID		Surface / Components Coated: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
Illumination Used	Flashlight - Test chart OC11-026							
Attributes	RI	NRI	IO	Explanation / Comments				
Cracks (Characterize and Size)								
Exposed Reinforcing Steel								
Exposed Metallic Items (Other)								
Evidence Of Gross Leakage				Minor brown staining Construction seams				
Evidence Of Moisture								
Leaching Or Chemical Attack								
Settlements Or Deflections								
Degraded Patches or Repairs								
Poppouts, Voids, Honeycomb								
Spalls								
Cold Joint Lines								
Corrosion Staining								
Scaling / Dusting								
Coating Deterioration								
Abrasion, Cavitation, Wear								
Air Voids / Bug Holes								
Efflorescence								
Other (Explain)								
Results Legend:	RI - Recordable Indication NRI - No Recordable Indications IO - Information Only							
Supplemental Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sketch <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Other (Describe):							
Examiner:	R A Py			Level:	II		Date:	12/4/13
Further Evaluation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Actions:	_____							
<small>(Action Request, Work Order, Issue Report, etc. Initiated for Corrective Action) Suspect Areas shall be dispositioned by a Responsible Engineer</small>								
Reviewed:	[Signature], P.E., RESPONSIBLE ENGINEER					Date:	12/19/13	
ANII:	[Signature]					Date:	4/15/14	

RAP  
12/4/13



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 GREASE CAP INSPECTION  
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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
V-1	Top & Bottom	N	N	N	N	WRR 12-4-13
V-2	T & B	N	N	N	N	WRR 12-4-13
V-3	T & B	N	N	N	N	WRR 12-4-13
V-4	T & B	N	N	N	W	WRR 12-4-13
V-5	T & B	N	N	N	N	WRR 12-4-13
V-6	T & B	N	N	N	N	WRR 12-4-13
V-7	T & B	N	N	N	N	WRR 12-4-13
V-8	T & B	N	N	N	N	WRR 12-4-13
V-9	T & B	N	N	N	N	WRR 12-4-13
V-10	T & B	N	N	N	N	WRR 12-4-13
V-11	T & B	N	N	N	N	WRR 12-4-13
V-12	T & B	N	N	N	N	WRR 12-4-13
V-13	T & B	N	N	N	N	WRR 12-4-13
V-14	T & B	N	N	N	N	WRR 12-4-13
V-15	T & B	N	N	N	N	WRR 12-4-13
V-16	T & B	N	N	N	N	WRR 12-4-13
V-17	T & B	N	N	N	N	WRR 12-4-13
V-18	T & B	N	N	N	N	WRR 12-4-13
V-19	T & B	N	N	N	N	WRR 12-4-13
V-20	T & B	N	N	N	N	WRR 12-4-13
V-21	T & B	N	N	N	N	WRR 12-4-13
V-22	T & B	N	N	N	N	WRR 12-4-13
V-23	T & B	N	N	N	N	WRR 12-4-13
V-24	T & B	N	N	N	N	WRR 12-4-13
V-25	T & B	N	N	N	N	WRR 12-4-13
V-26	T & B	N	N	N	N	WRR 12-4-13
V-27	T & B	N	N	N	N	WRR 12-4-13
V-28	T & B	N	N	N	N	WRR 12-4-13
V-29	T & B	N	N	N	N	WRR 12-4-13
V-30	T & B	N	N	N	N	WRR 12-4-13
V-31	T & B	N	N	N	N	WRR 12-4-13
V-32	T & B	N	N	N	N	WRR 12-4-13
V-33	T & B	N	N	N	N	WRR 12-4-13
V-34	T & B	N	N	N	N	WRR 12-4-13
V-35	T & B	N	N	N	N	WRR 12-4-13
V-36	T & B	N	N	N	N	WRR 12-4-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



N1091 PSC PROCEDURE SQ 8.5  
 GREASE CAP INSPECTION  
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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
V-37	T&B	N	N	N	N	WRR 12-4-13
V-38	T&B	N	N	N	N	WRR 12-4-13
V-39	T&B	N	N	N	N	WRR 12-4-13
V-40	T&B	N	N	N	N	WRR 12-4-13
V-41	T&B	N	N	N	N	WRR 12-4-13
V-42	T&B	N	N	N	N	WRR 12-4-13
V-43	T&B	N	N	N	N	WRR 12-4-13
V-44	T&B	N	N	N	N	WRR 12-4-13
V-45	T&B	N	N	N	N	WRR 12-4-13
V-46	T&B	N	N	N	N	WRR 12-4-13
V-47	T&B	N	N	N	N	WRR 12-4-13
V-48	T&B	N	N	N	N	WRR 12-4-13
V-49	T&B	N	N	N	N	WRR 12-4-13
V-50	T&B	N	N	N	N	WRR 12-4-13
V-51	T&B	N	N	N	N	WRR 12-4-13
V-52	T&B	N	N	N	N	WRR 12-4-13
V-53	T&B	N	N	N	N	WRR 12-4-13
V-54	T&B	N	N	N	N	WRR 12-4-13
V-55	T&B	N	N	N	N	WRR 12-4-13
V-56	T&B	N	N	N	N	WRR 12-4-13
V-57	T&B	N	N	N	N	WRR 12-4-13
V-58	T&B	N	N	N	N	WRR 12-4-13
V-59	T&B	N	N	N	N	WRR 12-4-13
V-60	T&B	N	N	N	N	WRR 12-4-13
V-61	T&B	N	N	N	N	WRR 12-4-13
V-62	T&B	N	N	N	N	WRR 12-4-13
V-63	T&B	N	N	N	N	WRR 12-4-13
V-64	T&B	N	N	N	N	WRR 12-4-13
V-65	T&B	N	N	N	N	WRR 12-4-13
V-66	T&B	N	N	N	N	WRR 12-4-13
V-67	T&B	N	N	N	N	WRR 12-4-13
V-68	T&B	N	N	N	N	WRR 12-4-13
V-69	T&B	N	N	N	N	WRR 12-4-13
V-70	T&B	N	N	N	N	WRR 12-4-13
V-71	T&B	N	N	N	N	WRR 12-4-13
V-72	T&B	N	N	N	N	WRR 12-4-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



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 GREASE CAP INSPECTION  
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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
V-73	T&B	N	N	N	N	WRR 12-4-13
V-74	T&B	N	N	N	N	WRR 12-4-13
V-75	T&B	N	N	N	N	WRR 12-4-13
V-76	T&B	N	N	N	N	WRR 12-4-13
V-77	T&B	N	N	N	N	WRR 12-4-13
V-78	T&B	N	N	N	N	WRR 12-4-13
V-79	T&B	N	N	N	N	WRR 12-4-13
V-80	T&B	N	N	N	N	WRR 12-4-13
V-81	T&B	N	N	N	N	WRR 12-4-13
V-82	T&B	N	N	N	N	WRR 12-4-13
V-83	T&B	N	N	N	N	WRR 12-4-13
V-84	T&B	N	N	N	N	WRR 12-4-13
V-85	T&B	N	N	N	N	WRR 12-4-13
V-86	T&B	N	N	N	N	WRR 12-4-13
V-87	T&B	N	N	N	N	WRR 12-4-13
V-88	T&B	N	N	N	N	WRR 12-4-13
V-89	T&B	N	N	N	N	WRR 12-4-13
V-90	T&B	N	N	N	N	WRR 12-4-13
V-91	T&B	N	N	N	N	WRR 12-4-13
V-92	T&B	N	N	N	N	WRR 12-4-13
V-93	T&B	N	N	N	N	WRR 12-4-13
V-94	T&B	N	N	N	N	WRR 12-4-13
V-95	T&B	N	N	N	N	WRR 12-4-13
V-96	T&B	N	N	N	N	WRR 12-4-13
V-97	T&B	N	N	N	N	WRR 12-4-13
V-98	T&B	N	N	N	N	WRR 12-4-13
V-99	T&B	N	N	N	N	WRR 12-4-13
V-100	T&B	N	N	N	N	WRR 12-4-13
V-101	T&B	N	N	N	N	WRR 12-4-13
V-102	T&B	N	N	N	N	WRR 12-4-13
V-103	T&B	N	N	N	N	WRR 12-4-13
V-104	T&B	N	N	N	N	WRR 12-4-13
V-105	T&B	N	N	N	N	WRR 12-4-13
V-106	T&B	N	N	N	N	WRR 12-4-13
V-107	T&B	N	N	N	N	WRR 12-4-13
V-108	T&B	N	N	N	N	WRR 12-4-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



N1091 PSC PROCEDURE SQ 8.5  
 GREASE CAP INSPECTION  
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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
V-109	T&B	N	N	N	N	WRR 12-4-13
V-110	T&B	N	N	N	N	WRR 12-4-13
V-111	T&B	N	N	N	N	WRR 12-4-13
V-112	T&B	N	N	N	N	WRR 12-4-13
V-113	T&B	N	N	N	N	WRR 12-4-13
V-114	T&B	N	N	N	N	WRR 12-4-13
V-115	T&B	N	N	N	N	WRR 12-4-13
V-116	T&B	N	N	N	N	WRR 12-4-13
V-117	T&B	N	N	N	N	WRR 12-4-13
V-118	T&B	N	N	N	N	WRR 12-4-13
V-119	T&B	N	N	N	N	WRR 12-4-13
V-120	T&B	N	N	N	N	WRR 12-4-13
V-121	T&B	N	N	N	N	WRR 12-4-13
V-122	T&B	N	N	N	N	WRR 12-4-13
V-123	T&B	N	N	N	N	WRR 12-4-13
V-124	T&B	N	N	N	N	WRR 12-4-13
V-125	T&B	N	N	N	N	WRR 12-4-13
V-126	T&B	N	N	N	N	WRR 12-4-13
V-127	T&B	N	N	N	N	WRR 12-4-13
V-128	T&B	N	N	N	N	WRR 12-4-13
V-129	T&B	N	N	N	N	WRR 12-4-13
V-130	T&B	N	N	N	N	WRR 12-4-13
V-131	T&B	N	N	N	N	WRR 12-4-13
V-132	T&B	N	N	N	N	WRR 12-4-13
V-133	T&B	N	N	N	N	WRR 12-4-13
V-134	T&B	N	N	N	N	WRR 12-4-13
V-135	T&B	N	N	N	N	WRR 12-4-13
V-136	T&B	N	N	N	N	WRR 12-4-13
V-137	T&B	N	N	N	N	WRR 12-4-13
V-138	T&B	N	N	N	N	WRR 12-4-13
V-139	T&B	N	N	N	N	WRR 12-4-13
V-140	T&B	N	N	N	N	WRR 12-4-13
V-141	T&B	N	N	N	N	WRR 12-4-13
V-142	T&B	N	N	N	N	WRR 12-4-13
V-143	T&B	N	N	N	N	WRR 12-4-13
V-144	T&B	N	N	N	N	WRR 12-4-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.





TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
D101	SW-N.E.	N	N	N	N	WRR 10-23-13
D102	SW-N.E.	N	WRR 10-23-13 Y < THAN 10% (SW)	N	N	WRR 10-23-13
D103	SW-N.E.	N	WRR 10-23-13 Y < THAN 10% (SW)	N	N	WRR 10-23-13
D104	SW-N.E.	N	WRR 10-23-13 Y < THAN 10% (SW)	N	N	WRR 10-23-13
D105	SW-NE	N	WRR 10-23-13 Y < THAN 10% (SW)	N	N	WRR 10-23-13
D106	SW-NE	N	N	N	N	WRR 10-23-13
D107	SW-NE	N	N	N	N	WRR 10-23-13
D108	SW-NE	N	N	N	N	WRR 10-23-13
D109	SW-NE	N	N	N	N	WRR 10-23-13
D110	SW-NE	N	N	N	N	WRR 10-23-13
D111	SW-NE	N	N	N	N	WRR 10-23-13
D112	SW-NE	N	N	N	N	WRR 10-23-13
D113	SW-NE	N	Y < THAN 20% (NE)	N	N	WRR 10-23-13
D114	SW-NE	N	N	N	N	WRR 10-23-13
D115	SW-NE	N	Y < THAN 20% (NE)	N	N	WRR 10-23-13
D116	SW-NE	N	N	N	N	WRR 10-23-13
D117	SW-NE	N	N	N	N	WRR 10-23-13
D118	SW-NE	N	N	N	N	WRR 10-23-13
D119	SW-NE	N	N	N	N	WRR 10-23-13
D120	SW-NE	N	N	N	N	WRR 10-23-13
D121	SW-NE	N	N	N	N	WRR 10-23-13
D121	SW-NE	N	N	N	N	WRR 10-23-13
D122	SW-NE	N	N	N	N	WRR 10-23-13
D122	SW-NE	N	N	N	N	WRR 10-23-13
D123	SW-NE	N	N	N	N	WRR 10-23-13
D124	SW-NE	N	N	N	N	WRR 10-23-13
D125	SW-NE	N	N	N	N	WRR 10-23-13
D126	SW-NE	N	N	N	N	WRR 10-23-13
D127	SW-NE	N	N	N	N	WRR 10-23-13
D128	SW-NE	N	N	N	N	WRR 10-23-13
D129	SW-NE	N	N	N	N	WRR 10-23-13
D130	SW-NE	N	N	N	N	WRR 10-23-13
D131	SW-NE	N	N	N	N	WRR 10-23-13
D132	SW-NE	N	N	N	N	WRR 10-23-13
D133	SW-NE	N	N	N	N	WRR 10-23-13
D134	SW-NE	N	N	N	N	WRR 10-23-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
D135	SW-NE	N	N	N	N	WRR 10-23-13
D136	SW-NE	N	N	N	N	WRR 10-23-13
D137	SW-NE	N	N	N	N	WRR 10-23-13
D138	SW-NE	N	N	N	N	WRR 10-23-13
D139	SW-NE	N	N	N	N	WRR 10-23-13
D140	SW-NE	N	N	N	N	WRR 10-23-13
D141	SW-NE	N	N	N	N	WRR 10-23-13
D142	SW-NE	N	N	N	N	WRR 10-23-13
D143	SW-NE	N	N	N	N	WRR 10-23-13
D144	SW-NE	N	N	N	N	WRR 10-23-13
D145	SW-NE	N	N	N	N	WRR 10-23-13
D146	SW-NE	N	N	N	N	WRR 10-23-13
D147	SW-NE	N	N	N	N	WRR 10-23-13
D148	SW-NE	N	N	N	N	WRR 10-23-13
D149	SW-NE	N	N	N	N	WRR 10-23-13
D201	E-W	N	N	N	N	WRR 10-23-13
D202	E-W	N	N	N	N	WRR 10-23-13
D203	E-W	N	N	N	N	WRR 10-23-13
D204	E-W	N	N	N	N	WRR 10-23-13
D205	E-W	N	N	N	N	WRR 10-23-13
D206	E-W	N	N	N	N	WRR 10-23-13
D207	E-W	N	N	N	N	WRR 10-23-13
D208	E-W	N	N	N	N	WRR 10-23-13
D209	E-W	N	N	N	N	WRR 10-23-13
D210	E-W	N	N	N	N	WRR 10-23-13
D211	E-W	N	N	N	N	WRR 10-23-13
D212	E-W	N	N	N	N	WRR 10-23-13
D213	E-W	N	N	N	N	WRR 10-23-13
D214	E-W	N	N	N	N	WRR 10-23-13
D215	E-W	N	N	N	N	WRR 10-23-13
D216	E-W	N	N	N	N	WRR 10-23-13
D217	E-W	N	N	N	N	WRR 10-23-13
D218	E-W	N	N	N	N	WRR 10-23-13
D219	E-W	N	N	N	N	WRR 10-23-13
D220	E-W	N	N	N	N	WRR 10-23-13
D221	E-W	N	N	N	N	WRR 10-23-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
D222	E-W	N	N	N	N	WRR 10-23-13
D223	E-W	N	N	N	N	WRR 10-23-13
D224	E-W	N	N	N	N	WRR 10-23-13
D225	E-W	N	N	N	N	WRR 10-23-13
D226	E-W	N	N	N	N	WRR 10-23-13
D227	E-W	N	N	N	N	WRR 10-23-13
D228	E-W	N	N	N	N	WRR 10-23-13
D229	E-W	N	YES, oil stain 12.12.13	N	✓	WRR 10-23-13
D230	E-W	N	N	N	N	WRR 10-23-13
D231	E-W	N	N	N	N	WRR 10-23-13
D232	E-W	N	N	N	N	WRR 10-23-13
D233	E-W	N	N	N	N	WRR 10-23-13
D234	E-W	N	N	N	N	WRR 10-23-13
D235	E-W	N	N	N	N	WRR 10-23-13
D236	E-W	N	N	N	N	WRR 10-23-13
D237	E-W	N	N	N	N	WRR 10-23-13
D238	E-W	N	N	N	N	WRR 10-23-13
D239	E-W	N	N	N	N	WRR 10-23-13
D240	E-W	N	N	N	N	WRR 10-23-13
D241	E-W	N	N	N	N	WRR 10-23-13
D242	E-W	N	N	N	N	WRR 10-23-13
D243	E-W	N	N	N	Y(E) Pitting corr. 25% NO	WRR 10-23-13
D244	E-W	N	N	N	N	WRR 10-23-13
D245	E-W	N	N	N	N	WRR 10-23-13
D246	E-W	N	N	N	N	WRR 10-23-13
D247	E-W	N	N	N	N	WRR 10-23-13
D248	E-W	N	N	N	N	WRR 10-23-13
D249	E-W	N	N	N	N	WRR 10-23-13
D301	N-S	N	N	N	N	WRR 10-23-13
D302	N-S	N	N	N	N	WRR 10-23-13
D303	N-S	N	N	N	N	WRR 10-23-13
D304	N-S	N	N	N	N	WRR 10-23-13
D305	N-S	N	N	N	N	WRR 10-23-13
D306	N-S	N	N	N	N	WRR 10-23-13
D307	N-S	N	N	N	N	WRR 10-23-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
D308	N-S	N	N	N	N	WRR 10-23-13
D309	N-S	N	N	N	N	WRR 10-23-13
D310	N-S	N	N	N	N	WRR 10-23-13
D311	N-S	N	N	N	N	WRR 10-23-13
D312	N-S	N	N	N	N	WRR 10-23-13
D313	N-S	N	N	N	N	WRR 10-23-13
D314	N-S	N	N	N	N	WRR 10-23-13
D315	N-S	N	N	N	N	WRR 10-23-13
D316	N-S	N	N	N	N	WRR 10-23-13
D317	N-S	N	N	N	N	WRR 10-23-13
D318	N-S	N	N	N	N	WRR 10-23-13
D319	N-S	N	N	N	N	WRR 10-23-13
D320	N-S	N	N	N	N	WRR 10-23-13
D321	N-S	N	N	N	N	WRR 10-23-13
D322	N-S	N	N	N	N	WRR 10-23-13
D323	N-S	N	N	N	N	WRR 10-23-13
D324	N-S	N	N	N	N	WRR 10-23-13
D325	N-S	N	N	N	N	WRR 10-23-13
D326	N-S	N	N	N	N	WRR 10-23-13
D327	N-S	N	N	N	N	WRR 10-23-13
D328	N-S	N	N	N	N	WRR 10-23-13
D329	N-S	N	N	N	N	WRR 10-23-13
D330	N-S	N	N	N	N	WRR 10-23-13
D331	N-S	N	N	N	N	WRR 10-23-13
D332	N-S	N	N	N	N	WRR 10-23-13
D333	N-S	N	N	N	N	WRR 10-23-13
D334	N-S	N	N	N	N	WRR 10-23-13
D335	N-S	N	N	N	N	WRR 10-23-13
D336	N-S	N	N	N	N	WRR 10-23-13
D337	N-S	N	N	N	N	WRR 10-23-13
D338	N-S	N	N	N	N	WRR 10-23-13
D339	N-S	N	N	N	N	WRR 10-23-13
D340	N-S	N	N	N	N	WRR 10-23-13
D341	N-S	N	N	N	N	WRR 10-23-13
D342	N-S	N	N	N	N	WRR 10-23-13
D343	N-S	N	N	N	N	WRR 10-23-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.





TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER YES/NO	EVIDENCE OF GREASE LEAKAGE * YES/NO	EVIDENCE OF GREASE CAP DEFORMATION YES/NO	EVIDENCE OF CORROSION ** YES/NO	INSPECTOR'S INITIALS AND DATE
H13-1	B 1-3	N	N	N	N	WRR 11-20-13
H13-2	B 1-3	N	N	N	N	WRR 11-20-13
H13-3	B 1-3	N	N	N	N	WRR 11-20-13
H13-4	B 1-3	N	N	N	N	WRR 11-20-13
H13-5	B 1-3	N	N	N	N	WRR 11-20-13
H13-6	B 1-3	N	N	N	N	WRR 11-20-13
H13-7	B 1-3	N	N	N	N	WRR 11-20-13
H13-8	B 1-3	N	N	N	N	WRR 11-20-13
H13-9	B 1-3	N	N	N	N	WRR 11-20-13
H13-10	B 1-3	N	N	N	N	WRR 11-20-13
H13-11	B 1-3	N	N	N	N	WRR 11-20-13
H13-12	B 1-3	N	N	N	N	WRR 11-20-13
H13-13	B 1-3	N	N	N	N	WRR 11-20-13
H13-14	B 1-3	N	N	N	N	WRR 11-20-13
H13-15	B 1-3	N	N	N	N	WRR 11-20-13
H13-16	B 1-3	N	N	N	N	WRR 11-20-13
H13-17	B 1-3	N	N	N	N	WRR 11-20-13
H13-17	B 1-3	N	N	N	N	WRR 11-20-13
H13-18	B 1-3	N	N	N	N	WRR 11-20-13
H13-19	B 1-3	N	N	N	N	WRR 11-20-13
H13-20	B 1-3	N	N	N	N	WRR 11-20-13
H13-21	B 1-3	N	N	N	N	WRR 11-20-13
H13-22	B 1-3	N	N	N	N	WRR 11-20-13
H13-23	B 1-3	N	N	N	N	WRR 11-20-13
H13-24	B 1-3	N	N	N	N	WRR 11-20-13
H13-25	B 1-3	N	N	N	N	WRR 11-20-13
H13-26	B 1-3	N	N	N	N	WRR 11-20-13
H13-27	B 1-3	N	N	N	N	WRR 11-20-13
H13-28	B 1-3	N	N	N	N	WRR 11-20-13
H13-29	B 1-3	N	N	N	N	WRR 11-20-13
H13-30	B 1-3	N	N	N	N	WRR 11-20-13
H13-31	B 1-3	N	N	N	N	WRR 11-20-13
H13-32	B 1-3	N	N	N	N	WRR 11-20-13
H13-33	B 1-3	N	N	N	N	WRR 11-20-13
H13-34	B 1-3	N	N	N	N	WRR 11-20-13
H13-35	B 1-3	N	N	N	N	WRR 11-20-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H13-36	B 1-3	N	N	N	N	WRR 11-20-13
H13-37	B 1-3	N	N	N	N	WRR 11-20-13
H13-38	B 1-3	N	N	N	N	WRR 11-20-13
H13-39	B 1-3	N	N	N	N	WRR 11-20-13
H13-40	B 1-3	N	N	N	N	WRR 11-20-13
H13-41	B 1-3	N	N	N	N	WRR 11-20-13
H13-42	B 1-3	N	N	N	N	WRR 11-20-13
H13-43	B 1-3	N	N	N	N	WRR 11-20-13
H13-44	B 1-3	N	N	N	N	WRR 11-20-13
H13-45	B 1-3	N	N	N	N	WRR 10-24-13
H13-46	B 1-3	N	N	N	N	WRR 10-24-13
H13-47	B 1-3	N	N	N	N	WRR 10-24-13
H13-48	B 1-3	N	N	N	N	WRR 10-24-13
H13-49	B 1-3	N	N	N	N	WRR 10-24-13
H13-50	B 1-3	N	N	N	N	WRR 10-24-13
H13-51	B 1-3	N	Y Appx 102 present	N	N	WRR 10-24-13
H13-52	B 1-3	N	N	N	N	WRR 10-24-13
H13-53	B 1-3	N	N	N	N	WRR 10-24-13
H13-54	B 1-3	N	N	N	N	WRR 10-24-13
H13-55	B 1-3	N	Y Appx 3 02 present	N	N	WRR 10-24-13
H24-1	B 2-4	N	N	N	N	WRR 12-4-13
H24-2	B 2-4	N	N	N	N	WRR 12-4-13
H24-3	B 2-4	N	N	N	N	WRR 12-4-13
H24-4	B 2-4	N	N	N	N	WRR 12-4-13
H24-5	B 2-4	N	N	N	N	WRR 12-4-13
H24-6	B 2-4	N	N	N	N	WRR 12-4-13
H24-7	B 2-4	N	N	N	N	WRR 12-4-13
H24-8	B 2-4	N	N	N	N	WRR 12-4-13
H24-9	B 2-4	N	N	N	N	WRR 12-4-13
H24-10	B 2-4	N	N	N	N	WRR 12-4-13
H24-11	B 2-4	N	N	N	N	WRR 12-4-13
H24-12	B 2-4	N	N	N	N	WRR 12-4-13
H24-13	B 2-4	N	N	N	N	WRR 12-4-13
H24-14	B 2-4	N	N	N	N	WRR 12-4-13
H24-15	B 2-4	N	N	N	N	WRR 12-4-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H24-16	B 2-4	N	N	N	N	WRR 12-4-13
H24-17	B 2-4	N	N	N	N	WRR 12-4-13
H24-18	B 2-4	N	N	N	N	WRR 12-4-13
H24-19	B 2-4	N	N	N	N	WRR 12-4-13
H24-20	B 2-4	N	N	N	N	WRR 12-4-13
H24-21	B 2-4	N	N	N	N	WRR 12-4-13
H24-22	B 2-4	N	N	N	N	WRR 12-4-13
H24-23	B 2-4	N	N	N	N	WRR 12-4-13
H24-24	B 2-4	N	N	N	N	WRR 12-4-13
H24-25	B 2-4	N	N	N	N	WRR 12-4-13
H24-26	B 2-4	N	N	N	N	WRR 12-4-13
H24-27	B 2-4	N	N	N	N	WRR 12-4-13
H24-28	B 2-4	N	N	N	N	WRR 12-4-13
H24-29	B 2-4	N	N	N	N	WRR 12-4-13
H24-30	B 2-4	N	N	N	N	WRR 12-4-13
H24-31	B 2-4	N	N	N	N	WRR 12-4-13
H24-32	B 2-4	N	N	N	N	WRR 12-4-13
H24-33	B 2-4	N	N	N	N	WRR 12-4-13
H24-34	B 2-4	N	N	N	N	WRR 12-4-13
H24-35	B 2-4	N	N	N	N	WRR 12-4-13
H24-36	B 2-4	N	N	N	N	WRR 12-4-13
H24-37	B 2-4	N	N	N	N	WRR 12-4-13
H24-38	B 2-4	N	N	N	N	WRR 12-4-13
H24-39	B 2-4	N	N	N	N	WRR 12-4-13
H24-40	B 2-4	N	N	N	N	WRR 12-4-13
H24-41	B 2-4	N	N	N	N	WRR 12-4-13
H24-42	B 2-4	N	N	N	N	WRR 12-4-13
H24-43	B 2-4	N	N	N	N	WRR 12-4-13
H24-44	B 2-4	N	N	N	N	WRR 12-4-13
H24-45	B 2-4	N	N	N	N	WRR 10-24-13
H24-46	B 2-4	N	N	N	N	WRR 10-24-13
H24-47	B 2-4	N	N	N	N	WRR 10-24-13
H24-48	B 2-4	N	N	N	N	WRR 10-24-13
H24-49	B 2-4	N	N	N	N	WRR 10-24-13
H24-50	B 2-4	N	N	N	N	WRR 10-24-13
H24-51	B 2-4	N	N	N	N	WRR 10-24-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



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TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H24-52	B 2-4	N	N	N	N	WRR 10-24-13
H24-53	B 2-4	N	N	N	N	WRR 10-24-13
H24-54	B 2-4	N	N	N	N	WRR 10-24-13
H24-55	B 2-4	N	N	N	N	WRR 10-24-13
H35-1	B 3-5	N	N	N	N	WRR 10-24-13
H35-2	B 3-5	N	N	N	N	WRR 10-24-13
H35-3	B 3-5	N	N	N	N	WRR 10-24-13
H35-4	B 3-5	N	N	N	N	WRR 10-24-13
H35-5	B 3-5	N	N	N	N	WRR 10-24-13
H35-6	B 3-5	N	N	N	N	WRR 10-24-13
H35-7	B 3-5	N	N	N	N	WRR 10-24-13
H35-8	B 3-5	N	N	N	N	WRR 10-24-13
H35-9	B 3-5	N	N	N	N	WRR 10-24-13
H35-10	B 3-5	N	N	N	N	WRR 10-24-13
H35-11	B 3-5	N	N	N	N	WRR 10-24-13
H35-12	B 3-5	N	N	N	N	WRR 10-24-13
H35-13	B 3-5	N	N	N	N	WRR 10-24-13
H35-14	B 3-5	N	N	N	N	WRR 10-24-13
H35-15	B 3-5	N	N	N	N	WRR 10-24-13
H35-16	B 3-5	N	N	N	N	WRR 10-24-13
H35-17	B 3-5	N	N	N	N	WRR 10-24-13
H35-18	B 3-5	N	N	N	N	WRR 10-24-13
H35-19	B 3-5	N	N	N	N	WRR 10-24-13
H35-20	B 3-5	N	N	N	N	WRR 10-24-13
H35-21	B 3-5	N	N	N	N	WRR 10-24-13
H35-22	B 3-5	N	N	N	N	WRR 10-24-13
H35-23	B 3-5	N	N	N	N	WRR 10-24-13
H35-24	B 3-5	N	N	N	N	WRR 10-24-13
H35-26	B 3-5	N	N	N	N	WRR 10-24-13
H35-25	B 3-5	N	N	N	N	WRR 10-24-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.

(\*)(\* (H35-25) has a small qty. < than 2oz of grease/oil leaked onto the bearing @ Buttress 5 on plate and wall below. Buttress 3 end is good.



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 GREASE CAP INSPECTION  
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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE **	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H35-27	B 3-5	N	N	N	N	WRR 10-24-13
H35-28	B 3-5	N	N	N	N	WRR 10-24-13
H35-29	B 3-5	N	N	N	N	WRR 10-24-13
H35-30	B 3-5	N	N	N	N	WRR 10-24-13
H35-31	B 3-5	N	N	N	N	WRR 10-24-13
H35-32	B 3-5	N	N	N	N	WRR 10-24-13
H35-33	B 3-5	N	N	N	N	WRR 10-24-13
H35-34	B 3-5	N	N	N	N	WRR 10-24-13
H35-35	B 3-5	N	N	N	N	WRR 10-24-13
H35-36	B 3-5	N	N	N	N	WRR 10-24-13
H35-37	B 3-5	N	N	N	N	WRR 10-24-13
H35-38	B 3-5	N	N	N	N	WRR 10-24-13
H35-39	B 3-5	N	N	N	N	WRR 10-24-13
H35-40	B 3-5	N	N	N	N	WRR 10-24-13
H35-41	B 3-5	N	N	N	N	WRR 10-24-13
H35-42	B 3-5	N	N	N	N	WRR 10-24-13
H35-43	B 3-5	N	N	N	N	WRR 10-24-13
H35-44	B 3-5	N	N	N	N	WRR 10-24-13
H35-46	B 3-5	N	N	N	N	WRR 10-24-13
H35-47	B 3-5	N	N	N	N	WRR 10-24-13
H35-48	B 3-5	N	N	N	N	WRR 10-24-13
H35-49	B 3-5	N	N	N	N	WRR 10-24-13
H35-50	B 3-5	N	N	N	N	WRR 10-24-13
H35-51	B 3-5	N	N	N	N	WRR 10-24-13
H35-52	B 3-5	N	N	N	N	WRR 10-24-13
H35-53	B 3-5	N	N	N	N	WRR 10-24-13
H35-54	B 3-5	N	N	N	N	WRR 10-24-13
H35-55	B 3-5	N	N	N	N	WRR 10-24-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H46-1	B 4-6	N	N	N	N	WRR 12-4-13
H46-2	B 4-6	N	N	N	N	WRR 12-4-13
H46-3	B 4-6	N	N	N	N	WRR 12-4-13
H46-4	B 4-6	N	N	N	N	WRR 12-4-13
H46-5	B 4-6	N	N	N	N	WRR 12-4-13
H46-6	B 4-6	N	N	N	N	WRR 12-4-13
H46-7	B 4-6	N	N	N	N	WRR 10-24-13
H46-8	B 4-6	N	N	N	N	WRR 10-24-13
H46-9	B 4-6	N	N	N	N	WRR 10-24-13
H46-10	B 4-6	N	N	N	N	WRR 10-24-13
H46-11	B 4-6	N	N	N	N	WRR 10-24-13
H46-12	B 4-6	N	N	N	N	WRR 10-24-13
H46-13	B 4-6	N	N	N	N	WRR 10-24-13
H46-14	B 4-6	N	N	N	N	WRR 10-24-13
H46-15	B 4-6	N	N	N	N	WRR 10-24-13
H46-16	B 4-6	N	N	N	N	WRR 10-24-13
H46-17	B 4-6	N	N	N	N	WRR 10-24-13
H46-18	B 4-6	N	N	N	N	WRR 10-24-13
H46-19	B 4-6	N	N	N	N	WRR 10-24-13
H46-20	B 4-6	N	N	N	N	WRR 10-24-13
H46-21	B 4-6	N	N	N	N	WRR 10-24-13
H46-22	B 4-6	N	N	N	N	WRR 10-24-13
H46-23	B 4-6	N	N	N	N	WRR 10-24-13
H46-24	B 4-6	N	N	N	N	WRR 10-24-13
H46-25	B 4-6	N	N	N	N	WRR 10-24-13
H46-26	B 4-6	N	N	N	N	WRR 10-24-13
H46-27	B 4-6	N	N	N	N	WRR 10-24-13
H46-28	B 4-6	N	N	N	N	WRR 10-24-13
H46-29	B 4-6	N	N	N	N	WRR 10-24-13
H46-30	B 4-6	N	N	N	N	WRR 10-24-13
H46-31	B 4-6	N	N	N	N	WRR 10-24-13
H46-32	B 4-6	N	N	N	N	WRR 10-24-13
H46-33	B 4-6	N	N	N	N	WRR 10-24-13
H46-34	B 4-6	N	N	N	N	WRR 10-24-13
H46-35	B 4-6	N	N	N	N	WRR 10-24-13
H46-36	B 4-6	N	N	N	N	WRR 10-24-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H46-37	B 4-6	N	N	N	N	WRR 10-24-13
H46-38	B 4-6	N	N	N	N	WRR 10-24-13
H46-39	B 4-6	N	N	N	N	WRR 10-24-13
H46-40	B 4-6	N	N	N	N	WRR 10-24-13
H46-41	B 4-6	N	N	N	N	WRR 10-24-13
H46-42	B 4-6	N	N	N	N	WRR 10-24-13
H46-43	B 4-6	N	N	N	N	WRR 10-24-13
H46-44	B 4-6	N	N	N	N	WRR 10-24-13
H46-45	B 4-6	N	N	N	N	WRR 10-24-13
H46-46	B 4-6	N	N	N	N	WRR 10-24-13
H46-47	B 4-6	N	N	N	N	WRR 10-24-13
H46-48	B 4-6	N	N	N	N	WRR 10-24-13
H46-49	B 4-6	N	N	N	N	WRR 10-24-13
H46-50	B 4-6	N	N	N	N	WRR 10-24-13
H46-51	B 4-6	N	N	N	N	WRR 10-24-13
H46-51	B 4-6	N	N	N	N	WRR 10-24-13
H46-52	B 4-6	N	N	N	N	WRR 10-24-13
H46-53	B 4-6	N	N	N	N	WRR 10-24-13
H46-54	B 4-6	N	N	N	N	WRR 10-24-13
H46-55	B 4-6	N	N	N	N	WRR 10-24-13
H51-1	B 5-1	N	N	N	N	WRR 11-20-13
H51-2	B 5-1	N	N	N	N	WRR 11-20-13
H51-3	B 5-1	N	N	N	N	WRR 11-20-13
H51-4	B 5-1	N	N	N	N	WRR 11-20-13
H51-5	B 5-1	N	N	N	N	WRR 11-20-13
H51-6	B 5-1	N	N	N	N	WRR 11-20-13
H51-7	B 5-1	N	N	N	N	WRR 10-24-13
H51-8	B 5-1	N	N	N	N	WRR 10-24-13
H51-9	B 5-1	N	N	N	N	WRR 10-24-13
H51-10	B 5-1	N	N	N	N	WRR 10-24-13
H51-11	B 5-1	N	N	N	N	WRR 10-24-13
H51-12	B 5-1	N	N	N	N	WRR 10-24-13
H51-13	B 5-1	N	N	N	N	WRR 10-24-13
H51-14	B 5-1	N	N	N	N	WRR 10-24-13
H51-15	B 5-1	N	N	N	N	WRR 10-24-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H51-16	B 5-1	N	N	N	N	NRR 10-24-13
H51-17	B 5-1	N	N	N	N	NRR 10-24-13
H51-18	B 5-1	N	N	N	N	NRR 10-24-13
H51-19	B 5-1	N	N	N	N	NRR 10-24-13
H51-20	B 5-1	N	N	N	N	NRR 10-24-13
H51-21	B 5-1	N	N	N	N	NRR 10-24-13
H51-22	B 5-1	N	N	N	N	NRR 10-24-13
H51-23	B 5-1	N	N	N	N	NRR 10-24-13
H51-24	B 5-1	N	N	N	N	NRR 10-24-13
H51-25	B 5-1	N	N	N	N	NRR 10-24-13
H51-26	B 5-1	N	N	N	N	NRR 10-24-13
H51-27	B 5-1	N	N	N	N	NRR 10-24-13
H51-28	B 5-1	N	N	N	N	NRR 10-24-13
H51-29	B 5-1	N	N	N	N	NRR 10-24-13
H51-30	B 5-1	N	N	N	N	NRR 10-24-13
H51-31	B 5-1	N	N	N	N	NRR 10-24-13
H51-32	B 5-1	N	N	N	N	NRR 10-24-13
H51-33	B 5-1	N	N	N	N	NRR 10-24-13
H51-34	B 5-1	N	N	N	N	NRR 10-24-13
H51-35	B 5-1	N	N	N	N	NRR 10-24-13
H51-36	B 5-1	N	N	N	N	NRR 10-24-13
H51-37	B 5-1	N	N	N	N	NRR 10-24-13
H51-38	B 5-1	N	N	N	N	NRR 10-24-13
H51-39	B 5-1	N	N	N	N	NRR 10-24-13
H51-40	B 5-1	N	N	N	N	NRR 10-24-13
H51-41	B 5-1	N	N	N	N	NRR 10-24-13
H51-42	B 5-1	N	N	N	N	NRR 10-24-13
H51-43	B 5-1	N	N	N	N	NRR 10-24-13
H51-44	B 5-1	N	N	N	N	NRR 10-24-13
H51-45	B 5-1	N	N	N	N	NRR 10-24-13
H51-46	B 5-1	N	N	N	N	NRR 10-24-13
H51-47	B 5-1	N	N	N	N	NRR 10-24-13
H51-48	B 5-1	N	N	N	N	NRR 10-24-13
H51-49	B 5-1	N	N	N	N	NRR 10-24-13
H51-50	B 5-1	N	N	N	N	NRR 10-24-13
H51-51	B 5-1	N	N	N	N	NRR 10-24-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



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TMI UNIT 1 TENDON ANCHORAGE GREASE CAP INSPECTION

TENDON ID	LOCATION OR BUTTRESS	EVIDENCE OF FREE WATER	EVIDENCE OF GREASE LEAKAGE *	EVIDENCE OF GREASE CAP DEFORMATION	EVIDENCE OF CORROSION **	INSPECTOR'S INITIALS AND DATE
		YES/NO	YES/NO	YES/NO	YES/NO	
H51-52	B 5-1	N	N	N	N	WRR 10-24-13
H51-53	B 5-1	N	N	N	N	WRR 10-24-13
H51-54	B 5-1	N	N	N	N	WRR 10-24-13
H51-55	B 5-1	N	N	N	N	WRR 10-24-13
H62-1	B 6-2	N	N	N	N	WRR 11-20-13
H62-2	B 6-2	N	N	N	N	WRR 11-20-13
H62-3	B 6-2	N	N	N	N	WRR 11-20-13
H62-4	B 6-2	N	N	N	N	WRR 11-20-13
H62-5	B 6-2	N	N	N	N	WRR 11-20-13
H62-6	B 6-2	N	N	N	N	WRR 11-20-13
H62-7	B 6-2	N	N	N	N	WRR 10-24-13
H62-8	B 6-2	N	N	N	N	WRR 10-24-13
H62-9	B 6-2	N	N	N	N	WRR 10-24-13
H62-10	B 6-2	N	N	N	N	WRR 10-24-13
H62-11	B 6-2	N	N	N	N	WRR 10-24-13
H62-12	B 6-2	N	N	N	N	WRR 10-24-13
H62-13	B 6-2	N	N	N	N	WRR 10-24-13
H62-14	B 6-2	N	N	N	N	WRR 10-24-13
H62-15	B 6-2	N	N	N	N	WRR 10-24-13
H62-16	B 6-2	N	N	N	N	WRR 10-24-13
H62-17	B 6-2	N	N	N	N	WRR 10-24-13
H62-18	B 6-2	N	N	N	N	WRR 10-24-13
H62-19	B 6-2	N	N	N	N	WRR 10-24-13
H62-20	B 6-2	N	N	N	N	WRR 10-24-13
H62-21	B 6-2	N	N	N	N	WRR 10-24-13
H62-21	B 6-2	N	N	N	N	WRR 10-24-13
H62-22	B 6-2	N	N	N	N	WRR 10-24-13
H62-23	B 6-2	N	N	N	N	WRR 10-24-13
H62-24	B 6-2	N	N	N	N	WRR 10-24-13
H62-25	B 6-2	N	N	N	N	WRR 10-24-13
H62-26	B 6-2	N	N	N	N	WRR 10-24-13
H62-27	B 6-2	N	N	N	N	WRR 10-24-13
H62-28	B 6-2	N	N	N	N	WRR 10-24-13
H62-29	B 6-2	N	N	N	N	WRR 10-24-13
H62-30	B 6-2	N	N	N	N	WRR 10-24-13

\* Evidence of oil at threaded connection is acceptable providing it is not excessive. This is oil that has separated from grease and is common.

\*\* This is evidence of corrosion that resulted in metal loss and wastage that may affect the ability of the grease cap to contain the sheathing filler grease.



## ATTACHMENT 3

### Exelon Approval of PSC Procedures and Personnel

#### Table of Contents

1. Designation of Responsible Engineer	p02
2. Approval of PSC Surveillance Procedure N1091 Revision 0	p03
3. Approval of PSC Surveillance Procedure N1091 Revision 1 of SQ 8.0 Anchorage Inspection	p07
4. Approval of PSC Quality Control Inspector Rance Robbins and Clinton West	p10
5. Approval of PSC Quality Control Inspector Ronald Perry	p11
6. Vendor Qualification Records	p12



Date: March 28, 2014

To: File

Cc: Topical Report 213  
Mark Torborg  
John Piazza  
Sean Taylor

From: Michael Grimm

Subject: Documentation of Responsible Engineer for TMI Pre-stressed Containment Inspection

No. of Pages: 1

This memorandum serves to document that Howard Hill; P.E. (CA license # C22265) has been designated as the Responsible Engineer (R.E.) for the Three Mile Island Nuclear Generating Station's 40<sup>th</sup> year In-Service Inspection of the Unit 1 Reactor Building Pre-stressed Containment System. Mr. Hill's qualifications have been reviewed and determined to meet the requirements set forth by the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code, Section XI, Subsection IWL, 2004 edition no addenda. Mr. Hill's responsibility for serving in this capacity is documented and outlined in Exelon Generation Contract number 502247.

Michael Grimm, ISI Program Engineer

Mark Torborg, Manager – Programs Engineering



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Date: 16 SEP 13

Name: HOWARD T. HILL / Michael R. Grimm

Signature: [Handwritten Signature]

Title: RES. ENGR. / ISI Prog. Eng.

Company: Exelon / TMI

Project: TMI 40<sup>TH</sup> YEAR SURVEILLANCE

Contract: \_\_\_\_\_

In-Service Inspection Manual	
Issue Date	<u>09-03-13</u>
Revision	<u>0</u>



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The individual acknowledging receipt will be considered the permanent holder of this manual.

Name: Michael R. Grimm

Signature: [Handwritten Signature]

For more information regarding responsibility of the attendant of this manual, refer to the Manual Control Policy Statement.

Title: ISI Prog. Eng.

Company: EXELON

Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Contract: \_\_\_\_\_

In-Service Inspection Manual	
Issue Date	<u>09/03/13</u>
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**ATTACHMENT 1  
DATA SHEETS**

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**DATA SHEET 17  
Review / Acceptance of Contractor Procedures**

Procedure Number / Title	Revision	Reviewed/Accepted by	Date
Manual Control Policy	0	<i>MR 17</i>	9/16/2013
Definitions	0	<i>MR 17</i>	
PS 1.0 – Personnel Safety	0	<i>MR 17</i>	
SQ 1.0 – Surveillance Purpose	0	<i>MR 17</i>	
SQ 2.0 – Surveillance Scope	0	<i>MR 17</i>	
SQ 3.0 – Construction Eq. List	0	<i>MR 17</i>	
SQ 4.0 – Q.C. Eq. List	0	<i>MR 17</i>	
SQ 5.0 – Prerequisite Checklist	0	<i>MR 17</i>	
SQ 6.0 – Grease Cap Removal	0	<i>MR 17</i>	
SQ 6.1 – Inspect for Water	0	<i>MR 17</i>	
SQ 6.2 – Water Sample Analysis	0	<i>MR 17</i>	
SQ 7.0 – Sheathing Filler Analysis	0	<i>MR 17</i>	
SQ 7.1 – Thread Measurement	0	<i>MR 17</i>	
SQ 8.0 – Anchorage Inspection	0	<i>MR 17</i>	
SQ 8.3 – Bearing Plate Concrete Insp.	0	<i>MR 17</i>	
SQ 8.4 – Concrete Exterior	0	<i>MR 17</i>	
SQ 8.5 – Anchorage Cap Insp.	0	<i>MR 17</i>	
SQ 9.0 – Monitor Tendon Force	0	<i>MR 17</i>	
SQ 9.1 – Prestress Forces	0	<i>MR 17</i>	
SQ 10.0 – Detension Tendon	0	<i>MR 17</i>	
SQ 10.1 – Detension Anchorage Insp.	0	<i>MR 17</i>	
SQ 10.2 – Test Wire Removal	0	<i>MR 17</i>	
SQ 10.3 – Testing Tendon Wires	0	<i>MR 17</i>	
SQ 10.5 – Continuity Test	0	<i>MR 17</i>	
SQ 11.0 – Retension Tendons	0	<i>MR 17</i>	

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**DATA SHEET 17  
Review / Acceptance of Contractor Procedures**

Procedure Number / Title	Revision	Reviewed/Accepted by	Date
SQ 11.1 – PSC Engineering Data	0	<i>MS 17</i>	9/16/2013
SQ 12.0 – Grease Cap Replacement	0	<i>MS 17</i>	
SQ 12.1 – Grease Replacement	0	<i>MS 17</i>	
SQ 12.2 – Grease Volumes	0	<i>MS 17</i>	
QA 1.0 – Program Purpose	0	<i>MS 17</i>	
QA 2.0 – Program Scope	0	<i>MS 17</i>	
QA 3.0 – Quality Organization	0	<i>MS 17</i>	
QA 4.0 – Q.C. Responsibility	0	<i>MS 17</i>	
QA 4.1 – Personnel Qualifications	0	<i>MS 17</i>	
QA 5.0 – Personnel Training	0	<i>MS 17</i>	
QA 6.0 – Procurement	0	<i>MS 17</i>	
QA 7.0 – Field Change Request	0	<i>MS 17</i>	
QA 8.0 – Document Control	0	<i>MS 17</i>	
QA 8.1 – Revision Control	0	<i>MS 17</i>	
QA 9.0 – Nonconformances	0	<i>MS 17</i>	
QA 10.0 – Calibrations	0	<i>MS 17</i>	
QA 10.1 – Calibration Verification	0	<i>MS 17</i>	
QA 11.0 – Q.C. Inspection	0	<i>MS 17</i>	
QA 12.0 - Audits	0	<i>MS 17</i>	



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Name: Sean Taylor  
Signature: Sean Taylor  
Title: Program Engineer  
Company: Exelon Generation  
Project: TMI 40<sup>TH</sup> YEAR SURVEILLANCE  
Contract: \_\_\_\_\_

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If this page is stamped "UNCONTROLLED MANUAL", it is not necessary to return.

The individual acknowledging  
 receipt will be considered the  
 permanent holder of this manual.

For more information regarding  
 responsibility of the attendant of  
 this manual, refer to the Manual  
 Control Policy Statement.

Date of Submittal: 10/9/13  
 Date of Receipt: 10/9/13  
 Name: Sean Taylor  
 Signature: Sean Taylor  
 Title: Program Engineer  
 Company: EXELON  
 Project: TMI 40<sup>TH</sup> YEAR TENDON SURVEILLANCE  
 Contract: \_\_\_\_\_

In-Service Inspection Manual	
Issue Date	<u>09/03/13</u>
Revision	<u>1</u> 10/04/13



ATTACHMENT 1  
DATA SHEETS

1301-9.1  
Revision 23  
Page 20 of 21

DATA SHEET 16  
Examiner Qualification

Name of Examiner	Employer	Method	Level
<u>W. RANCE COBBINS</u>	<u>PSC</u>	<u>GENERAL + DETAILED VISUAL</u>	<u>II</u>
<u>CLINTON WEST</u>	<u>PSC</u>	<u>GENERAL + DETAILED VISUAL</u>	<u>II</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have reviewed the records relevant to the experience and training of the above named individuals and have, as necessary, trained these individuals in the requirements applicable to the performance of visual examinations of the containment concrete surface. Based on this review and, if applicable, training, I find that these individuals are qualified to perform said examinations.

Responsible Engineer: Name HOWARD T. HILL

Registration CA C 22265 30 SEP 15  
State License No. Expiration

Signature [Signature] Date 16 SEP 13

Exelon NDE Services Concurrence [Signature] Date 9/17/13  
JAMES L. NEWCOMB II / LIII

ANII Concurrence [Signature] Date 9/17/13

DATA SHEET 16

Examiner Qualification

Name of Examiner	Employer	Method	Level
RONALD A. PERRY	PSC	GENERAL / DETAILED VISUAL	II
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have reviewed the records relevant to the experience and training of the above named individuals and have, as necessary, trained these individuals in the requirements applicable to the performance of visual examinations of the containment concrete surface. Based on this review and, if applicable, training, I find that these individuals are qualified to perform said examinations.

Responsible Engineer: Name HOWARD T. HILL

Registration CA C22265 15 SEP 15  
State License No. Expiration

Signature [Signature] Date 06 NOV 13

Exelon NDE Services Concurrence James L Newcomer II Date 11/7/13  
JAMES L NEWCOMER II EXELON LITE

ANII Concurrence [Signature] Date 11/7/13

CERTIFICATE OF QUALIFICATION

This is to certify that

W. RANCE ROBBINS

SSN

has been qualified through on-the-job experience and formal training to meet the requirements of ANSI N45.2.6-1973 and 1978 as:

QUALITY CONTROL INSPECTOR LEVEL II with the following limitations

CERTIFIED FOR ALL ASPECTS OF POST-TENSIONING INSPECTIONS  
AND CALIBRATIONS,

This certification will qualify the named individual to perform quality control inspections, examinations and testing for the various manufactured products or services supplied, to meet the requirements of the projects for the Precision Surveillance Corporation and within the limitations of this qualification.

This qualification becomes effective 2/8/12 and shall remain in effect until the recertification date of 2/8/15 or until such time that the named individual leaves the employment of PSC, gives just cause for termination of the certification or requires additional training to maintain a proper Quality Control disposition.

Physical Requirements: <sup>EYE</sup> Exam Date 1/19/12 to 1/19/13 by OPTOMETRIST

Exam Date 5/14/12 to 5/14/13 by RF - PSC

Exam Date 5/10/13 to 5/10/14 by OPTOMETRIST

Approved by: A. Buscione

Quality Control Inspector Level III

Date: 2/8/12

QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROC. QA 2.10.6.1.1.

CERTIFICATION FORM QA 2.10.6.1.1.B.

CERTIFICATE OF QUALIFICATION

This is to certify that

W. RANCE ROBBINS SSN

has been qualified through on-the-job experience and formal training to meet the requirements of ANSI N45.2.6-1973 and 1978 as:

QUALITY CONTROL INSPECTOR LEVEL II with the following limitations  
CERTIFIED FOR ALL ASPECTS OF POST-TENSIONING INSPECTIONS  
AND CALIBRATIONS,

This certification will qualify the named individual to perform quality control inspections, examinations and testing for the various manufactured products or services supplied, to meet the requirements of the projects for the Precision Surveillance Corporation and within the limitations of this qualification.

This qualification becomes effective 2/8/12 and shall remain in effect until the recertification date of 2/8/15 or until such time that the named individual leaves the employment of PSC, gives just cause for termination of the certification or requires additional training to maintain a proper Quality Control disposition.

Physical Requirements: <sup>EYE</sup> Exam Date 1/19/12 to 1/19/13 by OPTOMETRIST  
Exam Date 5/14/12 to 5/14/13 by RS - PSC  
Exam Date 5/10/13 to 5/10/14 by OPTOMETRIST

Approved by: A. Bussone  
Quality Control Inspector Level III  
Date: 2/8/12

QUALIFICATION OF QUALITY CONTROL INSPECTORS PROC. QA 2.10.6.1.1.

CERTIFICATION FORM QA 2.10.6.1.1.B.

CERTIFICATE OF QUALIFICATION

This is to certify that

W. RANCE ROBBINS

SSN

has been qualified through on-the-job experience and formal training to meet the requirements of ANSI N45.2.6-1973 and 1978 as:

QUALITY CONTROL INSPECTOR LEVEL II with the following limitations

CERTIFIED FOR ALL ASPECTS OF POST-TENSIONING INSPECTIONS AND CALIBRATIONS.

This certification will qualify the named individual to perform quality control inspections, examinations and testing for the various manufactured products or services supplied, to meet the requirements of the projects for the Precision Surveillance Corporation and within the limitations of this qualification.

This qualification becomes effective 2/9/09 and shall remain in effect until the recertification date of 2/9/12 or until such time that the named individual leaves the employment of PSC, gives just cause for termination of the certification or requires additional training to maintain a proper Quality Control disposition.

Physical Requirements: EYE Exam Date 9/9/08 to 9/9/09 by PSC - *Luick*  
EYE Exam Date 2/9/10 to 2/9/11 by OPTOMETRIST  
EYE Exam Date 3/4/10 to 3/4/11 by DR. BRAD COOK, D.D.  
EYE Exam DATE 2/14/11 to 2/14/12 by OPTOMETRIST

Approved by: *Y. Bussone*

Quality Control Inspector Level III

Date: 2/9/09

QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROC. QA 2.10.6.1.1.

PERFORMANCE EVALUATION FORM QA 2.10.6.1.1.A.

PERFORMANCE EVALUATION FOR QUALITY CONTROL INSPECTORS

To be performed at periodic intervals not to exceed three years. This evaluation shall constitute continuation of certification of AS A  
QUALITY CONTROL INSPECTOR LEVEL II

This is to certify that the performance of Quality Control Inspector Level II  
Name W. RANCE ROBBINS Social Security No. [REDACTED] has  
been evaluated by the undersigned on this date 2/4/13.

Performance is evaluated as follows:

Based on a record review, he has performed satisfactorily and was active in the examination and inspection activities of post tensioning systems and components during the past year.

Performance is satisfactory.

Performance is unsatisfactory and requires additional training in the following areas:

N/A

This individual has been removed from inspection, examination and testing activities effective N/A.

Signed: Gerald Bussone

Date: 2/4/13

Title: QA Manager

Approved: Gerald Bussone  
Manager, Quality Assurance

Date: 2/4/13

This document shall be placed into the certification file for the Inspector being evaluated.

QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROC. QA 2.10.6.1.1.

PERFORMANCE EVALUATION FORM QA 2.10.6.1.1.A.

PERFORMANCE EVALUATION FOR QUALITY CONTROL INSPECTORS

To be performed at periodic intervals not to exceed three years. This evaluation shall constitute continuation of certification of ASA QUALITY CONTROL INSPECTOR LEVEL II

This is to certify that the performance of Quality Control Inspector Level II Name W. RANCE ROBINS Social Security No. [REDACTED] has been evaluated by the undersigned on this date 2/6/12.

Performance is evaluated as follows:

Based on a record review, he has performed satisfactorily and was active in the examination and inspection activities of post-training systems and components during the past year.

Performance is satisfactory.

Performance is unsatisfactory and requires additional training in the following areas:

N/A

This individual has been removed from inspection, examination and testing activities effective N/A.

Signed: Gerald Buscove

Date: 2/6/12

Title: QA Manager

Approved: Gerald Buscove  
Manager, Quality Assurance

Date: 2/6/12

This document shall be placed into the certification file for the Inspector being evaluated.

QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROC. QA 2.10.6.1.1.

PERFORMANCE EVALUATION FORM QA 2.10.6.1.1.A.

PERFORMANCE EVALUATION FOR QUALITY CONTROL INSPECTORS

To be performed at periodic intervals not to exceed three years. This evaluation shall constitute continuation of certification of ASA  
QUALITY CONTROL INSPECTOR LEVEL II

This is to certify that the performance of Quality Control Inspector Level II  
Name W. RANCE ROBBINS Social Security No. [REDACTED] has  
been evaluated by the undersigned on this date 2/7/11.

Performance is evaluated as follows:

Based on a record review, he has performed satisfactorily  
and was active in the examination and inspection  
activities of post tensioning systems and components  
during the past year.

Performance is satisfactory.

Performance is unsatisfactory and requires additional training in the following areas:

N/A

This individual has been removed from inspection, examination and testing activities effective N/A.

Signed: Gerald Busome

Date: 2/7/11

Title: QA Manager

Approved: Gerald Busome  
Manager, Quality Assurance

Date: 2/7/11

This document shall be placed into the certification file for the Inspector being evaluated.

00250

1033N

QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROC. QA 2.10.6.1.1.

PERFORMANCE EVALUATION FORM QA 2.10.6.1.1.A.

PERFORMANCE EVALUATION FOR QUALITY CONTROL INSPECTORS

To be performed at periodic intervals not to exceed three years. This evaluation shall constitute continuation of certification of AS A QUALITY CONTROL INSPECTOR LEVEL II

This is to certify that the performance of Quality Control Inspector Level II Name W. RANCE ROBBINS Social Security No. [REDACTED] has been evaluated by the undersigned on this date 2/8/10.

Performance is evaluated as follows:

Based on a record review, has performed satisfactorily and was active in the inspection, examination activities of post tensioning systems and components during the past year.

Performance is satisfactory.

Performance is unsatisfactory and requires additional training in the following areas:

N/A

This individual has been removed from inspection, examination and testing activities effective N/A.

Signed: Gerald F. Busone

Date: 2/8/10

Title: QA Manager / Level III

Approved: Gerald F. Busone  
Manager, Quality Assurance

Date: 2/8/10

This document shall be placed into the certification file for the Inspector being evaluated.

0025Q

1033N

QUALIFICATION OF QUALITY CONTROL INSPECTORS PROC. QA 2.10.6.1.1.

PERFORMANCE EVALUATION FORM QA 2.10.6.1.1.A.

PERFORMANCE EVALUATION FOR QUALITY CONTROL INSPECTORS

To be performed at periodic intervals not to exceed three years. This evaluation shall constitute continuation of certification or

AS A QUALITY CONTROL INSPECTOR LEVEL II

This is to certify that the performance of Quality Control Inspector Level II  
Name W. RANCE ROBBINS Social Security No. [REDACTED] has  
been evaluated by the undersigned on this date 2/9/09

Performance is evaluated as follows:

Based on a record review has performed satisfactorily and was active in the inspection, examination activities of post-tensioning systems and components during the past year.

Performance is satisfactory.

Performance is unsatisfactory and requires additional training in the following areas:

N/A

This individual has been removed from inspection, examination and testing activities effective N/A.

Signed: Gerald F. Buasone

Date: 2/9/09

Title: Level III

Approved: Gerald F. Buasone  
Manager, Quality Assurance

Date: 2/9/09

This document shall be placed into the certification file for the Inspector being evaluated.

QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROC. QA 2.10.6.1.1.

PERFORMANCE EVALUATION FORM QA 2.10.6.1.1.A.

PERFORMANCE EVALUATION FOR QUALITY CONTROL INSPECTORS

To be performed at periodic intervals not to exceed three years. This evaluation shall constitute continuation of certification of \_\_\_\_\_

AS A QUALITY CONTROL INSPECTOR LEVEL II

This is to certify that the performance of Quality Control Inspector Level II  
Name W. RANCE ROBBINS Social Security No. [REDACTED] has  
been evaluated by the undersigned on this date 2/29/08.

Performance is evaluated as follows:

Based on a record review has performed satisfactorily  
and was active in the inspection, examination activities  
of post-bussing systems and components during the past  
year.

Performance is satisfactory.

Performance is unsatisfactory and requires additional training in the following areas:

N/A

This individual has been removed from inspection, examination and testing activities effective N/A.

Signed: Charles F. Bussone

Date: 2/29/08

Title: Level III

Approved: Charles F. Bussone  
Manager, Quality Assurance

Date: 2/29/08

This document shall be placed into the certification file for the Inspector being evaluated.

0025Q

1033N

7. 1. PHYSICAL TESTING FORM QA 2.10.6.1.1.1

PSC Formerly  
Ineyco Surveillance  
PHYSICAL TESTING OF INSPECTORS-PROC. QA 2.10.6.1.1.1.

PHYSICAL TESTING FORM QA 2.10.6.1.1.1

Name W. Rance Robbins Date 5-10-13 Retest Date \_\_\_\_\_  
Title Quality Control Wears Glasses \_\_\_\_\_

1. PHYSICAL CHARACTERISTICS

Rating Acceptable Limitations None  
Comments None

2. VISUAL - FAR RANGE

Test Device Snellen  
Vision rating % L 20/20 R 20/30 Both 20/20  
Comments Uncorrected

3. VISUAL - NEAR RANGE

Test Device Snellen  
Vision rating grade L 20/20 R 20/20 Both 20/20  
Comments Corrected

4. COLOR PERCEPTION

Test Device Quick Six (18 plates)  
Plate 1 12 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_  
11 \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_  
Score 14 of 18 Perception Normal

Score shall not be less than 10 to be acceptable for perception.

Comments passed 18 of 18

5. OVERALL RATING

Capability Good

Examiner Dr. Greg Pierangeli Title Optometry Date 5/10/13

0028Q

0028Q/7



**LEVEL II CERTIFICATION RECORD**

Name: W. Rance Robbins Social Security Number: [REDACTED] Certification Date: 05/17/12

Visual Method: \*VT-1 Certification Level: II  
 \*VT-1 Certification is limited to tendon related activities

Level II			
General	<u>95%</u>	Date	<u>05/15/12</u>
Specific	<u>95%</u>	Date	<u>05/15/12</u>
Practical	<u>100%</u>	Date	<u>05/16/12</u>
	<u>100%</u>		<u>05/16/12</u>
Practical Ave.: <u>100%</u>			
Composite	<u>96.67%</u>	Date	<u>05/17/12</u>

The composite grade shall be an equally weighted average of all applicable examination grades for each category.

Training Courses Completed

Type	Given By	Location	Hours	Date	Instructor
General	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Specific	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Practical	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>

We certify that the above named employee meets all of the qualification requirements of the PSC Procedure

IWL VT1.CERT for certification/recertification as a VT-1 Examiner, Level II

This certificate expires after 05/17/2015 Approval Signature: [Signature]

PSC P.E.



### LEVEL II RECORD OF EXPERIENCE

Mr./Ms W. Rance Robbins has worked at PSC Since 12/2005 to date.  
Location

During that time he/she has participated in the following activities which involve visual examinations similar to the Visual inspection VT-1 examination required by ASME, Section XI, Subsection IWL.

OPERATING NUCLEAR STATION(S)	
Visual Examination(s):	V.C. Summer Nuclear Plant, Arkansas Nuclear One, Calvert Cliffs Nuclear Plant Turkey Point Nuclear Plant, Fort Calhoun Nuclear Plant, South Texas Project, Millstone Nuclear Plant Point Beach Nuclear Plant, Palisades Nuclear Plant, LaSalle Nuclear Plant, Braidwood Nuclear Plant
Repair / Replacement:	
Modification(s):	
Periodic test(s):	
MANUFACTURING, CONSTRUCTION, FABRICATION OR INSTALLATION	
Visual Examination(s):	
Dimensional Verification:	

The above also meets the following Level II PSC Procedure VT1.CERT requirement:

High School Graduate 1 year       Two-Year Associate Degree 6 months       Four-Year College Degree 3 months

Completed by (Candidate): W. Rance Robbins 05/15/12  
Date

Social Security Number: 430-31-6558

Verified and Accepted by: *Christy E. G.* 05/17/12  
PSC P.E. Date

PRECISION SURVEILLANCE CORPORATION  
VISUAL EXAMINATION TRAINING

NAME: W. Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY XXXXXXXXXX

EXAM: VISUAL GENERAL LEVEL II FOR VT-1

GRADE: 95% GRADED BY: Christopher E. Cox, P.E. 5/15/12

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

	A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D
1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	7	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	17	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	8	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

EXAM "05/14/12"

May 14, 2012

**VT-1 GENERAL EXAM**

**1. What type of containment is not inspected to IWL?**

- A. Concrete Containment**
- B. Steel Containment**

**2. What is the character height of the lower case letters for VT-1?**

- A. 0.500"**
- B. 0.044"**
- C. 0.105"**
- D. 0.010"**

**3. Per IWL what tendon anchorages are exempt from VT-1 examination?**

- A. Inaccessible due to structural obstructions**
- B. Inaccessible due to radiological hazards**
- C. Inaccessible due to safety concerns**
- D. All of the above**

**4. PSC Procedure for VT-1 Level II certifications comply to?**

- A. ACI 301.**
- B. IWL 2001 edition with 2003 addenda.**
- C. IWE 92.**
- D. IWL 98.**

**5. Level II minimum education required for certification is:**

- A. No education.**
- B. One year of college.**
- C. High school or equivalent.**
- D. MBA degree.**

**6. VT-1 Level II minimum education required for certification is?**

- A. High school or equivalent.**
- B. MBA degree.**
- C. No education.**
- D. One year of college.**

May 14, 2012

7. At a two unit site such as Braidwood Station, what reduction in Containment Tendon System anchorage inspection examination frequency is permitted?

- A. Can be reduced if the Utility can not afford to expend the money for it
- B. None; each unit must have selected tendon anchorages VT-1 examined every 5 years
- C. Reduction is permitted only if both containments are post-tensioned
- D. Each unit is examined only once every ten years

8. PSC Procedure for Level II certifications comply to:

- A. IWE 92.
- B. IWL 2001 edition with 2003 addenda.
- C. IWL 98.
- D. ACI 301.

9. Which subsection of ASME Section XI applies to VT-1 examinations of Containment Post Tensioning Systems?

- A. IWL
- B. IWE
- C. IWC
- D. IWB

10. Level II minimum education required for certification is?

- A. High school or equivalent
- B. MBA degree
- C. No education
- D. One year of college

11. What is an optical comparator?

- A. A device to measure surface lighting intensity
- B. A device to evaluate vision
- C. A device to determine color resolution
- D. None of the above

May 14, 2012

12. Who may perform VT- 1 examinations without VT-1 certification?

- A. A manager or supervisor of ISI programs
- B. Level II ISI personnel
- C. QC Personnel
- D. None of the above

13. What amendment to 10 CFR 50 incorporated by reference the requirements of ASME Section XI, 2001 Edition with 2003 Addenda?

- A. Appendix A
- B. 10 CFR 10.30
- C. 1992 Addenda
- D. 10 CFR 50.55a

14. How often is VT-1 Level II re-certification required?

- A. Every 5 years.
- B. Every 3 months.
- C. Every year.
- D. Every 3 years.

15. When should the character height of near-distance test charts be measured?

- A. When a Relevant Condition is found
- B. After the inspection
- C. Before use of it
- D. When requested by the Registered Engineer

16. For VT-1 examinations what is the minimum near distance vision acuity the examiner must have?

- A. at least 20/25 Snellen in at least one eye.
- B. None
- C. 20/20
- D. 40/40 or better

May 14, 2012

17. PSC's Procedure for Level II certifications complies to?

- A. ACI 301
- B. IWE 92
- C. IWL 2001 edition with 2003 addenda
- D. IWL 98

18. For nuclear plants that completed their Structural Integrity Test 20 years ago how often must the Containment Post-Tensioning System VT-1 examination of tendon anchorages be performed on tendons selected for in-service inspection per IWL?

- A. Every 6 months
- B. Every 5 years
- C. Every 3 years
- D. Every 2 years

19. Which of the following conditions is typically recorded as a Recordable Condition during a VT-1 examination of tendon anchorages?

- A. Broken wires
- B. Missing button heads
- C. Cracks in anchor heads
- D. All of the above

20. VT-1 inspection is required to be performed on?

- A. Jacks/Rams used for stressing
- B. All of the above
- C. Tendon Anchorages
- D. Exterior Containment concrete surface and grease cans

May 14, 2012

VT-1 GENERAL EXAM ANSWER KEY

1. B 2. B 3. D 4. B 5. C 6. A 7. B 8. B 9. A 10. A 11. D  
12. D 13. D 14. D 15. C 16. A 17. C 18. B 19. D 20. C

PRECISION SURVEILLANCE CORPORATION  
VISUAL EXAMINATION TRAINING

NAME: W. Rance Robbins

DATE: 5-14-2012

SOCIAL SECURITY NUMBER:   

EXAM: VISUAL SPECIFIC LEVEL II FOR VT-1

GRADE: 95%

GRADED BY: Charles E. P.E. 5/15/12

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

	A	B	C	D		A	B	C	D		A	B	C	D	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

EXAM "05/14/12"

May 14, 2012

**VT-1 SPECIFIC EXAM**

**1. Subsection IWL contains requirements for a Responsible Engineer. He must be an experienced Registered Professional Engineer. What is he responsible for?**

- A. Submittal of the report to the Owner documenting results of examinations and repairs.**
- B. Evaluation of examination results.**
- C. Approval, instruction, and training of concrete examination personnel.**
- D. Development of plans and procedures for examination of concrete surfaces.**
- E. All of the above.**

**2. Per ASME Section XI, subsection IWL what are to be given a VT-1 examination?**

- A. Containment tendon strand wedges or wire button heads**
- B. The safety shoes craft personnel are wearing**
- C. None of the above**
- D. The condition of hard hats worn by personnel**

**3. What is VT-1 examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?**

- A. Grease coverage on the concrete**
- B. Protruding wires**
- C. Bushing diameter**
- D. Thread tolerance**

**4. A VT-1 examination requires the inspector to be within how many inches of the surface being examined?**

- A. 3 inches**
- B. 24 inches**
- C. 90 inches**
- D. 60 inches**

**5. What is VT-1 examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?**

- A. Dissolved water in the grease**
- B. Amount of grease in the grease can**
- C. Grease can grease level**
- D. Evidence of free water**

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6. The tendon bearing plate is to be given what kind of visual inspection?

- A. VT-3C
- B. Cursory
- C. VT-1C
- D. VT-1

7. What is the typical PSC procedure used for Anchorage Inspection?

- A. SQ 2.0
- B. SQ 12.1
- C. SQ 8.0
- D. SQ 4.0

8. The tendon wire button heads are to be given what kind of visual inspection?

- A. General
- B. VT-1
- C. VT-1C
- D. VT-3C

9. Following the re-tensioning of a tendon that has been de-tensioned a VT-1 inspection is used to detect:

- A. Broken wires or strands.
- B. Amount of nitrates in the grease.
- C. Temperature of the concrete.
- D. If the grease can has been galvanized.

10. Which of the following is not typical equipment used for VT-1 examination?

- A. Pressure gage
- B. Flashlight
- C. Camera
- D. Optical Comparator

11. Mirrors and supplemental lighting are aids for?

- A. General visual inspection.
- B. VT-2B inspection.
- C. VT-1 inspection.
- D. VT-3 inspection.

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12. Following the re-tensioning a tendon that has been de-tensioned a VT-1 inspection is used to detect:

- A. Amount of sulfides in the grease.
- B. If proper shim gaps have been maintained.
- C. Time re-tensioning was completed.
- D. If tools have been cleaned up from the area.

13. Per PSC Procedures for VT examinations who approves the qualifications of VT Examiners?

- A. Responsible Engineer (P.E.)
- B. VT Supervisor
- C. Project Manager
- D. Project Superintendent

14. What is VT-1 examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?

- A. Broken wires
- B. Concrete finish
- C. All of the above
- D. Wire diameter

15. What is VT-1 examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?

- A. Type of galvanizing on Grease can
- B. Gasket seal on Grease Can
- C. Cracks in anchorage hardware
- D. None of the above

16. Per ASME Section XI, subsection IWL what are to be given a VT-1 examination?

- A. Temperature of the anchorhead
- B. Containment tendon shims
- C. All of the above
- D. Temperature of the concrete

May 14, 2012

17. On tendons selected for in-service inspection VT-1 inspection is used to detect:

- A. Missing button heads.
- B. Protruding wires.
- C. Broken wires.
- D. All of the above.

18. What is VT-1 examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?

- A. Chemistry of shim material
- B. Material type of shim material
- C. Displacement of shims
- D. Diameter of Shims

19. What is VT-1 examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?

- A. Shim finish
- B. Missing button heads
- C. Anchor head finish
- D. Bushing hardness

20. Tendon shims are to be given what kind of visual inspection?

- A. VT-3C
- B. Cursory
- C. VT-1C
- D. VT-1

May 14, 2012

VT-1 SPECIFIC EXAM ANSWER KEY

1. E 2. A 3. B 4. B 5. D 6. D 7. C 8. B 9. A 10. A 11. C  
12. B 13. A 14. A 15. C 16. B 17. D 18. C 19. B 20. D

PRECISION SURVEILLANCE CORPORATION  
Visual Examination Training  
PRACTICAL EXAMINATION CHECKLIST

NAME: W. Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM METHOD: VT-1 or VT-1C or VT-3C EXAM NUMBER: # 1

GRADE: 100% INSTRUCTOR/ GRADED BY: Christy E. [Signature] 5/14/12  
PSC P.E.

I have neither given, received or observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+25
5	Sign and date form	+5
5	Complete form Accurate and legible	+5



Project: TURKEY POINT 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

UNIT 3  UNIT 4

(7.3) Tendon No.: V-03

Tendon End: Gallery

Shop  Field

ANCHORAGE INSPECTION CRITERIA

As-Found  Post De-Tensioning / Pre-Wire Removal  Post Re-Tensioning

Q.C. Signoff

9.0 & 10.0 - CORROSION & CRACK INSPECTION

(9.2) Buttonheads	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Anchorhead	Level: <u>2</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Shims	Level: <u>1</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bearing Plate	Level: <u>2</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

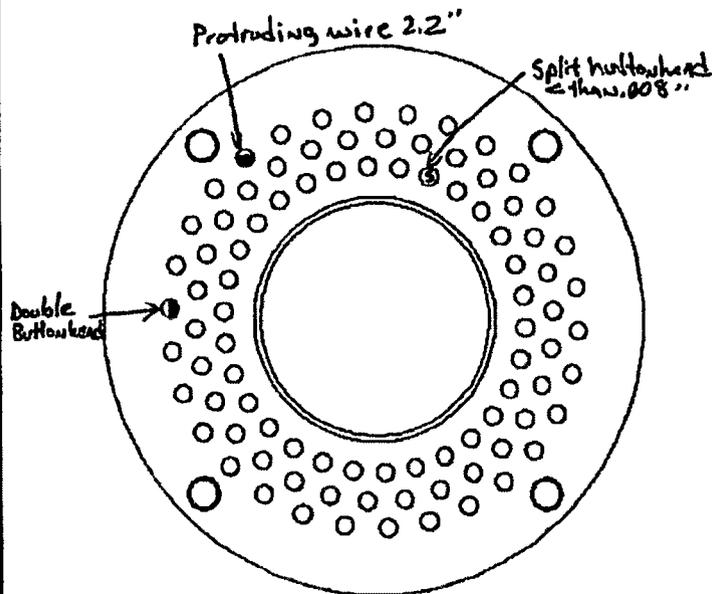
WPPS-15-12  
N/A

Refer to SQ 10.1 - DETENSIONED ANCHORAGE INSPECTION (8.3.1) Wire Coating: Corrosion Level: N/A

<sup>(1)</sup> - Corrosion Levels of 3, 4 or 5, or E require an NCR. <sup>(2)</sup> Compose a sketch of the cracks on Sketch Sheet 8.0 and initiate an NCR.

11.0 - BUTTONHEAD INSPECTION

- Offsize (Malformed)
- Protruding/unseated wire/buttonheads
- Broken/missing wire/buttonheads
- Previously Identified as missing
- Discontinuous - removed
- wire(s) removed during this surveillance for testing



(11.2) Anchorhead I.D. NONE  
 Located on Sketch:  Yes  No

(11.4) Missing Buttonheads Found: N/A  
 Yes  No Quantity: N/A

Additional Information:

Shim stack ht. 5"  
1 3/4, 1 3/4, 1/2, 1/4, 1/4, 1/8, 1/4

WPPS-15-12

(12.2) Number of Protruding Buttonheads (☉): 1  
 (12.3) Number of Missing Buttonheads (⊖, ⊙): 0  
 (12.4) Total of Protruding + Missing Buttonheads: 1  
 (12.5) Total # of Effective Buttonheads Seated: 89

(8.3) Light Meter ID: LM-901 Cal Due: 9-19-10

(12.8) Continuity Test Requested?  Yes  No  
 Wires Identified? N/A Yes  No

(12.7) Overall Results  Acceptable  Un-Acceptable

Customer Notified NCR#: N/A

WPPS-15-12

QC Reviewed:

Level:

Date:

PRECISION SURVEILLANCE CORPORATION  
Visual Examination Training  
PRACTICAL EXAMINATION CHECKLIST

NAME: W. Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM METHOD:  VT-1 or VT-1C or VT-3C EXAM NUMBER: # 2

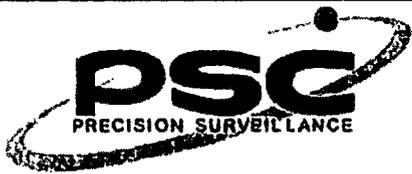
GRADE: 100% INSTRUCTOR/ GRADED BY: [Signature] 5/14/12  
PSC P.E

I have neither given, received or observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

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I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+25
5	Sign and date form	+5
5	Complete form Accurate and legible	+5



Project: TURKEY POINT 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

UNIT 3  UNIT 4

(7.3) Tendon No.: V-03

Tendon End: WRR 5-15-12  
& Dome

Shop  Field

**ANCHORAGE INSPECTION CRITERIA**

As-Found  Post De-Tensioning / Pre-Wire Removal  Post Re-Tensioning

Q.C. Signoff

**9.0 & 10.0 - CORROSION & CRACK INSPECTION**

(9.2) Buttonheads	Level: <u>A</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Anchorhead	Level: <u>1</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Shim	Level: <u>1</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bearing Plate	Level: <u>2</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

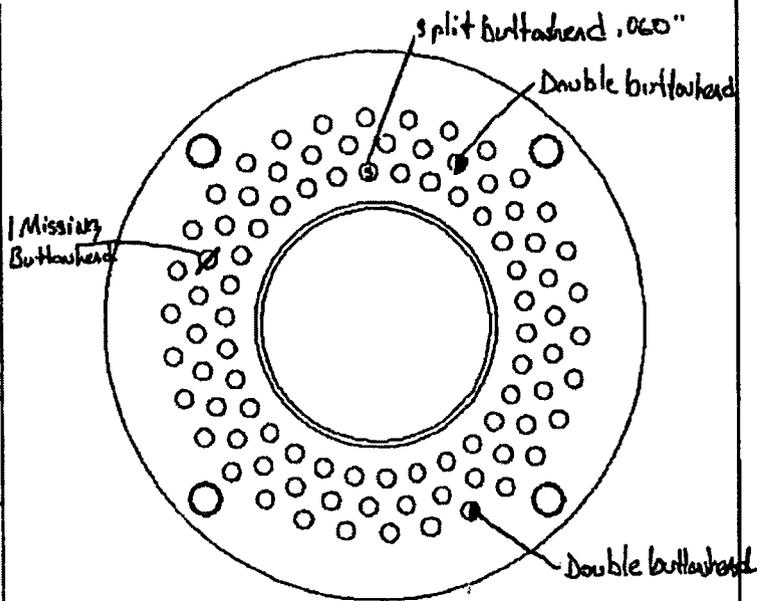
WRR 5-15-12  
N/A

Refer to SQ 10.1 - DETENSIONED ANCHORAGE INSPECTION (8.3.1) Wire Coating: Corrosion Level: N/A

<sup>(1)</sup> - Corrosion Levels of 3, 4 or 5, or E require an NCR. <sup>(2)</sup> Compose a sketch of the cracks on Sketch Sheet 8.0 and Initiale an NCR.

**11.0 - BUTTONHEAD INSPECTION**

<input type="checkbox"/>	Offsize (Malformed)
<input type="checkbox"/>	Protruding/unseated wire/buttonheads
<input type="checkbox"/>	Broken/missing wire/buttonheads
<input type="checkbox"/>	Previously identified as missing
<input checked="" type="checkbox"/>	Discontinuous - removed
<input checked="" type="checkbox"/>	wire(s) removed during this surveillance for testing



WRR 5-15-12

(11.2) Anchorhead I.D. NONE  
 Located on Sketch: N/A Yes  No

(11.4) Missing Buttonheads Found: N/A  
 Yes  No Quantity: N/A

Additional Information:  
Shim stack ht. - 4 1/2"  
1/1, 1/8, 1/8, 1/8, 1

(12.2) Number of Protruding Buttonheads (●): 0  
 (12.3) Number of Missing Buttonheads (○, ⊗): 1  
 (12.4) Total of Protruding + Missing Buttonheads: 1  
 (12.5) Total # of Effective Buttonheads Seated: 89

(8.3) Light Meter ID: LM901 Cal Due: 9-19-R

(12.6) Continuity Test Requested?  Yes  No  
 Wires Identified? N/A Yes  No

(12.7) Overall Results  Acceptable  Un-Acceptable

Customer Notified NCR#: N/A

WRR 5-15-12

QC Reviewed:

Level:

Date:



**LEVEL II CERTIFICATION RECORD**

Name: W. Rance Robbins Social Security Number: [REDACTED] Certification Date: 05/17/12  
 Visual Method: VT-1C/3C Certification Level: II

Level II	
General	90%
Specific	95%
Practical	VT-1C: 98%
	VT-1C: 98%
	VT-3C: 96%
	VT-3C: 100%
	Practical Ave: 98%
Composite	94.33%

Date	05/15/12
Date	05/15/12
Date	05/16/12
	05/16/12
	05/16/12
	05/16/12

The composite grade shall be an equally weighted average of all applicable examination grades for each category.

**Training Courses Completed**

Type	Given By	Location	Hours	Date	Instructor
General	n/a	n/a	n/a	n/a	n/a
Specific	n/a	n/a	n/a	n/a	n/a
Practical	n/a	n/a	n/a	n/a	n/a

We certify that the above named employee meets all of the qualification requirements of the PSC Procedure IWL VT1C/3C.CERT for certification/recertification as a VT-1C/3C Examiner Level II

This certificate expires after 05/17/15

Approval Signature: \_\_\_\_\_

PSC P.E.



### LEVEL II RECORD OF EXPERIENCE

Mr./Ms W. Rance Robbins has worked at PSC Since 12/2005 to date.  
Location

During that time he/she has participated in the following activities which involve visual examinations similar to the Visual inspection DIRECT (VT-1C) OR GENERAL (VT-3C) examination required by ASME, Section XI, Subsection IWL.

OPERATING NUCLEAR STATION(S)	
Visual Examination(s):	V.C. Summer Nuclear Plant, Arkansas Nuclear One, Calvert Cliffs Nuclear Plant Turkey Point Nuclear Plant, Fort Calhoun Nuclear Plant, Crystal River Nuclear Plant, Millstone Nuclear Plant Point Beach Nuclear Plant, Palisades Nuclear Plant, LaSalle Nuclear Plant, Braidwood Nuclear Plant
Repair / Replacement:	
Modification(s):	
Periodic test(s):	
MANUFACTURING, CONSTRUCTION, FABRICATION OR INSTALLATION	
Visual Examination(s):	
Dimensional Verification:	

The above also meets the following Level II PSC Procedure VT1C/3C.CERT requirement:

High School Graduate 1 year       Two-Year Associate Degree 6 months       Four-Year College Degree 3 months

Completed by (Candidate): W. Rance Robbins 05/15/12  
Date  
Social Security Number: 430-31-8556  
Date  
Verified and Accepted by: *Charles E. G.* 05/17/12  
Date  
PSC P.E.

PRECISION SURVEILLANCE CORPORATION  
VISUAL EXAMINATION TRAINING

NAME: William Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM: VISUAL GENERAL LEVEL II FOR VT-1C/3C

GRADE: 90% GRADED BY: Christopher E. Cox, P.E. 5/15/12

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

WR 5-14-2012

	A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		6	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	11	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		8	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	20	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAM "5/14/12"

May 14, 2012

**VT-C GENERAL EXAM**

**1. What is the function of the ANII?**

- A. To verify compliance with NRC regulations**
- B. To provide another approval signature on forms**
- C. To ensure nuclear safety**
- D. To verify compliance with applicable requirements of the ASME Code**

**2. What is the character height of the lower case letters for VT-1C?**

- A. 0.010"**
- B. 0.105"**
- C. 0.044"**
- D. 0.500"**

**3. PSC's Procedure for Level II certifications complies to?**

- A. ACI 301**
- B. IWL 2001 edition with 2003 addenda**
- C. IWL 98**
- D. IWE 92**

**4. What are some examples of aids used for "remote" VT-3C visual examinations?**

- A. None of the above**
- B. Binoculars, telescopes or transits**
- C. Mirrors**
- D. Feeler gauges**

**5. What is an optical comparator?**

- A. A device to determine color resolution**
- B. A device to evaluate vision**
- C. A device to measure surface lighting intensity**
- D. None of the above**

May 14, 2012

6. What is the effective date of the amendment to 10 CFR 50 that incorporated by reference the requirements of ASME Section XI, 1992 Edition with 1992 Addenda?

- A. 9-9-96
- B. 9-9-97
- C. 9-9-96
- D. 9-9-01
- E. 9-9-00

7. Who may perform VT- 1C examinations without VT-1C certification?

- A. QC Personnel
- B. Level II ISI personnel
- C. A manager or supervisor of ISI programs
- D. None of the above

8. What type of containment is Quad City?

- A. Steel Containment
- B. Concrete Containment

9. When should the character height of near-distance test charts be measured?

- A. After the inspection
- B. When requested by the Registered Engineer
- C. When a Relevant Condition is found
- D. Before use of it

10. Which code specifies the general requirement for certification?

- A. IWA
- B. IWL
- C. IWE
- D. IWB

May 14, 2012

11. What amendment to 10 CFR 50 incorporated by reference the requirements of ASME Section XI, 1992 Edition with 1992 Addenda?

- A. 1992 Addenda
- B. 10 CFR 50.55a.
- C. Appendix A
- D. 10 CFR 10.30

12. Which subsection of ASME Section XI applies to VT-1C/3C examinations of concrete containments?

- A. IWE
- B. IWA
- C. IWL
- D. AWL

13. Section XI, IWL exempts what areas of concrete surfaces of containments to be examined:

- A. Areas covered by the steel liner, foundation material or backfill, or are otherwise obstructed by adjacent structures, components parts, or appurtenances.
- B. Areas as determined by the ANII
- C. Areas requiring the use of a ladder, chair or other equipment to reach them.
- D. Areas as determined by the Responsible Engineer

14. For VT-3C examinations what is the minimum far-distance vision acuity the examiner must have?

- A. 40/40 or better
- B. None
- C. at least 20/25 Snellen in at least one eye.
- D. 20/20

15. VT-3C visual examination is required to be performed on?

- A. All of the above
- B. Tendon buttonheads
- C. Jacks/Rams used for stressing
- D. Exterior Containment concrete surface and grease cans

May 14, 2012

16. Mirrors and supplemental lighting are aids for?

- A. General visual inspection
- B. VT-3 inspection
- C. VT-1C inspection
- D. VT-2B inspection

17. What are the methods of visual inspection PSC certifies it's examiners to?

- A. VT-1
- B. VT-1C
- C. VT-3C
- D. All of the above

18. How often is Level II re-certification required?

- A. Every 5 years
- B. Every 3 years
- C. Every 3 months
- D. Every year

19. For VT-1C examinations what is the minimum near distance vision acuity the examiner must have?

- A. at least 20/25 Snellen in at least one eye.
- B. 40/40 or better
- C. 20/20
- D. None

20. Level II minimum education required for certification is?

- A. MBA degree
- B. High school or equivalent
- C. No education
- D. One year of college

May 14, 2012

VT-C GENERAL EXAM ANSWER KEY

1. D 2. C 3. B 4. B 5. D 6. C 7. D 8. A 9. D 10. B 11. B  
12. C 13. A 14. C 15. D 16. C 17. D 18. B 19. A 20. B

**PRECISION SURVEILLANCE CORPORATION  
VISUAL EXAMINATION TRAINING**

NAME: William Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM: VISUAL SPECIFIC LEVEL II FOR VT-1

GRADE: 95% GRADED BY: Christopher E. Cox, P.E. 5/15/12

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

	A	B	C	D		A	B	C	D		A	B	C	D		A	B	C	D
1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	8	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	14	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**EXAM "05/14/12"**

May 14, 2012

**VT-C SPECIFIC EXAM**

**1. Per PSC Procedures for VT examinations who approves the qualifications of VT Examiners?**

- A. VT Supervisor**
- B. Responsible Engineer (P.E.)**
- C. Project Manager**
- D. Project Superintendent**

**2. What degradation is defined by the breaking away of small portions of a concrete surface due to localized internal pressure which leaves a shallow, typically conical depression?**

- A. Exudation.**
- B. Laitance.**
- C. Popout.**
- D. Encrustation.**
- E. Stratification.**

**3. Visual concrete exams are performed under the direction of what qualified individual?**

- A. Corporate Vice President**
- B. Responsible Engineer**
- C. Job Superintendent**
- D. Project Manager**

**4. VT-3C inspection is required to be performed on:**

- A. Exterior Containment concrete surface and grease caps.**
- B. All of the above.**
- C. Tendon button heads.**
- D. Jacks/Rams used for stressing.**

**5. Per ASME Section XI, subsection IWL what are to be given a VT-3C examination?**

- A. Tendon anchor head**
- B. Roof of turbine building**
- C. Containment tendon bearing plates**
- D. Containment concrete walls**

May 14, 2012

6. Efflorescence is a sign of:

- A. Mineral leaching.
- B. Surface coating.
- C. Nothing.
- D. Concrete additives.

7. Efflorescence is a sign of

- A. Mineral leaching
- B. Concrete additives
- C. Nothing
- D. Surface coating

8. Per ASME Section XI, subsection IWL what are to be given a VT-3C examination?

- A. The safety shoes craft personnel are wearing
- B. The tendon gallery ceiling
- C. Containment tendon strand wedges or wire button heads
- D. The condition of hard hats worn by personnel

9. When is a VT-1C examination performed?

- A. At night
- B. On a sunny day
- C. When the examiner feels like doing something different
- D. suspect areas are detected by VT-3C examination.

10. A VT-1C concrete examination requires what minimum illumination?

- A. 100fc
- B. 300fc
- C. 200fc
- D. 50fc

May 14, 2012

11. Detailed VT-1C inspection can apply to:

- A. Tendon force level.
- B. Proper torque applied to bolts.
- C. Concrete cracks.
- D. Back filled section of containment.

12. In tendon anchorage areas, acceptable cracks in the concrete adjacent to the bearing plates do not exceed.

- A. 0.010 inch in width.
- B. 0.100 inch in width.
- C. 0.001 inch in width.
- D. 1.000 inch in width.

13. When may devices for remote VT-1C examination be used?

- A. Health physics considerations make direct VT-1C examination inaccessible
- B. NRC allows remote
- C. Health physics allows remote
- D. When it is raining

14. A detailed VT-1C concrete inspection requires what maximum examination distance?

- A. 7 feet
- B. 2 feet
- C. 35 feet
- D. 4 feet

15. How often is a vision test required for VT Examiners?

- A. Every other month
- B. Every 5 years
- C. Every 12 months
- D. Every 10 years

May 14, 2012

16. What kinds of concrete deterioration and distress are defined in ACI 201.1R-68 & 92?

- A. Concrete cracking.
- B. Concrete deterioration.
- C. Concrete spalling.
- D. All of the above.

17. At a Nuclear Unit how may dirt, contamination or other debris that could interfere with the concrete examination be removed?

- A. Mechanical cleaning methods or approved solvents if approved by the Responsible Engineer
- B. Acid if approved by the ANII
- C. Fire hose
- D. All of the above

18. What type of degradation often initiates as microscopic cracking at the reinforcing steel-to-concrete bond interface, resulting from periodic applications of load or stress?

- A. Abrasion/erosion.
- B. Cement-aggregate reactions.
- C. Fatigue.
- D. Irradiation.

19. Which of the following degradation mechanisms to rebar is associated with changes in the permeability of concrete, presence of an electrolyte, or microbiological attack?

- A. Irradiation.
- B. Fatigue.
- C. Corrosion.
- D. Thermal effects.

20. VT-3C visual examination is required to be performed on?

- A. Jacks/Rams used for stressing
- B. Exterior Containment concrete surface and grease cans
- C. Tendon buttonheads
- D. All of the above

May 14, 2012

**VT-C SPECIFIC EXAM ANSWER KEY**

1. B 2. C 3. B 4. A 5. D 6. A 7. A 8. B 9. D 10. D 11. C  
12. A 13. A 14. B 15. C 16. D 17. A 18. C 19. C 20. B

PRECISION SURVEILLANCE CORPORATION  
Visual Examination Training  
PRACTICAL EXAMINATION CHECKLIST

NAME: W. Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM METHOD: VT-1 or VT-1C or VT-3C EXAM NUMBER: # 1

GRADE: 98% INSTRUCTOR/ GRADED BY: Philip R. P.E. 5/16/12  
PSC P.E

I have neither given, received or observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+25
5	Sign and date form	+5
5	Complete form Accurate and legible	+3



Project: TURKEY POINT 40<sup>th</sup> YEAR TENDON SURVEILLANCE

UNIT 3

UNIT 4

Tendon No.: V-03

Tendon End: Top (East)

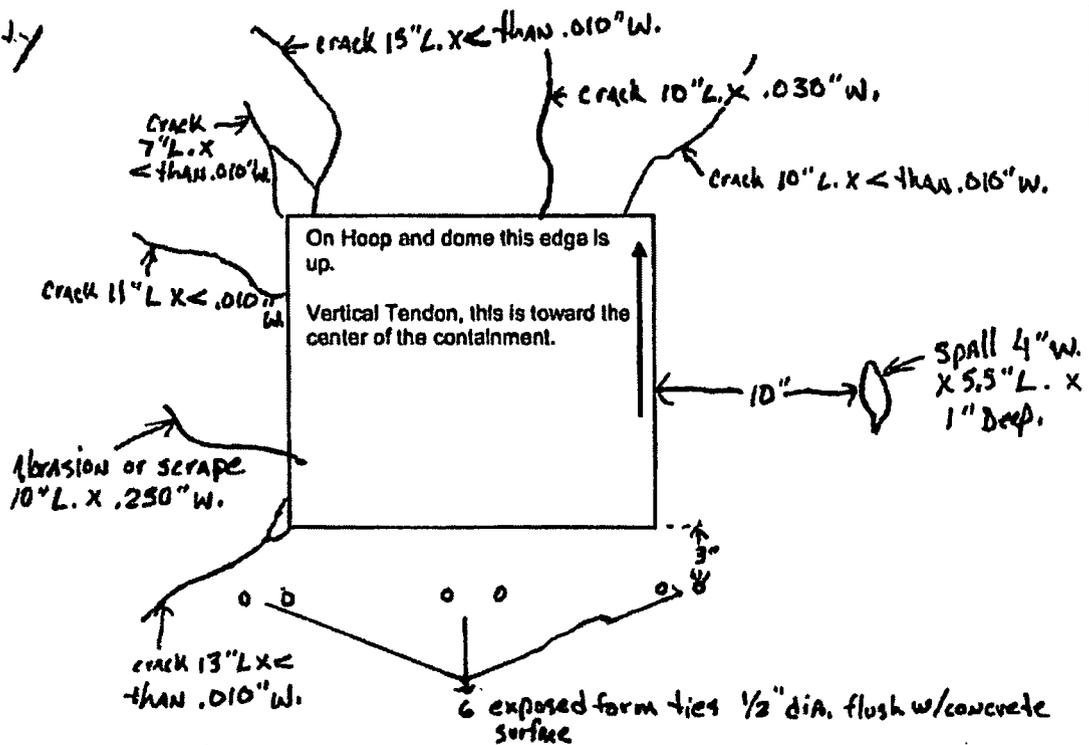
Shop

Field

(7.4) Bearing Plate Identification #: Unable to locate

1. Orient the bearing plate with the sketch below.
2. Locate the bearing plate identification and document the location on the sketch.
3. Sketch all cracks, including other defects, existing on the concrete in the area surrounding the tendon anchorage for a distance of 24 inches from the edge of the bearing plate.
4. For cracks equal to or wider than 0.010 inches, document condition on a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Florida Power & Light approval.

-2: Legibility



<sup>21b</sup> 24" scale cal. due: 11-15-12 / Feeler Gauge F-70 cal. due: 11-14-12 / Optical Comparator AC-CL-01 due: 11-12

Light Conditions 50fc or greater:  Yes  No

Auxiliary Light Source used:  Yes  No

Describe: N/A

(7.3) Light Meter ID: LM 901 Date due calibration: 9-19-2012

(7.5) Cracks  $\geq 0.010"$   Yes  No Quantity: 1 Max. Width: .030" Max Length: 10" NCR#: 001

QC Inspector: W. Lance Patton Level: II Date: 5-14-2012

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_

PRECISION SURVEILLANCE CORPORATION  
Visual Examination Training  
PRACTICAL EXAMINATION CHECKLIST

NAME: W. Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM METHOD: VT-1 or  VT-1C or VT-3C EXAM NUMBER: # 2

GRADE: 98% INSTRUCTOR/ GRADED BY: [Signature] P.E. 5/14/12  
PSC P.E.

I have neither given, received or observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+25
5	Sign and date form	+5
5	Complete form Accurate and legible	+3



Project: TURKEY POINT 40<sup>th</sup> YEAR TENDON SURVEILLANCE

UNIT 3

UNIT 4

Tendon No.: V-03

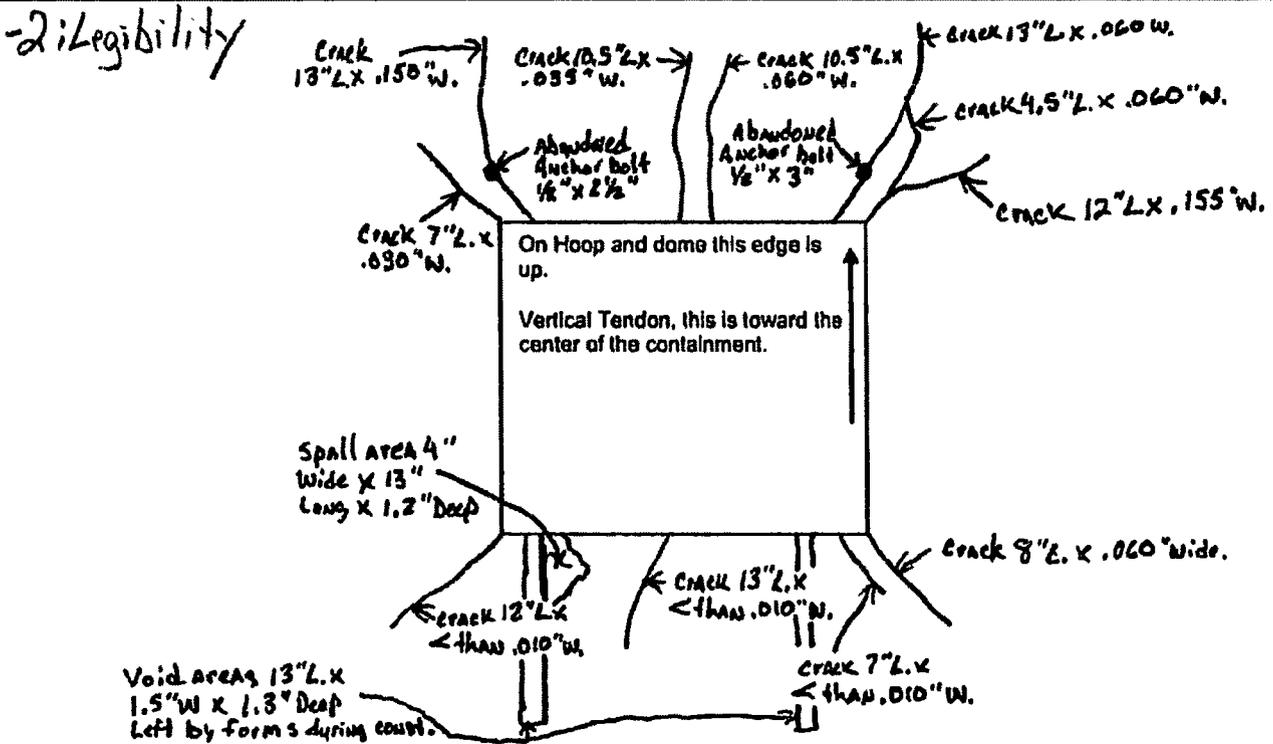
Tendon End: Gallery (West)

Shop

Field

(7.4) Bearing Plate Identification #: Unable to locate

1. Orient the bearing plate with the sketch below.
2. Locate the bearing plate identification and document the location on the sketch.
3. Sketch all cracks, including other defects, existing on the concrete in the area surrounding the tendon anchorage for a distance of 24 inches from the edge of the bearing plate.
4. For cracks equal to or wider than 0.010 inches, document condition on a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Florida Power & Light approval.



24" Scale Ruler Cal. due: 11-15-12 / Feeler Gauge F70 Cal. due: 11-14-12 / Optical Comparator CC-CC Cal. due: 11-14-12

Light Conditions 50fc or greater:  Yes  No

Auxiliary Light Source used:  Yes  No

Describe: N/A

(7.3) Light Meter ID: LM901

Date due calibration: 9-19-2012

(7.5) Cracks  $\geq 0.010"$   Yes  No Quantity: 8 Max. Width: .155" Max Length: 13" NCR#: 002

QC Inspector: W. Bruce Patton

Level: IL

Date: 5-14-12

QC Reviewed: \_\_\_\_\_

Level: \_\_\_\_\_

Date: \_\_\_\_\_

PRECISION SURVEILLANCE CORPORATION  
Visual Examination Training  
PRACTICAL EXAMINATION CHECKLIST

NAME: W. Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM METHOD: VT-1 or VT-1C or VT-3C EXAM NUMBER: # 1

GRADE: 96% INSTRUCTOR/GRADED BY: Philip R. P.E. 5/14/12  
PSC P.E.

I have neither given, received or observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

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I have read and understand the above statements: W. Rance Robbins 5-14-2012  
Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+21
5	Sign and date form	+5
5	Complete form Accurate and legible	+5

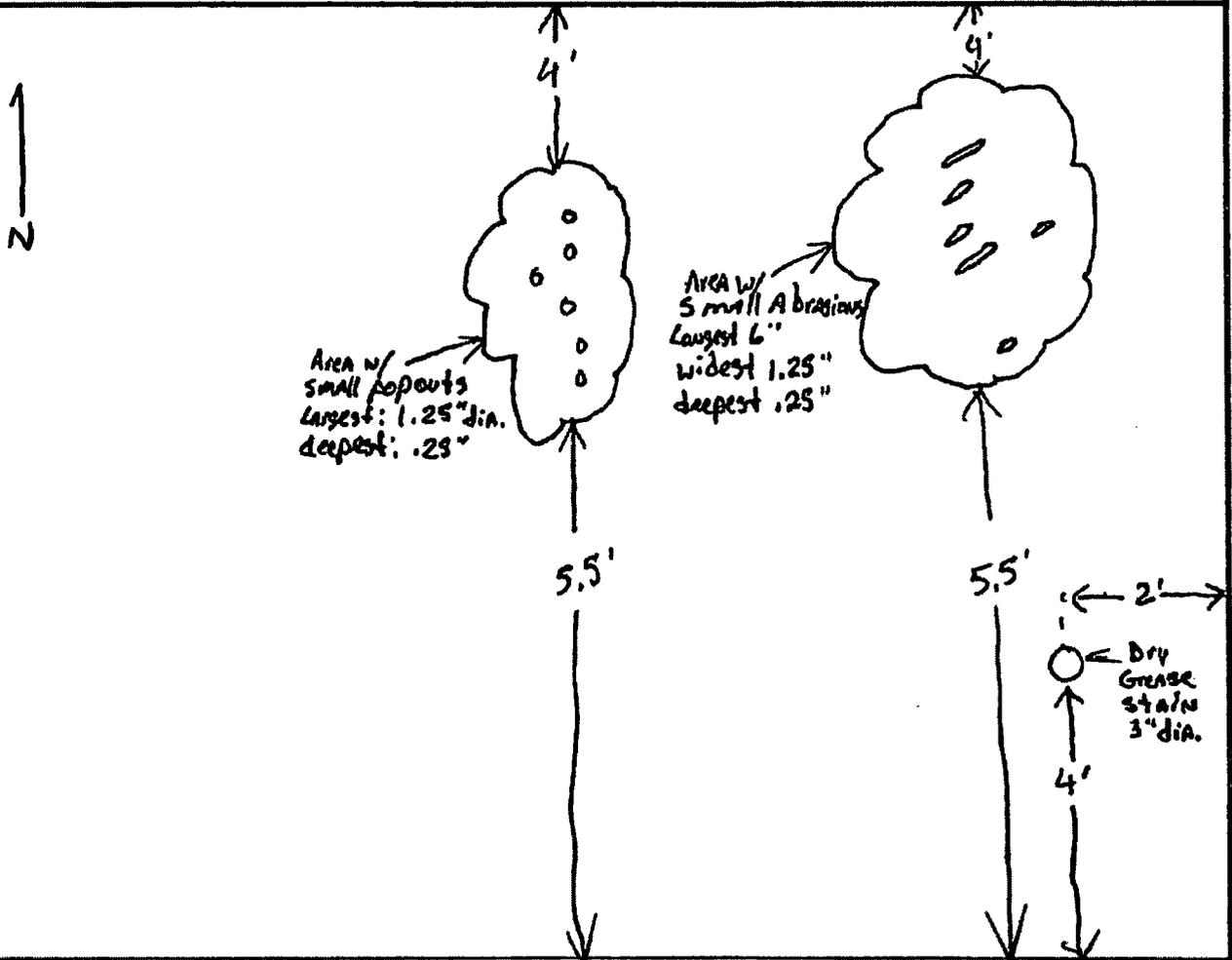




Project: TURKEY POINT NUCLEAR STATION 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: T001

1. Sketch or attach photographs to provide documentation or additional details as necessary.



Comments: Area is in good condition NO CRACKS

QC Inspector: W. Rance Roblin

Level: II

Date: 5-14-12

PRECISION SURVEILLANCE CORPORATION  
 Visual Examination Training  
 PRACTICAL EXAMINATION CHECKLIST

NAME: W. Rance Robbins DATE: 5-14-2012

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM METHOD: VT-1 or VT-1C or VT-3C EXAM NUMBER: # 2

GRADE: 100% INSTRUCTOR/ GRADED BY: Philip P.E. 5/14/12  
 PSC P.E.

I have neither given, received or observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: W. Rance Robbins 5-14-2012  
 Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+25
5	Sign and date form	+5
5	Complete form Accurate and legible	+5

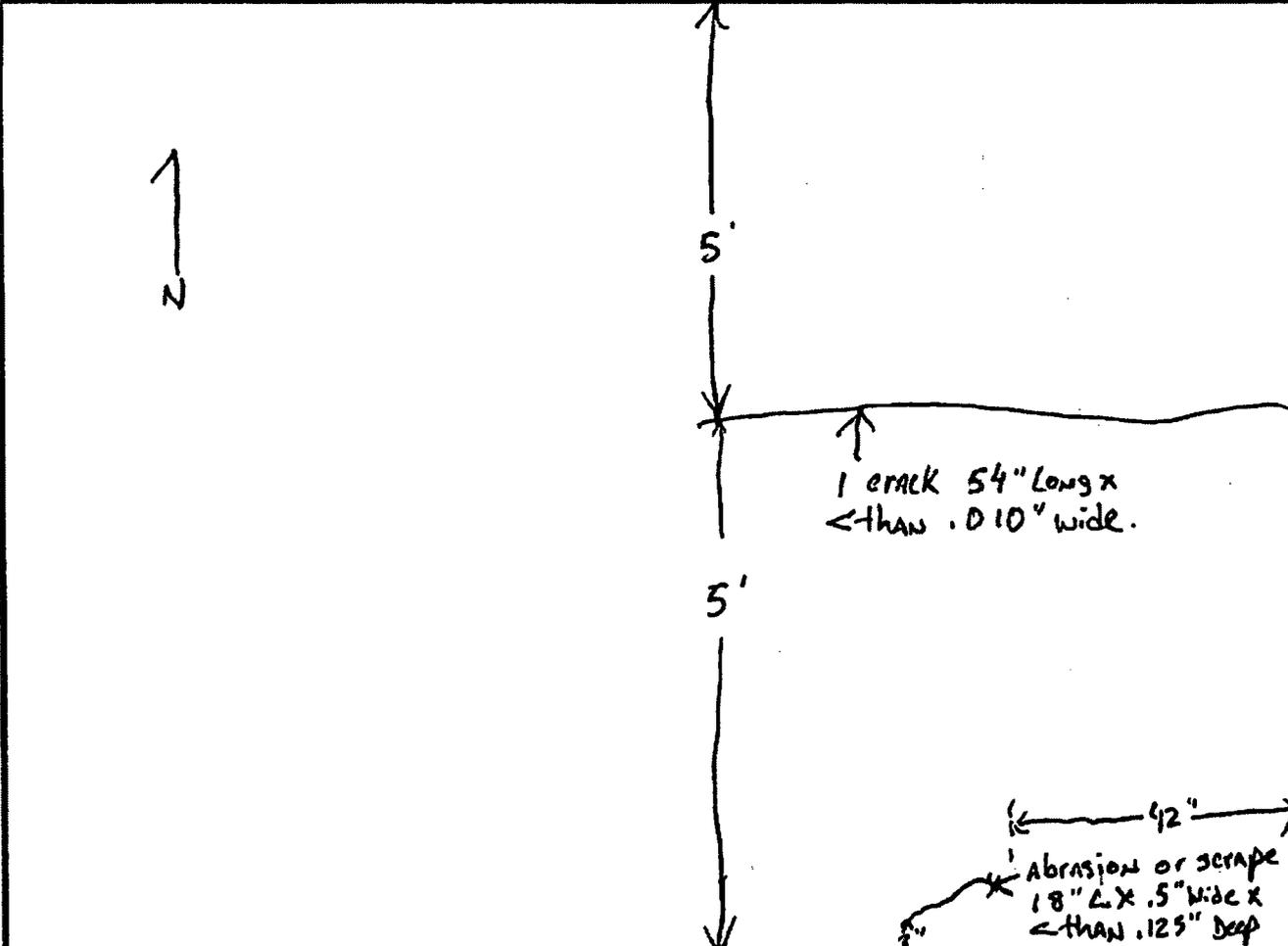




Project: TURKEY POINT NUCLEAR STATION 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: T002

1. Sketch or attach photographs to provide documentation or additional details as necessary.



Comments:

QC Inspector: W. Bruce Patton Level: II Date: 5-14-2012

CERTIFICATE OF QUALIFICATION

This is to certify that:

Clinton West

SSN [REDACTED]

has been qualified through on-the-job experience and formal training to meet the requirements of ANSI N45.26-1973 and 1978 as:

QUALITY CONTROL INSPECTOR LEVEL II with the following limitations.

Inspections and Calibrations associated with Post-Tensioning Systems and Components.

This certification will qualify the named individual to perform Quality Control inspections, examinations and testing for the various manufactured products or services supplied, to meet the Requirements of the projects for the Precision Surveillance Corporation and within the limitations of this qualification.

This qualification becomes effective 8/21/13 and shall remain in effect until the Recertification date of 8/21/16 or until such time that the named individual leaves the employment of PSC, gives just cause for termination of the certification or requires additional training to maintain a proper Quality Control disposition.

PHYSICAL REQUIRMENTS: Eye Exam Date 6/17/13 to 6/17/14 by Optometrist  
Eye Exam Date \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_  
Eye Exam Date \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_

APPROVED BY: [Signature]

Quality Control Inspector Level III

Date: 8/21/13

**QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROCEDURE QA 2.10.6.1.1**

**QUALIFICATION LIMITATION FORM QA 2.10.6.1.1 C**

The named individual is hereby certified to perform Quality Control inspections, examinations and tests for the products of the Precision Surveillance Corporation and shall be limited in practicing those skills to those activities for which qualified as shown.

Name Clinton West

SSN [REDACTED]

Quality Control Inspector Level II per ANSI N45.2.6 - 1973 or 1978

**ACTIVITIES**

**POST TENSIONING SYSTEM:**

SHOP: N/A

VENDOR: N/A

FIELD: All

TESTING: N/A

OTHER: N/A

**REINFORCING STEEL:**

SHOP: N/A

**CONSTRUCTION METALS:**

STRUCTURAL FAB: N/A

WELDING: N/A

PAINTING-ANSI 101.4: N/A

OTHER: N/A

**GENERAL QUALITY ASSURANCE:**

DOCUMENT CONTROL: Yes

TEST REPORT APPROVAL: Yes

PURCHASE ORDER APPROVAL: No

NONCONFORMANCE REPORTING: Yes

CALIBRATION: Yes

10CFR21 Yes

10CFR50 and PSC QUALITY ASSURANCE: Yes

APPROVED: \_\_\_\_\_

*Gerald Brusone*

Quality Control Inspector Level III

DATE: \_\_\_\_\_

8/21/13



**PROFESSIONAL SUMMARY**

**A. NAME: CLINT WEST**

**B. POSITION: FIELD SUPERINTENDENT**

Responsible for set-up, supervising and managing field crew as assigned for special construction projects with or without labor.

**C. EDUCATION:**

- 1985: Graduated from Belleville High School- Belleville, AR
- 1985-1986: Attended Bryan Institute of Computer Programming
- 1987-1991: U.S. Navy Aviation Machinist Mate 3<sup>rd</sup> Class (Jet Engineer Mechanic). Various commendations and medals. Assigned to U.S. Navy SEABEE Unit 406 Steel Workers

**D. CERTIFICATIONS:**

- Journeyman Ironworker, Local 321
- Certified Four Position Welder
- OSHA 30 Hour Training
- Qualified Rigger

**E. WORK EXPERIENCE:**

- 8/1991-12/1991: William's Construction
- 12/1991-12/1995: Truck Driver
- 1/1996-6/2000: Maintenance/Milwright at Wayne Farms- Danville, AR
- 8/2000-12/2000: Laborer at Arkansas Nuclear One Unit 2 SGR
- 6/2001-5/2004: IronWorker Local 591-Shreveport, LA
  - Several Foreman Positions, IW Steward
  - Numerous Structural Jobs
- 5/2004-Present: Iron Workers Local 321-Little Rock, AR
  - 5/2004-7/2005: Boyd Sanders Construction
  - 7/2005-1/2006: ANO Unit 1 SGR, Stone & Webster and SGT
  - 3 Reactor Head Changes with Bigge Crane and Rigging- San Leandro, CA
  - Superintendent on job in Bahamas rebuilding an oil transfer station off shore destroyed by Hurricane Katrina.
- 4/7/2008-Present: Precision Surveillance Corporation-East Chicago, IN
  - Worked as General Foreman, Foreman, Rigger, and Welder at various Nuclear Sites throughout the United States. Superintendent as of 9/2008.



## F. NUCLEAR JOBSITE ACTIVITY

Involvement in Construction Management and/or supervision of post-tensioning or structural systems for the following nuclear projects:

- ANO-Arkansas Nuclear One
- VC Summer Nuclear Plant
- Ginna Nuclear Station
- Millstone Nuclear Power Plant
- Byron Nuclear Plant
- Brunswick Nuclear Plant
- Fort Calhoun Nuclear Plant
- Point Beach Nuclear Plant
- Vogtle Nuclear Plant
- Palo Verde Nuclear Plant
- Braidwood Nuclear Plant
- Crystal River Nuclear Plant
- Palisades Nuclear Plant
- Waterford Nuclear Plant



PHYSICAL TESTING OF INSPECTORS-PROC. QA 2.10.6.1.1.1  
PHYSICAL TESTING FORM QA 2.10.6.1.1.1

Name: Clint West Date 6-17-13 Retest Date \_\_\_\_\_  
Title: \_\_\_\_\_ Wears Glasses for near

<b>1. PHYSICAL CHARACTERISTICS</b>	
Rating: <u>100%</u>	Limitations: <u>glasses for all visual task</u>
Comments: <u>NO apparent limitations</u>	

<b>2. VISUAL - FAR RANGE</b>		Test Device: <u>SNELLING chart</u>	
Vision Rating %: <u>100</u> Left <u>20/20</u>	Right <u>20/20</u>	Both <u>20/15</u>	
Comments: <u>excellent vision in the distance with glasses</u>			

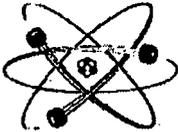
<b>3. VISUAL - NEAR RANGE</b>		Test Device: <u>SNELLING chart</u>	
Vision Rating Grade: <u>J-1</u> Left <u>J-1</u>	Right <u>J-1</u>	Both <u>J-1</u>	
Comments: _____			

<b>4. COLOR PERCEPTION</b>		Test Device: <u>Ishihara Plates</u>			
Plate:	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Score	<u>14</u>	Of	<u>14</u>	Perception	<u>100%</u>
Score shall not be less than 10 to be acceptable for perception.					
Comments: <u>EXCELLENT COLOR VISION</u>					

<b>5. OVERALL RATING</b>	
Capability	<u>excellent</u>

Examiner James W. Stuebe Title Optometrist Date 6-17-13





**PSC**

Precision Surveillance Corporation

**PRECISION SURVEILLANCE CORPORATION**

**TRAINING SHEET**

THE PSC PERSONNEL LISTED BELOW HAVE BEEN PROVIDED COPIES OF  
10CFR50 APPENDIX B, 10CFR PART 21, ANSI N45.2, ANSI N45.2.6, ANSI N45.2.10 FOR REVIEW AND UNDERSTANDING

NAME	SIGNATURE	DATE
CLINT WEST	<i>Clint West</i>	6-20-13
CARROLL HUNT	<i>Carroll Hunt</i>	6-20-13

TRAINER: *A. Busone*  
DATE: 6/20/13

**Graduated 5-24-85 Class Rank 9/11**  
**BELLEVILLE PERMANENT HIGH SCHOOL RECORD**

Name (reversed) West, Clinton Date of birth 8-1-1967 Sex Male  
 Ye. successful graduation 19 \_\_\_\_\_ Parent or guardian Clint and Sylvia Occupation Police/Chicken  
 Residence at entrance \_\_\_\_\_ School last attended \_\_\_\_\_ Entered \_\_\_\_\_ 19 \_\_\_\_\_  
 Date of discharge \_\_\_\_\_ 19 \_\_\_\_\_ Age when discharged \_\_\_\_\_ Class \_\_\_\_\_  
 Graduated in class of 19 \_\_\_\_\_ In what quartile (1, 2, 3, 4) \_\_\_\_\_ No in class \_\_\_\_\_ Rank \_\_\_\_\_

1981-1982 Grade 4th				1982-1983 Grade 10th				1983-1984 Grade 11th				1984-1985 Grade 12th			
Subject		Grade		Subject		Grade		Subject		Grade		Subject		Grade	
1	2	C	1	2	C	1	2	C	1	2	C	1	2	C	
English	F	C	1/2	English II	C	C	1	1/2	English III	D	C	1/2	Visual Art		
U.S. History	B	1/2	English I	F	-	1/2	1/2	1/2	Automobiles	A	B	1			
Science	F		World History	B	C	1	1/2	1/2	Bookkeeping	C	B	1			
Music	A	A	1	1/2	1/2	1/2	1/2	1/2	English	A	B	1			
Algebra I	D	F	1	1/2	1/2	1/2	1/2	1/2	Spanish	B	1/2				
Math Science	C	C	1	1/2	1/2	1/2	1/2	1/2	Computer Math	C	C	1			
P.E.	A	A	1/2						Home History	C	1/2				
Principal	4 1/2			Principal	3 3/4			Principal	4 1/4			Principal	C-3/beh		
1984-85 Grade 12th				1984-85 Grade 12th				1984-85 Grade 12th				1984-85 Grade 12th			
Subject		Grade		Subject		Grade		Subject		Grade		Subject		Grade	
Customs		C-1/2		English I		C-1/2		P.E.		A		A		1/2	
Principal		4 1/2			Principal		4 1/2			Principal		4 1/2			
<p style="text-align: right;">Total Credits <u>18 1/2</u></p>															

Junior High School

Senior High School

A-Excellent    B-Above Average    C-Average    D-Fair Average    F-Failure    Form 1653

**WESTERN YELL COUNTY  
ELEMENTARY SCHOOL**

PO Box 250 • Belleville, Arkansas 72824  
Phone: 479/493-4100 • Fax: 479/493-4117

Keith Jones, Principal  
e-mail: jonesk@wolverines.k12.ar.us

Julie Lane, Curriculum Coordinator  
e-mail: lansj@wolverines.k12.ar.us

Lisa Lawrence, Counselor  
e-mail: lawrencel@wolverines.k12.ar.us

Carol George, Secretary/Registrar  
e-mail: georgesc@wolverines.k12.ar.us

June 4, 2013

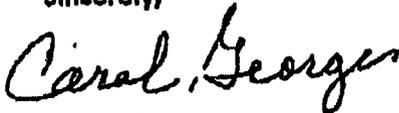
To Whom It May Concern:

Clint West graduated from Belleville High School on May 24, 1985.

I was Clint's school secretary as well as a family friend. He and my son were classmates.

We do not have documentation other than the Transcript.

Sincerely,



Carol George



5/31/13

Carol George  
Western Yell County Elementary  
300 North Grand Avenue  
PO Box 250  
Belleville, AR 72824

Dear Mrs. George,

Thank you for sending Clinton West's High School Record. Unfortunately, it does not state whether he completed High School. Therefore, we would also like to request any documentation/records that you may have of him completing/graduating High School. You may also provide a letter verifying he did graduate. Clint West is our employee and we need this information for his personnel file.

If you need any information from me, please call me at (219) 397-5826. Thank you in advance for your prompt attention to our request.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Lara". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Melissa Lara  
Administrative Assistant

PSC QC INSPECTOR TRAINEE: CLINT WEST DATE: 8-21-2013

TEST SCORE: 100%

PSC INSTRUCTOR: J. Busone 8/21/13

**PRECISION SURVEILLANCE CORPORATION  
QUALITY CONTROL INSPECTOR TRAINING PROGRAM**

**EXAM**

- 1) What is the proper way to correct an error recorded on a data sheet ie: typo, obvious omission?
  - a) Write in changes or correct date
  - b) Any changes made, one line initial and date
  - c) Write a nonconformance
  
- 2) When performing inspections what documents should you have with you?
  - a) Quality Assurance Manual
  - b) Applicable Inspection Procedures
  - c) Calibration reports on inspection tools
  
- 3) Quality Control Inspectors shall be completely independent from the pressures of \_\_\_\_\_.
  - a) Customers
  - b) Quality Assurance
  - c) Production
  
- 4) The distance a tendon/wire stretches when being stressed is called, \_\_\_\_\_.
  - a) Liftoff
  - b) Relaxation
  - c) Elongation
  
- 5) During stressing operations, which of the following cautions shall be observed?
  - a) Do not stand behind the jack when it is under load
  - b) Keep fingers out of any pinch areas
  - c) Be alert during shim placement and removal
  - d) All of the above

- 6) The tendon shall never be stressed beyond \_\_\_\_\_% of the minimum guaranteed ultimate tensile strength (Guts) of the effective wires remaining in that tendon
- a) 60 %
  - b) 80 %
  - c) 100 %
- 7) When tendon stressing is performed from both ends simultaneously the pressure at one end of the tendon shall not exceed the other by more than 1000 psi.
- a) True
  - b) False
- 8) The minimum temperature for grease being pumped into a tendon end is \_\_\_\_\_ degrees.
- a) 120 degrees
  - b) 150 degrees
  - c) 160 degrees
- 9) When cracks are detected for Anchor Heads, Shims or Bearing Plates, Turkey Point Engineering shall be notified by a nonconformance report.
- a) True
  - b) False
- 10) The Field Quality Control Inspectors operate under the immediate direction of:
- a) Field Superintendent
  - b) Lead Quality Control Inspector
  - c) PSC Manager Quality Assurance
- 11) Field Quality Control Inspectors and the Quality Assurance personnel have the authority to issue a "Stop Work Order" for any activity, material, or procedure not in conformance with:
- a) Project specifications
  - b) Quality Assurance Manual
  - c) Surveillance I.S.I. Manual
  - d) All of the above
- 12)

Field Changes that take place prior to the approval of a Field Change Request shall be documented on a NCR.

- 13) Prior to applying **ANY FORCE** to a tendon the stressing adaptor must be fully engaged.
- a) True
  - b) False
- 14) To find the actual liftoff/lock-off at a particular end of a tendon a 0.030" thick feeler gauge (shim stock) is inserted into the shim stack until \_\_\_\_\_ consecutive liftoff/lock-off readings have been taken.
- a) Two (2)
  - b) Three (3)
  - c) Four (4)
- 15) Steel rulers are calibrated every:
- a) 6 months
  - b) 1 year
  - c) 5 years
- 16) When should Quality Control Documents be signed by the inspector?
- a) Before the next step
  - b) At the end of the day
  - c) After all information for the inspections have been entered
- 17) Who controls the Measuring and Test Equipment used by PSC Inspectors?
- a) PSC Superintendent
  - b) Utility employees
  - c) PSC Quality Control or Quality Assurance personnel
- 18) Where are all quality related documents pertaining to the project kept?
- a) In the inspector's desk
  - b) Field office file or jobsite vault
  - c) With the PSC Superintendent
- 19) All Lead Field Quality Control Inspectors shall be qualified to a minimum of Level \_\_\_\_\_ capability in accordance with the requirements of ANSI N45.2.6.
- a) I
  - b) II
  - c) III

---

20) The person responsible for recording inspection information on Data Sheets is the

---

- a) Craft Crew Member
- b) PSC QC Inspector
- c) Foreman
- d) Any of the above



**IWL VISUAL EXAMINER  
CERTIFICATION RECORD  
(EXHIBIT A)**

Document: FRM-PQR-001  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 1

**IWL GENERAL AND DETAILED VISUAL EXAMINER CERTIFICATION RECORD**

Training Requirements	Initials(Examinee/Instructor)	Date
Training in Section XI, Subsection IWL (4 hours minimum)	CW/CEC	8/14/13
Training shall include requirements for inservice and preservice examinations and reporting criteria for the following:(2 hours minimum)		
1) Concrete (conditions such as those described in ACI-201.1)	CW/CEC	8/15/13
2) Reinforcing steel	CW/CEC	8/15/13
3) Post-tensioning system items (e.g., wires, strands, anchorage hardware, corrosion protection medium, and free water)	CW/CEC	8/20/13
<b>Written Examination</b>	<b>Grade</b>	<b>Date</b>
Written examination covering Section XI, Subsection IWL requirements and plant-specific procedure requirements for visual examination containing at least 15 questions in the following:		
1) Concrete and Reinforcing Steel	93.3%	8/23/13
2) Post-tensioning system components(i.e., wires, strands, anchorage hardware, corrosion protection medium, and free water)	100.0%	8/23/13
<b>Practical Examination</b>	<b>Grade</b>	<b>Date</b>
A practical examination using test specimens with flaws or indications to be detected by the following visual examination techniques:		
1) General and detailed visual examination of concrete	92%	8/23/13
2) Detailed visual examination of reinforcing steel	94%	8/23/13
3) Detailed visual examination of post-tensioning system components (i.e., wires, strands, and anchorage hardware)	96%	8/23/13
Passing grades for visual examinations shall be as follows:	<b>Final Grade</b>	<b>Date</b>
An average combined grade of 80% for written and practical examinations	95.1%	8/23/13
A minimum grade of 70% for each written and practical examination		

Precision Surveillance Corporation certifies that the following individual meets the minimum qualifications set forth in the Corporation Standard Document STD-PQR-001 "Personnel Qualification Requirements for General and Detailed Visual Examinations for Nuclear Power Plants".

IWL Visual Examiner (Print Name):	Clint G. West
IWL Visual Examiner (Signature):	<i>Clint G. West</i>
SS #(Last Four Digits)	[REDACTED]
Certification Date:	8-23-13
Certification Expiration Date:	8-22-18
P.S.C. Professional Engineer Approval(Name)	Christopher E. Cox
P.S.C. Professional Engineer Approval(Signature)	<i>Christopher E. Cox</i>



IWL-2000  
WRITTEN EXAMINATION  
CONCRETE & REINFORCING STEEL

Document: EXM-PQR-001  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 1 of 3

NAME: CLINTON WEST DATE: 8-23-13

SOCIAL SECURITY NUMBER: [REDACTED]

GRADE: 14/15 = 93.3% GRADED BY: Christopher E. Cox, P.E. 8/23/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: Clinton West 8-23-13  
Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

	A	B	C	D			A	B	C	D			A	B	C	D	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	11	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	12	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	8	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✗
4	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	9	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓



IWL-2000  
WRITTEN EXAMINATION  
CONCRETE & REINFORCING STEEL

Document: EXM-PQR-001  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 2 of 3

1. What is the function of the ANII?
  - a) To verify compliance with NRC regulations
  - b) To provide another approval signature on forms
  - c) To ensure nuclear safety
  - d) To verify compliance with applicable requirements of the ASME Code ✓
2. General Visual inspections are required to be performed on:
  - a) Exterior Containment concrete surface and grease caps. ✓
  - b) Tendon button heads.
  - c) Jacks/Rams used for stressing
  - d) All of the above
3. What is the character height of the lower case letters for Detailed Visual Inspections? ✓
  - a) 0.010"
  - b) 0.105"
  - c) 0.044" ✓
  - d) 0.500"
4. What degradation is defined by the breaking away of small portions of a concrete surface due to localized internal pressure which leaves a shallow, typically conical depression? ✓
  - a) Exudation
  - b) Laitance
  - c) Popout ✓
  - d) Encrustation
5. What is an optical comparator? ✓
  - a) A device to determine color resolution
  - b) A device to evaluate vision
  - c) A device to measure surface lighting intensity
  - d) None of the above ✓
6. Efflorescence is a sign of ✓
  - a) Mineral leaching ✓
  - b) Concrete additives
  - c) Nothing
  - d) Surface coating
7. Who may perform IWL Visual examinations without certification? ✓
  - a) QC Personnel
  - b) Level II ISI personnel
  - c) A manager or supervisor of ISI programs
  - d) None of the above ✓
8. Per ASME Section XI, subsection IWL what are to be given a general visual examination? ✓
  - a) The safety shoes craft personnel are wearing
  - b) The tendon gallery ceiling ✓
  - c) Containment tendon strand wedges or wire button heads
  - d) The condition of hard hats worn by personnel

EXM-PQR-001 R0



IWL-2000  
WRITTEN EXAMINATION  
CONCRETE & REINFORCING STEEL

Document: EXM-PQR-001  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 3 of 3

9. When should the character height of near-distance test charts be measured? ✓
- a) After the inspection
  - b) When requested by the Registered Engineer
  - c) When a Relevant Condition is found
  - d) Before use of it
10. In tendon anchorage areas, acceptable cracks in the concrete adjacent to the bearing plates do not exceed. ✓
- a) 0.010 inch in width
  - b) 0.100 inch in width
  - c) 0.001 inch in width
  - d) 1.000 inch in width
11. What amendment to 10 CFR 50 incorporated by reference the requirements of ASME Section XI, 1992 ✓  
Edition with 1992 Addenda?
- a) 1992 Addenda
  - b) 10 CFR 50.55a.
  - c) Appendix A
  - d) 10 CFR 10.30
12. A detailed visual inspection requires what maximum examination distance? ✓
- a) 7 feet
  - b) 2 feet
  - c) 35 feet
  - d) 4 feet
13. How often is Level II re-certification required? X
- a) Every 5 years
  - b) Every 3 years
  - c) Every 3 months
  - d) Every year
14. Which of the following degradation mechanisms to rebar is associated with changes in the permeability of concrete, presence of an electrolyte, or microbiological attack? ✓
- a) Irradiation
  - b) Fatigue
  - c) Corrosion
  - d) Thermal effects
15. Level II minimum education required for certification is? ✓
- a) MBA degree
  - b) High school or equivalent
  - c) No education
  - d) One year of college



IWL-2000  
 WRITTEN EXAMINATION  
 POST-TENSIONING COMPONENTS

Document: EXM-PQR-002  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 3

NAME: CLINTON WEST DATE: 8-23-13

SOCIAL SECURITY NUMBER: [REDACTED]

GRADE: 15/15 = 100% GRADED BY: Christy R. L., P.E. 8/23/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

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I have read and understand the above statements: Clinton West 8-23-13  
 Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

	A	B	C	D			A	B	C	D			A	B	C	D	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	6	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	11	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	13	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
5	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓



IWL-2000  
WRITTEN EXAMINATION  
POST-TENSIONING COMPONENTS

Document: EXM-PQR-002  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 2 of 3

1. Per IWL what tendon anchorages are exempt from Detailed Examination? ✓
  - a) Inaccessible due to structural obstructions
  - b) Inaccessible due to radiological hazards
  - c) Inaccessible due to safety concerns
  - d) All of the above
2. Subsection IWL contains requirements for a Responsible Engineer. He must be an experienced Registered Professional Engineer. What is he responsible for? ✓
  - a) Submittal of the report to the Owner documenting results of examinations and repairs
  - b) Evaluation of examination results
  - c) Approval, instruction, and training of concrete examination personnel
  - d) All of the above
3. PSC Qualification for IWL Examiners certifications comply to: ✓
  - a) IWE 92
  - b) IWL 2001 edition with 2003 addenda
  - c) IWL 2010 edition with 2011 addenda
  - d) ACI 301
4. What is detailed examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection? ✓
  - a) Dissolved water in the grease
  - b) Amount of grease in the grease can
  - c) Grease can grease level
  - d) Evidence of free water
5. The tendon bearing plate is to be given what kind of visual inspection? ✓
  - a) Close-Up
  - b) General
  - c) Detailed
  - d) None
6. What is the typical PSC procedure used for Anchorage Inspection? ✓
  - a) SQ 2.0
  - b) SQ 12.1
  - c) SQ 8.0
  - d) SQ 4.0
7. Following the re-tensioning of a tendon that has been de-tensioned a Detailed inspection is used to detect:
  - a) Broken wires or strands.
  - b) Amount of nitrates in the grease.
  - c) Temperature of the concrete.
  - d) If the grease can has been galvanized.
8. Which of the following is not typical equipment used for IWL examination?
  - a) Pressure gage
  - b) Flashlight
  - c) Camera
  - d) Optical Comparator



IWL-2000  
WRITTEN EXAMINATION  
POST-TENSIONING COMPONENTS

Document: EXM-PQR-002  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 3 of 3

9. Following the re-tensioning of a tendon that has been de-tensioned a Detailed inspection is used to detect: ✓
- a) Broken wires or strands.
  - b) Amount of nitrates in the grease.
  - c) Temperature of the concrete.
  - d) If the grease can has been galvanized.
10. Per PSC Qualification for IWL examinations who approves the qualifications of the Examiners? ✓
- a) Responsible Engineer (P.E.)
  - b) IWL Supervisor
  - c) Project Manager
  - d) Project Superintendent
11. What is General Examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection? ✓
- a) Type of galvanizing on Grease can
  - b) Gasket seal on Grease Can
  - c) Cracks in anchorage hardware
  - d) None of the above
12. What is Detailed Examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection? ✓
- a) Chemistry of shim material
  - b) Material type of shim material
  - c) Displacement of shims
  - d) Diameter of Shims
13. What is Detailed Examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection? ✓
- a) Shim finish
  - b) Missing button heads
  - c) Anchor head finish
  - d) Bushing hardness
14. For General and Detailed Examinations what is the minimum near distance vision acuity the examiner must have? ✓
- a) at least 20/25 Snellen in at least one eye.
  - b) None
  - c) 20/20
  - d) 40/40 or better
15. For nuclear plants that completed their Structural Integrity Test 20 years ago how often must the Containment Post-Tensioning System IWL Examination of tendon anchorages be performed on tendons selected for in-service inspection per IWL? ✓
- a) Every 6 months
  - b) Every 5 years
  - c) Every 3 years
  - d) Every 2 years



IWL-2000  
DETAILED VISUAL EXAMINATION OF  
POST-TENSIONING SYSTEM  
COMPONENTS

Document: EXM-PQR-005  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 1 of 3

PRACTICAL EXAMINATION CHECKLIST

NAME: CLINTON WEST DATE: 8-23-13

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM NUMBER: 1

GRADE: 96% INSTRUCTOR/GRADED BY: Christopher E. Cox, P.E. 8/23/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: Clinton West 8-23-13  
Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+11 / (-4)
25	Correctly record discontinuities	+25
5	Sign and date form	+5
5	Complete form Accurate and legible	+5
TOTAL		+96/100



Project: FARLEY 2012 TENDON SURVEILLANCE

UNIT 1     UNIT 2

(7.3) Tendon No.: 1    Tendon End: SOUTH

Shop

**ANCHORAGE INSPECTION CRITERIA**

As-Found     Post De-Tensioning / Pre-Wire Removal     Post Re-Tensioning

Q.C. Signoff

**9.0 & 10.0 - CORROSION & CRACK INSPECTION**

(9.2) Buttonheads	Level: <u>B</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Anchorhead	Level: <u>B</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bushing	Level: <u>B</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Shims	Level: <u>B</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
(9.2) Bearing Plate	Level: <u>B</u> <sup>(1)</sup>	(10.1) Cracks	<input type="checkbox"/> Yes <sup>(2)</sup>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

<sup>(1)</sup> - Corrosion Level of C requires a NCR. <sup>(2)</sup> - Compose a sketch of the cracks on Sketch Sheet 8.0 and initiate a NCR.

CAH 8-23-13

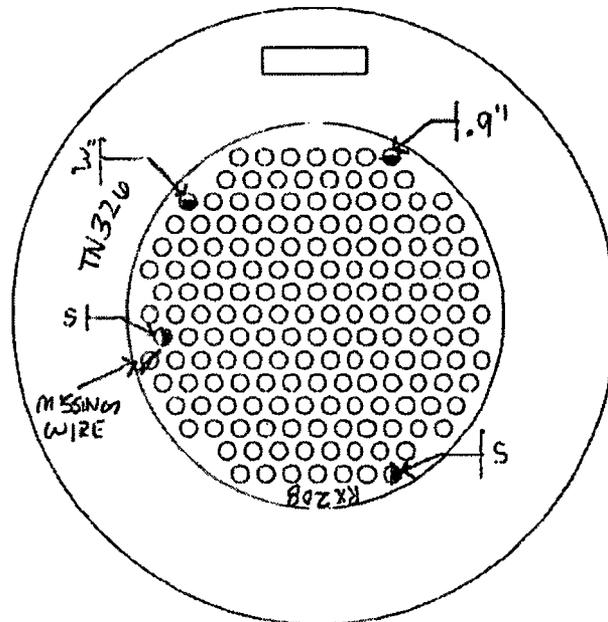
**11.0 - BUTTONHEAD INSPECTION**

<input type="checkbox"/>	Offsize (Malformed)
<input type="checkbox"/>	Protruding/unseated wire/buttonheads
<input type="checkbox"/>	Broken/missing wire/buttonheads
<input type="checkbox"/>	Previously identified as missing
<input checked="" type="checkbox"/>	Discontinuous - removed
<input checked="" type="checkbox"/>	wire(s) being removed during this surveillance for testing

(11.2) Anchorhead I.D. RX208  
 Located on Sketch:  Yes     No  
 Bushing I.D. TN326  
 Located on Sketch:  Yes     No

(11.4) Missing Buttonheads Found:  
 Yes     No    Quantity: 1

Additional Information: SHIM STACK  
HEIGHT 4" / ONE SET OF 4'S



CAH 8-23-13

(12.2) Number of Protruding Buttonheads (▼): 2

(8.3) Light Meter ID: N/A    Cal Due: N/A

(12.3) Number of Missing Buttonheads (⊘, ⊚): 1

(12.4) Total of Protruding + Missing Buttonheads: 3

(12.6) Continuity Test Requested?  Yes     No

(12.5) Total # of Effective Buttonheads Seated: 107

Wires Identified?  Yes     No

(12.7) Overall Results  Acceptable     Un-Acceptable

Customer Notified NCR#: \_\_\_\_\_

CAH 8-23-13

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: SHIM GAP TO WIDE ON ONE SIDE: .6"  
 NO GAP ON OTHER SIDE



**IWL-2000  
DETAILED VISUAL EXAMINATION OF  
REINFORCING STEEL  
PRACTICAL EXAMINATION CHECKLIST**

Document: EXM-PQR-004  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 3

NAME: CLINTON WEST DATE: 8-23-13

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM NUMBER: 2

GRADE: 94% INSTRUCTOR/GRADED BY: [Signature] P.E., 8/23/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

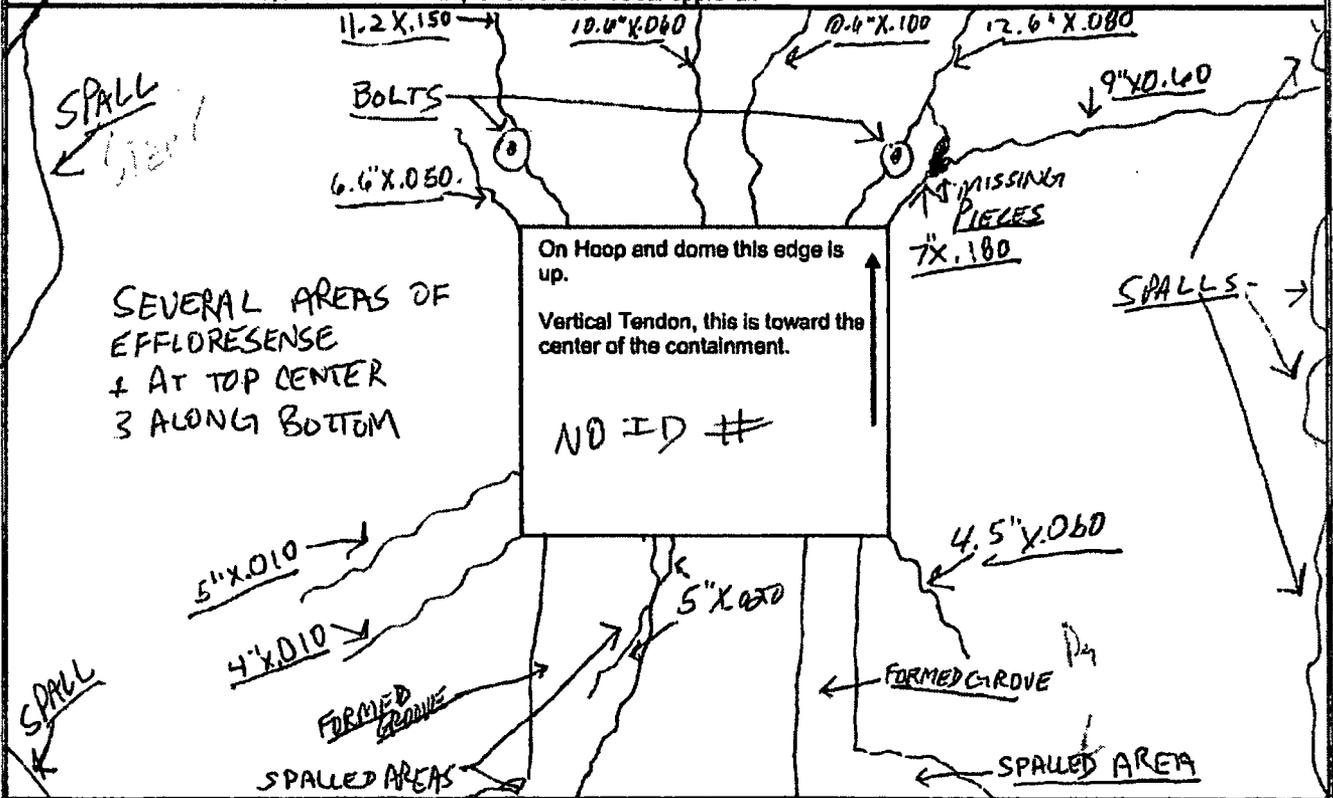
I have read and understand the above statements: [Signature] 8-23-13  
 Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+21/(-4)
5	Sign and date form	
5	Complete form Accurate and legible	+3/(-2)
TOTAL		+94



Project: FARLEY 2012 TENDON SURVEILLANCE  UNIT 1  UNIT 2  
 Tendon No.: 1 Tendon End: EAST  Shop N/A  Field  
 (7.4) Bearing Plate Identification #: No ID #

1. Orient the bearing plate with the sketch below.
2. Locate the bearing plate identification and document the location on the sketch.
3. Sketch all cracks, including other defects, existing on the concrete in the area surrounding the tendon anchorage for a distance of 24 inches from the edge of the bearing plate.
4. For cracks equal to or wider than 0.010 inches, document condition on a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Southern Nuclear approval.



Light Conditions 50fc or greater:  Yes  No      Auxiliary Light Source used:  Yes  No      Describe: N/A

(7.3) Light Meter ID: N/A      Date due calibration: N/A

(7.5) Cracks  $\geq 0.010"$   Yes  No      Quantity: 1      Max. Width: .180      Max Length: 12.6"      NCR#: -

QC Inspector: CLINT WEST / [Signature]      Level: \_\_\_\_\_      Date: 8-23-13

QC Reviewed: \_\_\_\_\_      Level: \_\_\_\_\_      Date: \_\_\_\_\_



IWL-2000  
**GENERAL & DETAILED VISUAL  
 EXAMINATION OF CONCRETE**  
**PRACTICAL EXAMINATION CHECKLIST**

Document: EXM-PQR-003  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 3

NAME: CLINTON WEST DATE: 8-23-13  
 SOCIAL SECURITY NUMBER: [REDACTED]  
 EXAM NUMBER: 3

GRADE: 92% INSTRUCTOR/GRADED BY: [Signature], P.E. 8/23/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: [Signature] 8-23-13  
 Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+3/(-2)
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+19/(-6)
5	Sign and date form	+5
5	Complete form Accurate and legible	+5
TOTAL		+92

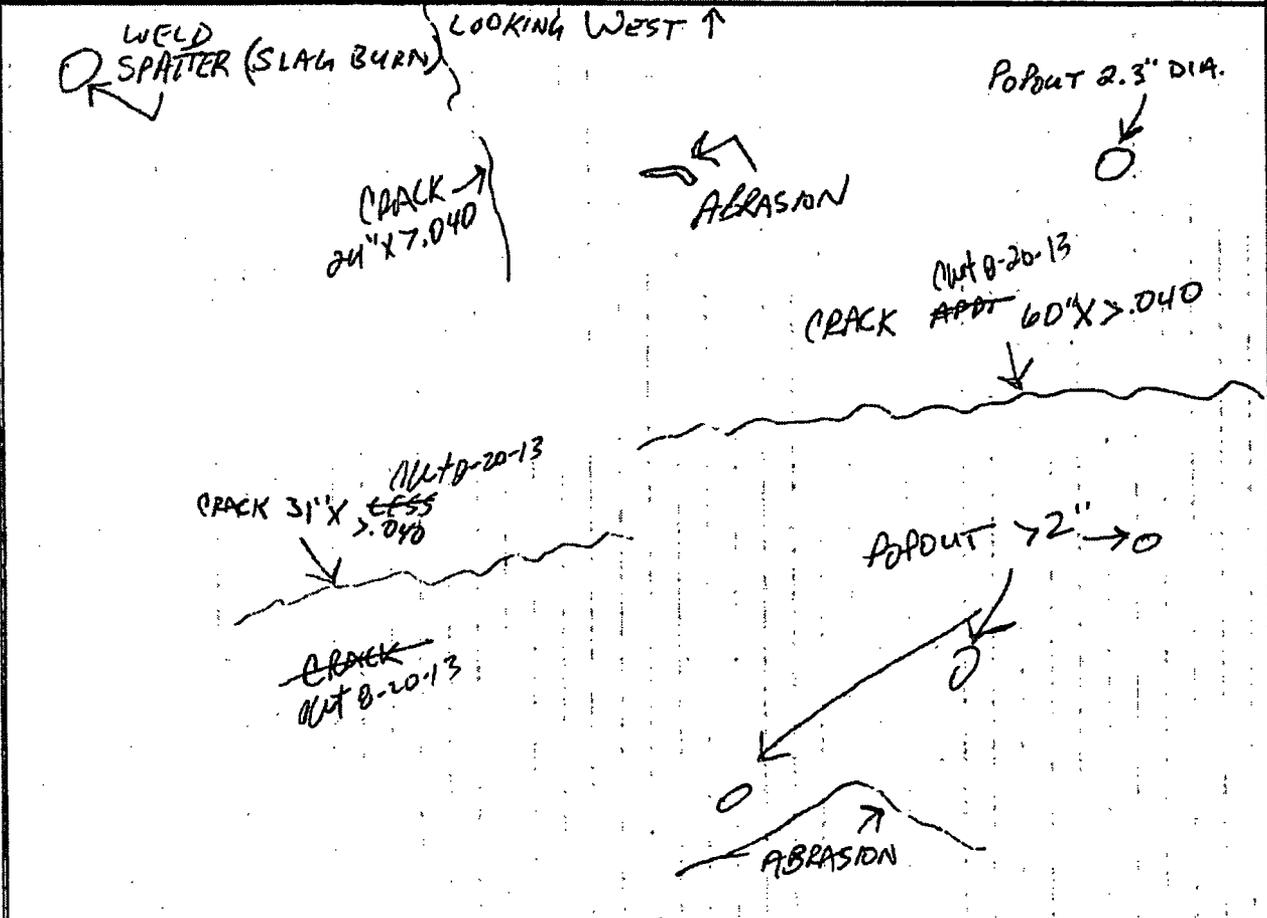




Project: FARLEY NUCLEAR STATION 2012 TENDON SURVEILLANCE

Inspection Area: 2

1. Sketch or attach photographs to provide documentation or additional details as necessary.



Comments:

2

QC Inspector: CLINT WEST / [Signature]

Level: \_\_\_\_\_

Date: 8-20-13



Project: FARLEY 2012 TENDON SURVEILLANCE

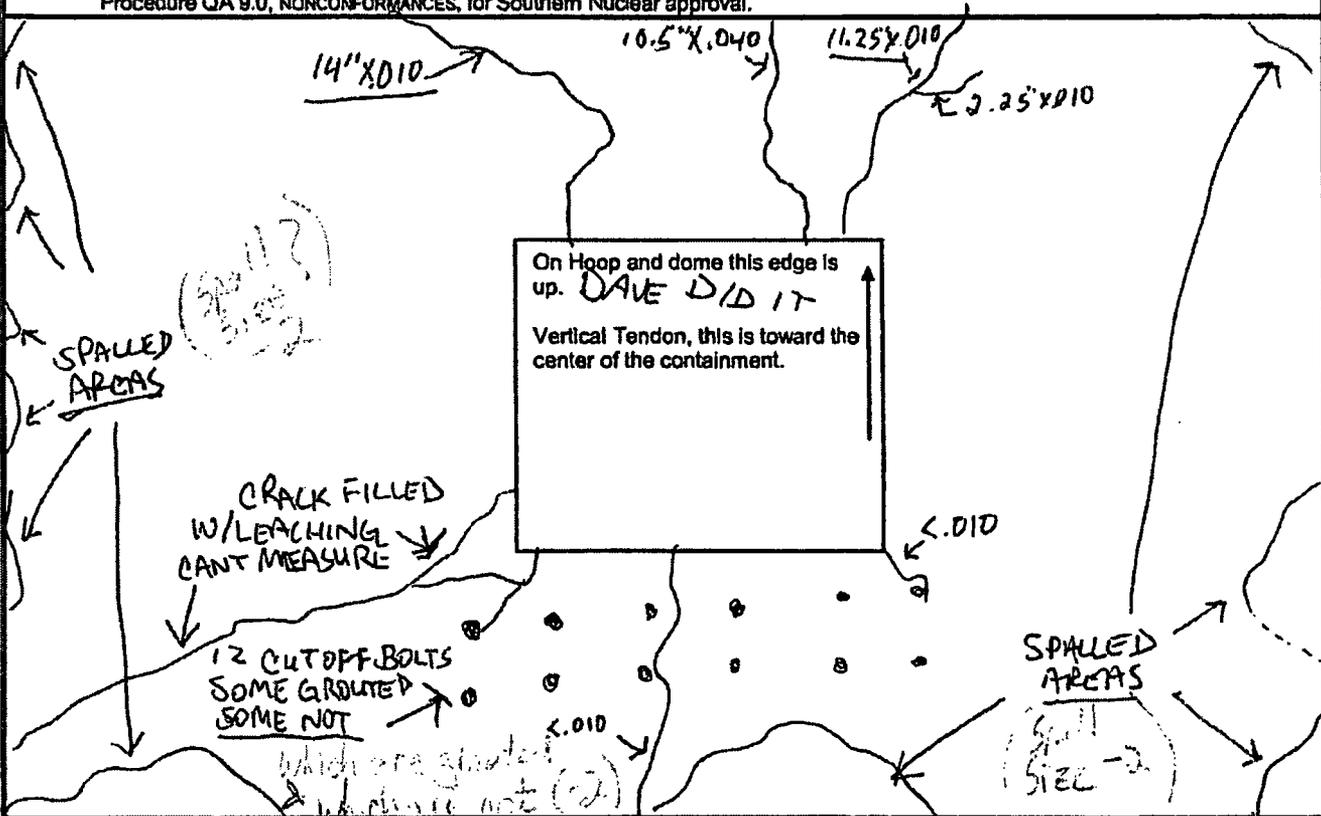
UNIT 1     UNIT 2

Tendon No.: 1    Tendon End: WEST

Shop N/A     Field

(7.4) Bearing Plate Identification #: DAVE DID IT

1. Orient the bearing plate with the sketch below.
2. Locate the bearing plate identification and document the location on the sketch.
3. Sketch all cracks, including other defects, existing on the concrete in the area surrounding the tendon anchorage for a distance of 24 inches from the edge of the bearing plate.
4. For cracks equal to or wider than 0.010 inches, document condition on a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Southern Nuclear approval.



Light Conditions 50fc or greater:  Yes  No    Auxiliary Light Source used:  Yes  No    Describe: N/A

(7.3) Light Meter ID: N/A    Date due calibration: N/A

(7.5) Cracks  $\geq 0.010"$   Yes  No    Quantity: 4    Max. Width: .040    Max Length: 14"    NCR#: \_\_\_\_\_

QC Inspector: CLINT WEST / Clint West    Level: \_\_\_\_\_    Date: 8-23-13

QC Reviewed: \_\_\_\_\_    Level: \_\_\_\_\_    Date: \_\_\_\_\_



**IWL VISUAL EXAMINER  
CERTIFICATION RECORD  
(EXHIBIT A)**

Document: FRM-PQR-001  
 Revision: 0  
 Date: July 18, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 1

**IWL GENERAL AND DETAILED VISUAL EXAMINER CERTIFICATION RECORD**

Training Requirements	Initials(Examinee/Instructor)	Date
Training in Section XI, Subsection IWL (4 hours minimum)	RAP / CEC	10/18/13
Training shall include requirements for inservice and preservice examinations and reporting criteria for the following:(2 hours minimum)		
1) Concrete (condilons such as those described in ACI-201.1)	RAP / CEC	10/18/13
2) Reinforcing steel	RAP / CEC	10/18/13
3) Post-tensioning system items (e.g., wires, strands, anchorage hardware, corrosion protection medium, and free water)	RAP / CEC	10/18/13
<b>Written Examination</b>	<b>Grade</b>	<b>Date</b>
Written examination covering Section XI, Subsection IWL requirements and plant-specific procedure requirements for visual examination containing at least 15 questions in the following:		
1) Concrete and Reinforcing Steel	86.6%	10/18/13
2) Post-tensioning system components(i.e., wires, strands, anchorage hardware, corrosion protection medium, and free water)	86.6%	10/18/13
<b>Practical Examination</b>	<b>Grade</b>	<b>Date</b>
A practical examination using test specimens with flaws or indications to be detected by the following visual examination techniques:		
1) General and detailed visual examination of concrete	93%	10/18/13
2) Detailed visual examination of reinforcing steel	93%	10/18/13
3) Detailed visual examination of post-tensioning system components (i.e., wires, strands, and anchorage hardware)	95%	10/18/13
<b>Passing grades for visual examinations shall be as follows:</b>	<b>Final Grade</b>	<b>Date</b>
An average combined grade of 80% for written and practical examinations	90.8%	10/18/13
A minimum grade of 70% for each written and practical examination		

Precision Surveillance Corporation certifies that the following individual meets the minimum qualifications set forth in the Corporation Standard Document STD-PQR-001 "Personnel Qualification Requirements for General and Detailed Visual Examinations for Nuclear Power Plants".

IWL Visual Examiner (Print Name):	Ronald A. Perry
IWL Visual Examiner (Signature):	<i>Ronald A. Perry</i>
SS #(Last Four Digits)	██████
Certification Date:	10/18/13
Certification Expiration Date:	<del>10/17/18</del> 10/17/16 PER TMI SITE SPECIFIC Request
P.S.C. Professional Engineer Approval(Name)	Christopher E. Cox VEC 11/5/13
P.S.C. Professional Engineer Approval(Signature)	<i>Christopher E. Cox</i>

CERTIFICATE OF QUALIFICATION

This is to certify that:

Ronald Perry

SSN [REDACTED]

has been qualified through on-the-job experience and formal training to meet the requirements of ANSI N45.26-1973 and 1978 as:

QUALITY CONTROL INSPECTOR LEVEL II with the following limitations.  
Inspections and Calibrations associated with Post-Tensioning Systems and Components.

This certification will qualify the named individual to perform Quality Control inspections, examinations and testing for the various manufactured products or services supplied, to meet the Requirements of the projects for the Precision Surveillance Corporation and within the limitations of this qualification.

This qualification becomes effective 10/17/13 and shall remain in effect until the Recertification date of 10/17/16 or until such time that the named individual leaves the employment of PSC, gives just cause for termination of the certification or requires additional training to maintain a proper Quality Control disposition.

PHYSICAL REQUIRMENTS: Eye Exam Date 10/17/13 to 10/17/14 by PSC  
Eye Exam Date \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_  
Eye Exam Date \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_

APPROVED BY: J. Buasone

Quality Control Inspector Level III

Date: 10/17/13

**QUALIFICATION OF QUALITY CONTROL INSPECTORS-PROCEDURE QA 2.10.6.1.1**

**QUALIFICATION LIMITATION FORM QA 2.10.6.1.1 C**

The named individual is hereby certified to perform Quality Control inspections, examinations and tests for the products of the Precision Surveillance Corporation and shall be limited in practicing those skills to those activities for which qualified as shown.

Name Ronald Perry

SSN [REDACTED]

Quality Control Inspector Level II per ANSI N45.2.6 – 1973 or 1978

**ACTIVITIES**

**POST TENSIONING SYSTEM:**

SHOP: N/A

VENDOR: N/A

FIELD: All

TESTING: N/A

OTHER: N/A

**REINFORCING STEEL:**

SHOP: N/A

**CONSTRUCTION METALS:**

STRUCTURAL FAB: N/A

WELDING: N/A

PAINTING-ANSI 101.4: N/A

OTHER: N/A

**GENERAL QUALITY ASSURANCE:**

DOCUMENT CONTROL: Yes

TEST REPORT APPROVAL: Yes

PURCHASE ORDER APPROVAL: No

NONCONFORMANCE REPORTING: Yes

CALIBRATION: Yes

10CFR21 Yes

10CFR50 and PSC QUALITY ASSURANCE: Yes

APPROVED: \_\_\_\_\_

*Gerald Jussone*

Quality Control Inspector Level III

DATE: \_\_\_\_\_

10/17/13



**RONALD A. PERRY**

**SUMMARY:**

Mr. Perry is a Program Engineering, Quality Assurance and NDE professional with exceptional organization, communication and leadership capabilities. Proven record of working independently and as part of a team to reach company goals. Solid problem solving and analytical thinking skills used daily to drive continuous improvement. Knowledgeable of ASME Codes, ASTM Standards, SNT-TC-1A and ANSI Standards.

**TECHNICAL SKILLS:**

Certified Lead Auditor per NQA-1 and ANSI N 45.2 Auditor;  
PSI / ISI Development;  
Engineering Program Development;  
NDE Level III in three disciplines (PT, MT and VT);  
Training Instructor in accordance with Systematic Approach to Training (SAT);  
Procedure Development.

**EXPERIENCE:**

07/13 - Present

**PRAIRIE ISLAND NUCLEAR GENERATING PLANT**

**Assessor**

Perform assessments of Maintenance and Radiation Protection;  
Perform assessment of SGR activities of contractor personnel / programs;  
Prepare and implement assessment report;  
Generate CAP for nonconformances.

08/12 - 03/13

**NUCRANE MANUFACTURING**

**QC Supervisor**

Supervised QC inspector personnel in Mechanical, Electrical, Coating, NDE and CWIs;  
Supervised Receipt Inspection of safety-related and non-safety -

79 AVIATOR PLACE, OAKLAND, MAINE 04963

1-877-965-TSSD (8773) [RECRUITING@TSSDSERVICES.COM](mailto:RECRUITING@TSSDSERVICES.COM)



related parts / items;  
Revised (streamlined) Inspection procedures and associated inspection forms;  
Interface with suppliers to resolve material and documentation deficiencies;  
Interface with Engineering on resolution of material deficiencies (NCRs);  
Review customer specification for compliance;  
Assisted on an NQA-1 audit as a Technical Specialist.

08/10 - 08/12

**MOX PROJECT**

**QA Specialist 5**

Perform surveillance of suppliers (internationally) to ensure compliance to their QA program (ISO and NQA-1);  
Review supplier procedures for compliance to codes/standards/specifications;  
Prepare surveillance and supplier deficiency reports as required;  
Verify corrective actions are effective and close-out deficiency reports;  
Lead Auditor in accordance with the requirements of NQA-1;  
Level II Receipt Inspector.

11/09 - 07/10

**PEGASUS STEEL**

**Nuclear Quality Manager**

Develop and implement a Nuclear Quality Program;  
Developed and obtained ASME U and R stamp;  
Responsible for housekeeping and 5-S initiatives;  
Maintain Nuclear Approved Suppliers List;  
Establish, delineate and review organizational quality policies;  
Review Purchase Orders and establish flow down requirements;  
QA Manager for ISO 90001.

12/07 - 11/09

**MOX PROJECT**

**QA Specialist**

Certified Lead Auditor per NQA-1;  
Certified Level II Receipt Inspector;



Prepare and implement audit and surveillance checklists;  
Perform audits and surveillances at MOX site and vendor / supplier shops;  
Prepare audit and surveillance reports;  
Review vendor / supplier procedures for compliance (both foreign and domestic);  
Review Engineering and Procurement documents for compliance;  
Review vendor / supplier QA Manuals for compliance;  
Initiate Condition Reports;  
Verify effective corrective has been implemented;  
Familiar with commercial Grade Dedication process.

08/07 - 11/07

WELDING SERVICES INC. (WSI)

QC / NDE Inspector

Develop surveillance checklists and establish QC hold points;  
Perform NDE as a Level II in MT, PT and VT disciplines;  
Prepare outage summary manuals for client;  
Perform surveillance activities at vendor / supplier shop.

01/07 - 05/07

NATIONAL ENRICHMENT FACILITY

QA Auditor

Perform audits;  
Prepare and perform surveillances of subcontractor activities;  
Review subcontractor procedures for compliance.

09/06 - 11/06

TAI (TOURGEE & ASSOCIATES, INC.)

QC / NDE Inspector

Perform visual and ultrasonic thickness examinations on Tanks and peripheral equipment;  
Prepare examination reports for submittal to client;  
Interface with client regarding examination results and established examination priorities.

02/06 - 03/06

LIMERICK GENERATING STATION

ISI Coordinator

Prepare examination packages;



Assign NDE technicians to perform ISI examinations;  
Review NDE reports for accuracy prior to submittal to the client;  
Track NDE reports and initiate nonconformance reports as required;  
Develop 90 Day Summary Report for client for submittal to the NRC.

03/05 - 04/05

**NINE MILE POINT NUCLEAR STATION**

NDE Technician

Perform NDE examinations in support of refueling outage and prepare NDE reports

12/02 - 02/05

**DAVIS BESSE NUCLEAR POWER STATION**

Senior Nuclear Specialist - BACC Program Owner

Took worst Boric Acid Corrosion Control Program in nuclear history to the best;

Develop and implement a compliant BACC Program;

Track and trend boric acid leakage;

Developed and implemented inspection procedures;

Initiate and prepare responses to Condition Reports;

Developed and implemented a training and qualification program for BACC inspection personnel.

1983 - 2002

**BEAVER VALLEY POWER STATION**

Advanced Nuclear Specialist - OA Lead Auditor (1999 - 2002)

Prepare audit checklists and MAPS for continuous auditing;

Perform audits on Operations, Maintenance, Construction, Licensing, Health Physics, Engineering, Document Control / Records Management, Measuring & Testing Equipment Program;

Prepare audit reports;

Initiate Condition Reports and verify effective corrective actions have been implemented;

Perform and evaluate Self-Assessments.

Supervisor NDE and NDE level III (1983 - 1999)

Supervise / direct NDE personnel in the conductance of PSI and ISI



examinations;  
Supervise / direct the development and implementation of NDE procedures;  
Supervise / direct the development and implementation of a training and qualification program;  
Interface with regulatory personnel (NRC, ANI and ANII);  
Training Instructor per Systematic Approach to Training (SAT);  
Prepare and implement training (NDE) per SAT;  
Supervise / direct the implementation of an M&TE Program for NDE equipment;  
Attend and participate in ASME Section XI Code committee meetings;  
Prepared Initial IWE/IWL program plan (Level II Visual Examiner for IWE / IWL).

1969 - 1979

UNITED STATES AIR FORCE

NDE Technician / Supervisor

Perform and supervise NDE personnel in the conductance of UT, MT, PT, RT, ET and VT examinations;  
Received USAF Commendation Medal.

**EDUCATION:**

University of Maryland  
Bachelor of Science Business Management - 1981;  
Instructor Training (SAT);  
Root Cause Analysis;  
NDE Training USAF, Chanute AFB, Rantoul, IL.;  
Systems Training (PWR);  
Graduate of Dale Carnegie.

**PASSPORT:**

Number 307319512, expires 2016



**PHYSICAL TESTING OF INSPECTORS-PROC. QA 2.10.6.1.1.1**  
**PHYSICAL TESTING FORM QA 2.10.6.1.1.1**

Name: Ronald Perry Date 10/17/13 Retest Date 10/17/14  
 Title: QC Inspector Wears Glasses YES

**1. PHYSICAL CHARACTERISTICS**

Rating: Acceptable Limitations \_\_\_\_\_  
 Comments: no limitations

**2. VISUAL - FAR RANGE**

Test Device B&L 73591 -101 dB  
 Vision Rating %: Left 2/30 Right 2/30 Both 2/30  
 Comments: Acceptable

**3. VISUAL - NEAR RANGE**

Test Device Bausch & Lomb 14-X-69  
 Vision Rating Grade: Left J 1 Right J 1 Both J 1  
 Comments: Acceptable

**4. COLOR PERCEPTION**

Test Device American Optical Corp Pseudo-Isochromatic Plates

Plate:	1 <u>12</u>	2 <u>6</u>	3 <u>42</u>	4 <u>56</u>	5 <u>57</u>
	6 <u>75</u>	7 <u>5</u>	8 <u>3</u>	9 <u>-</u>	10 <u>1</u>
	11 <u>-</u>	12 <u>-</u>	13 <u>13</u>	14 <u>74</u>	15 <u>47</u>

Score 10 Of 14 Perception Acceptable  
 Score shall not be less than 10 to be acceptable for perception.  
 Comments: Acceptable

**5. OVERALL RATING**

Capability Acceptable

Examiner Ronald Perry Title President Date 10/17/13  
QA Examiner





PSC QC INSPECTOR TRAINEE: Ronald A. Perry DATE: 10/17/13

TEST SCORE: 95%

PSC INSTRUCTOR: M. Buasone

**PRECISION SURVEILLANCE CORPORATION  
QUALITY CONTROL INSPECTOR TRAINING PROGRAM**

**EXAM**

- 1) What is the proper way to correct an error recorded on a data sheet ie: typo, obvious omission?
  - a) Write in changes or correct date
  - b) Any changes made, one line thru, initial and date
  - c) Write a nonconformance
  
- 2) When performing inspections what documents should you have with you?
  - a) Quality Assurance Manual
  - b) Applicable Inspection Procedures
  - c) Calibration reports on inspection tools
  
- 3) Quality Control Inspectors shall be completely independent from the pressures of line management / Production
  - a) Customers
  - b) Quality Assurance
  - c) Production
  
- 4) The distance a tendon/wire stretches when being stressed is called, \_\_\_\_\_.
  - a) Liftoff
  - b) Relaxation
  - c) Elongation
  
- 5) During stressing operations, which of the following cautions shall be observed?
  - a) Do not stand behind the jack when it is under load
  - b) Keep fingers out of any pinch areas
  - c) Be alert during shim placement and removal
  - d) All of the above

6) The tendon shall never be stressed beyond \_\_\_\_\_% of the minimum guaranteed ultimate tensile strength (Guts) of the effective wires remaining in that tendon

- a) 60 %
- b) 80 %
- c) 100 %

7) When tendon stressing is performed from both ends simultaneously the pressure at one end of the tendon shall not exceed the other by more than 1000 psi.

- a) True
- b) False

8) During Grease Replacement, the grease temperature at the grease cap inlet is: \_\_\_\_\_ degrees.

- a) 120 degrees F min., 150 degrees F max.
- b) 150 degrees F min., 180 degrees F max.
- c) 180 degrees F min., 250 degrees F max.

9) When cracks are detected for Anchor Heads, Shims or Bearing Plates, Exelon Engineering shall be notified by a nonconformance report.

- a) True
- b) False

10) The Field Quality Control Inspectors operate under the immediate direction of:

- a) Field Superintendent
- b) Lead Quality Control Inspector
- c) PSC Manager Quality Assurance

(-5)

11) Field Quality Control Inspectors and the Quality Assurance personnel have the authority to issue a "Stop Work Order" for any activity, material, or procedure not in conformance with:

- a) Project specifications
- b) Quality Assurance Manual
- c) Surveillance I.S.I. Manual
- d) All of the above

12)

Field Changes that take place prior to the approval of a Field Change Request shall be documented on a NCR. *Nonconformance Report*

13) Prior to applying **ANY FORCE** to a tendon the stressing adaptor must be fully engaged.

- a) True
- b) False

14) During Tendon liftoff monitoring of a tendon, a 0.030" thick feeler gauge (shim stock) is inserted into the shim stack until \_\_\_\_\_ consecutive liftoff/lock-off readings have been taken.

- a) Two (2)
- b) Three (3)
- c) Four (4)

15) Steel rulers are calibrated every:

- a) 6 months
- b) 1 year  $\pm 0.01"$
- c) 5 years

16) When should Quality Control Documents be signed by the inspector?

- a) Before the next step
- b) At the end of the day
- c) After all information for the inspections have been entered

17) Who controls the Measuring and Test Equipment used by PSC Inspectors?

- a) PSC Superintendent
- b) Utility employees
- c) PSC Quality Control or Quality Assurance personnel

18) Where are all quality related documents pertaining to the project kept?

- a) In the inspector's desk
- b) Field office file or jobsite vault
- c) With the PSC Superintendent

19) All Lead Field Quality Control Inspectors shall be qualified to a minimum of Level \_\_\_\_\_ capability in accordance with the requirements of ANSI N45.2.6.

- a) I
- b) II
- c) III

20) In the event of conflict between any TMI procedure and an SQ procedure, which governs?

- a) The SQ Procedure
- b) The TMI Procedure *Owner*
- c) Neither

UNIVERSITY OF MARYLAND

# University of Maryland

In recognition of the successful completion of the  
requisite course of study and, on nomination of the Faculty of the  
**Chartersaidy College**

by virtue of authority granted by charter of the State of Maryland  
hereby confers upon

**Ronald Albert Perry**

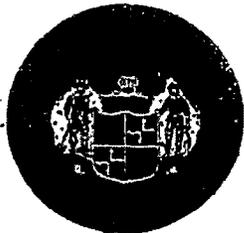
the degree of

**Bachelor of Science**

with all the honors, rights, and privileges therewith appertaining.

In witness whereof this Diploma, signed by the authorized officers  
of the University and sealed with the corporate seal of the University, is granted.

Given at College Park, on the thirtieth day of August in  
the year nineteen hundred eighty one.

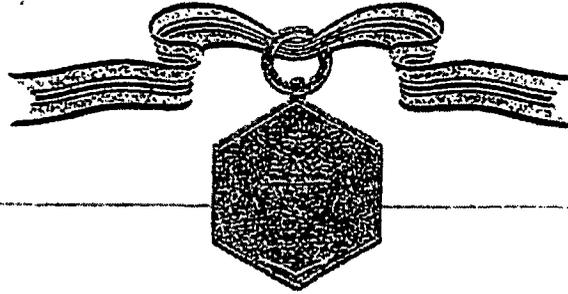


*Peter F. Malley*  
Chairman, Board of Regents

*By Nancy*  
Chancellor

*John T. Hill*  
President

*Mary Kay Lee Peck*  
Dean



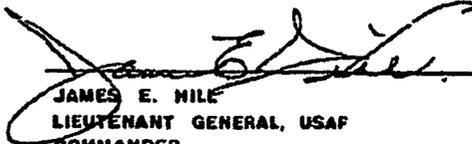
# DEPARTMENT OF THE AIR FORCE

THIS IS TO CERTIFY THAT  
THE AIR FORCE COMMENDATION MEDAL  
HAS BEEN AWARDED TO  
STAFF SERGEANT RONALD A. PERRY

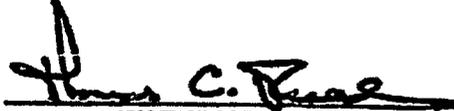
FOR

MERITORIOUS SERVICE  
26 AUGUST 1973 - 20 APRIL 1977

GIVEN UNDER MY HAND IN THE CITY OF WASHINGTON  
THIS 5TH DAY OF APRIL 1977

  
JAMES E. HILL  
LIEUTENANT GENERAL, USAF  
COMMANDER



  
SECRETARY OF THE AIR FORCE

R

LAST NAME-FIRST NAME-MIDDLE NAME <b>PERRY RONALD ALBERT</b>		2. SEX <b>M</b>	OF TH	YEAR <b>1946</b>	MONTH <b>Oct</b>	DAY <b>22</b>	
DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>		6E. GRADE, RATE OR RANK <b>SSgt</b>	A. PAY GRADE <b>E-5</b>	7. DATE OF RANK	YEAR <b>1976</b>	MONTH <b>Jan</b>	DAY <b>01</b>
9. SERVICE NUMBER <b>NA</b>	5. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>NA</b>	6. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>Westbrook, ME</b>					
4. TYPE OF SEPARATION <b>Discharge</b>			8. STATION OR INSTALLATION AT WHICH EFFECTED <b>Travis AFB CA 94535</b>				
2. AUTHORITY AND REASON			9. EFFECTIVE DATE	YEAR <b>1979</b>	MONTH <b>Jun</b>	DAY <b>26</b>	
3. CHARACTER OF SERVICE <b>HONORABLE</b>			7. TYPE OF CERTIFICATE ISSUED <b>DD Form 256AF</b>		10. REENLISTMENT CODE		
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>51 CRS (PACAF)</b>			12. COMMAND TO WHICH TRANSFERRED <b>NA</b>				
13. TERMINAL DATE OF RESERVE/MSR OBLIGATION YEAR MONTH DAY <b>NA</b>		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>Limestone, ME</b>			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY <b>1975 Jul 02</b>		
16. PRIMARY SPECIALTY NUMBER AND TITLE <b>42772- Nondestructive Inspection Specialist</b>		5. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		18. RECORD OF SERVICE			
17. SECONDARY SPECIALTY NUMBER AND TITLE <b>None</b>		6. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		19. RECORD OF SERVICE			
				(a) NET ACTIVE SERVICE THIS PERIOD <b>03 11 25</b>			
				(b) PRIOR ACTIVE SERVICE <b>06 03 04</b>			
				(c) TOTAL ACTIVE SERVICE (A+B) <b>10 02 29</b>			
				(d) PRIOR INACTIVE SERVICE <b>00 00 00</b>			
				(e) TOTAL SERVICE FOR PAY (C+D) <b>10 02 29</b>			
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD <b>02 00 21</b>			
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 9, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>751 days</b>			20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Yrs) SECONDARY/HIGH SCHOOL <b>12 yrs (1-11 grade)</b> COLLEGE <b>03 yrs</b>				
21. TIME LOST (Preceding Two Yrs) <b>NO TIME LOST</b>		22. DAYS ACCRUED LEAVE PAID <b>60 days</b>		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT <b>NA</b>	
				25. PERSONNEL SECURITY INVESTIGATION A. TYPE <b>*ENTNAC</b>		B. DATE COMPLETED <b>Apr 69</b>	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>AFLSA w/10LC AFR 900-48; AFGCM w/20LC (28 Mar 75-27 Mar 78) AFR 900-48; AFCM SO G-35 HQ Eighth AF (SAC) 5 Apr 77</b>							
27. REMARKS <b>DAFSC:42772/Svc Schools:Mgt for AF Supervisors (Mgt-1) Jan 76; 8 AF NCO Leadership School May 76; Defense Spectrometric Oil Analysis Operator/Evaluator Crs/BAZR42752 May 77/Blood Group:A Positive/Individual requests a copy of DD Form 214/Ref item 25a:Security clearance filed DOD NAC, file #98-5198/</b>							
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>22 Lassell St. Portland, ME (Cumberland Co.) 04072</b>				29. SIGNATURE OF PERSON BEING SEPARATED <i>Ronald A. Perry</i>			
30. TYPE, NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>Wallace H. Riley, MSgt, USAF NCOIC, Separations Unit</b>				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Wallace H. Riley</i>			

DD FORM 214 NOV 72

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY



# Certificate of Qualification

Name <b>RONALD A PERRY</b>		Employee # <b>4297</b>		Social Security # [REDACTED]		
This individual is certified in accordance with Duquesne Light Company Procedure QSP 2.12, Rev. 0, "Written Practice for Qualification and Certification of Visual Examination Personnel for Class MC and Metallic Liners of Class CC Components and Class CC Concrete Components" <b>Visual Examination Level III VT-1C and VT-3C</b>						
<b>Examination Results</b>						
Date	7-18-1990*	Basic Examination			Grade	92
Date	7-27-1992 *	Method Examination			Grade	81
Date	2-2-1999	Specific	93			
Date	2-2-1999	Practical	93	Average	93	Grade
					Average	88.66
Certification Date <b>2-17-1999</b>			Certification Expiration Date <b>2-17-04</b>			
Initial Certification in this Method <b>YES</b>			Recertification in this Method <b>NO</b>			
Eye Examination date at time of certification <b>10-9-1998</b>						
Restrictions/Limitations  *Credit for the Basic Examination and Visual Method is being applied as permitted by QSP 2.12 paragraph 3.4.2 (H) (1) (2) (3).  IWE/IWL training was provided by EPRI on 2/1-2/2, 1999. General, Specific and Practical (Level II) examinations were administered. Scores are documented on the EPRI training record (attached).						
Responsible Engineer, PE / Date <i>[Signature]</i> PE-021749-E/2-18-99			NDE Supervisor / Date <i>[Signature]</i> 2/18/99			



# Certificate of Qualification

Name <b>Ronald A. Perry</b>		Employee # <b>4297</b>		Social Security # [REDACTED]			
This individual is certified in accordance with Duquesne Light Company Procedure QSP 2.3, Rev. 5, "Written Practice for Qualification and Certification of Nondestructive Examination and Testing Personnel", and is qualified to perform examinations in the following capacity: <b>NDE Level III in LIQUID PENETRANT TESTING</b>							
<b>Examination Results</b>							
Date	08/19/92*	Basic Examination			Grade*	97.30%	
Date	09/04/97	Method Examination			Grade	89.23%	
Date	07/29/97	Specific	94.6%				
Date	09/04/97	Practical	100%	Average	97.3	Grade	97.30%
					Average	94.6%	
Certification Date <b>09/05/1997</b>				Certification Expiration Date <b>09/05/2002</b>			
Initial Certification in this Method <b>No</b>				Recertification in this Method <b>Yes</b>			
Eye Examination date at time of certification <b>9/25/96</b>							
Restrictions/Limitations None							
*Note: Basic Examination still valid in accordance with Code Case N-489 and QSP 2.3, Revision 5							
NDE Level III/Date <i>Timothy E. Heindel L-III 9-5-97</i>							
NDE Supervisor/Date <i>J. Pucopudi 9/5/97</i>			Manager, Quality Services / Date <i>K.L. Detenwale / 9/5/97</i>				



# Certificate of Qualification

Name <b>Ronald A. Perry</b>		Employee # <b>4297</b>	Social Security # <b>[REDACTED]</b>		
This individual is certified in accordance with Duquesne Light Company Procedure QSP 2.3, Rev. 5, "Written Practice for Qualification and Certification of Nondestructive Examination and Testing Personnel", and is qualified to perform examinations in the following capacity: <b>NDE Level III in LIQUID PENETRANT TESTING</b>					
<b>Examination Results</b>					
Date	08/19/92*	Basic Examination		Grade*	97.30%
Date	09/04/97	Method Examination		Grade	89.23%
Date	07/29/97	Specific	94.6%		
Date	09/04/97	Practical	100%	Average	97.3
				Grade	97.30%
				Average	94.6%
Certification Date <b>09/05/1997</b>			Certification Expiration Date <b>09/05/2002</b>		
Initial Certification in this Method <b>No</b>			Recertification in this Method <b>Yes</b>		
Eye Examination date at time of certification <b>9/25/96</b>					
Restrictions/Limitations None					
*Note: Basic Examination still valid in accordance with Code Case N-489 and QSP 2.3, Revision 5					
NDE Level III/Date <i>Timothy E. Heermal 1-III 9-5-97</i>					
NDE Supervisor/Date <i>J. Procopedi 9/5/97</i>		Manager, Quality Services / Date <i>K.L. Osterwald / 9/5/97</i>			



**Duquesne Light**

**Certificate  
of  
Qualification**

Name <b>Ronald A. Perry</b>		Employee # <b>4297</b>	Social Security # [REDACTED]
This individual is certified in accordance with Duquesne Light Company Procedure QSP 2.3, Rev. 4, "Written Practice for Qualification and Certification of Nondestructive Examination and Testing Personnel", and is qualified to perform examinations using the following NDE method: <b>Level II Ultrasonic Limited*</b>			
<b>Examination Results</b>			
Date <b>1-16-96</b>	General Score (Gg) <b>93.3</b>	Weight (Wg) <b>.3</b>	Score <b>28</b>
Date <b>1-16-96</b>	Specific Score (Gs) <b>100</b>	Weight (Wa) <b>.3</b>	Score <b>30</b>
Date <b>1-25-96</b>	Practical Score (Gp) <b>92</b>	Weight (Wp) <b>.4</b>	Score <b>36.8</b>
			Composite Grade (Gc) <b>94.8</b>
Certification Date <b>1-25-96</b>		Certification Expiration Date <b>1-25-99</b>	
Initial Certification in this Method <b>NO</b>		Recertification in this Method <b>YES</b>	
Eye Examination date at time of certification <b>9-29-95</b>			
Restrictions/Limitations <b>*Limited to ultrasonic thickness measurements using straight beam transducers in combination with digital readout UT instruments (Krautkramer DME, DM Scope and Panametrics 5222).</b>			
Level III Signature/Date <i>Timothy E. Hermal</i> LIII 1-25-96			

SUMMARY STUDENT RECORD OF INDIVIDUAL TRAINING

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

PERRY, RONALD A.

AFSN

11916988

GRADE

Amn

22 Oct 46

27 Mar 69

DOB

26 Mar 73

TAMSO

PAFSC

51010

2. STUDENT SQUADRON

3347

3. ARRIVAL DATE

690514

4. ENTRY DATE

690723

5. SOURCE

Lackland

6. ASG STATUS

Pipeline

7. ORGANIZATION (Parent)

CHANUTE AFB, IL

AQE

8. APTITUDE & AFQT SCORES

GENERAL

65

ADMINISTRATIVE

70

MECHANICAL

40

ELECTRONICS

45

RADIO OPERATOR

AFQT

72-11

9. EDUCATION (Circle highest completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 (ps) 16

1. TERM. DATE

21 Oct 69

2. DATE DEPART

21 Oct 69

3. ELIMINATED (Date & reason)

- WITH PREJUDICE  
 WITHOUT PREJUDICE  
 NON ACADEMIC

4. TRANSFERRED TO

B 24 CSG  
 APO SAN FRANCISCO 9 6239

CLASS AND PROGRESS CHANGES

CLASS

DATE ASGD

REASON

1. COURSE TITLE & NUMBER

NON-DESTRUCTIVE INSPECTION SPECIALIST COURSE, 3ABR53630

2. CLASS NUMBER

690723

3. ACTIVITY ASSIGNED

Dept of WSST, Metallurgy Branch

4. BLOCK TITLES

5. ATTENDANCE

1 2 3 4 5

6. HRS

7. PERCENT TEST GR

8. WRIT TEST GR

9. BLK GR

I. Introduction to Non-Destructive Inspection, Basic Metallurgy & Optical Inspection

60

91%

77%

87%

II. Basic Electricity, Magnetic Particle & Penetrant Inspection

60

90%

96%

93%

III. Theory of Radiography, Radiographic Equipment

60

96%

85%

91%

IV. Radiographic Inspection

60

86%

75%

81%

V. Ultrasonic Inspection & Leak Detection

60

82%

72%

82%

VI. Ultrasonic Thickness Measurement & Eddy Current Inspection

60

97%

85%

91%

*Eugene L. Holdren, Jr.*  
 EUGENE L. HOLDREN, JR. Capt

10. CERTIFIED

Chief, Metallurgy Branch

11. FINAL COURSE GRADE

87%

I. BACKGROUND

II. DISPOSITION

III. CLASS CHANGES

IV. ACHIEVEMENT

Topical Report 213 Attachment 3 Page 115 of 154

NDE CERTIFICATION

This is to certify that Ronald A. Perry is qualified to perform visual examinations.

Satisfactory training has been completed in accordance with A4.2 (Written Practice for Qualification and Certification of Nondestructive Examination and Testing Personnel).

Level of Certification : III  
Date of Certification : 8/6/90  
Expiration Date : 8/5/95

Summary of Qualifications

Examination Results:

Basic	92	Percentile Weight : (.3)	27.6
Method	81	Percentile Weight : (.3)	24.3
Specific	91	Percentile Weight : (.4)	36.4
Composite Score :			88.3

Eye Examination Expiration Date: 8/23/90

Certified By: J. B. Sieber Date 8-7-90  
Vice President, Nuclear Group

# CERTIFICATE OF RETRAINING

Awarded By

**ELECTRIC POWER  
RESEARCH INSTITUTE  
NONDESTRUCTIVE EVALUATION CENTER**  
1300 Harris Blvd. • P. O. Box 217097  
CHARLOTTE, NC 28221



*Ronald Perry*

Participated in the Retraining of the Course

*Visual Examination Technology 103*

*July 23-27, 1990*

and is therefore entitled to this certificate  
of classroom retraining as approved by the EPRI NDE Center  
(Examination scores and details of course content available from the EPRI NDE Center)

Presented By \_\_\_\_\_ *EPRI NDE Center*  
(Sponsoring Organization)

*Henry M. Stephens, Jr.*  
Henry M. Stephens, Jr.  
Training Manager



**CONTINUING EDUCATION UNITS**

Awarded By

**ELECTRIC POWER  
RESEARCH INSTITUTE  
NONDESTRUCTIVE EVALUATION CENTER**  
1300 Harris Blvd. • P. O. Box 217097  
CHARLOTTE, NC 28221



*Ronald Perry*

Attended the Continuing Education Course

*Level III Basic Course*

*July 16-18, 1990*

and is therefore entitled to this certificate  
of classroom training as approved by the EPRI NDE Center  
(Examination scores and details of course content available from the EPRI NDE Center)



Presented By \_\_\_\_\_

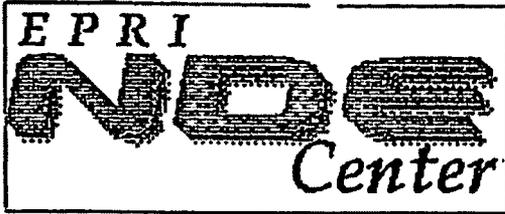
*EPRI NDE Center*

(Sponsoring Organization)

2.0

CEUs Awarded

*Henry M. Stephens, Jr.*  
Henry M. Stephens, Jr.  
Training Manager



Performance Documentation Summary  
EPRI NDE Center

Visual Examination Technology 102  
IWE/IWL  
Level II Visual Examination

Name: Ronald A. Perry

Date: February 2, 1999

Type of Visual Examination	Number of Reportable Indications	Number of Indications Found*	Points (20 Points Each Section) 80 Points Total
Bolting	2	2	17
Coated Surfaces	1	1	19
Concrete	3	3	19
Weldment	2	2	19
*This practical examination required that you identify 80% of the conditions listed above. Failure to record 80% of the known indications will result in failure regardless of composite practical examination score.		Percent of Indications Found: 100 %	Percent of Composite Practical Score 93 %

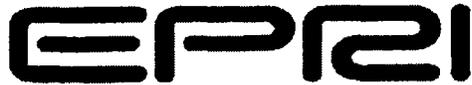
This information is provided for informational purposes only. Official scores are only recorded on the transcript supplied by the EPRI NDE Center, 1300 Harris Blvd., Charlotte, NC 28262 - 704/547-6110

8/97<sup>d</sup>

form1ve2d-pds.doc

**CERTIFICATE OF RETRAINING**

Awarded By



1300 Harris Blvd. • P.O. Box 217097  
CHARLOTTE, NC 28221

*Ronald A. Perry*

Attended the Continuing Education Course

*Visual Examination - Level III*

*July 24-28, 2000*

and is therefore entitled to this certificate  
of classroom training as approved by the EPRI NDE Center  
(Examination scores and details of course content available from the EPRI NDE Center)

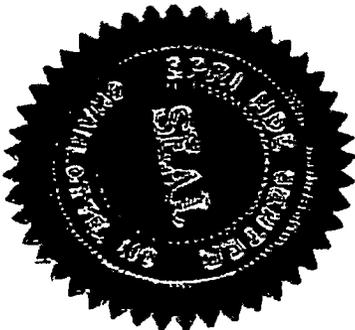
Presented By

*EPRI NDE Center*  
(Sponsoring Organization)

*Michael Allgood*

Michael Allgood  
Course Director

*Henry M. Stephens, Jr.*  
Henry M. Stephens, Jr.  
Manager, NDE Training



# CONTINUING EDUCATION UNITS

Awarded By

**ELECTRIC POWER  
RESEARCH INSTITUTE  
NONDESTRUCTIVE EVALUATION CENTER**  
1300 Harris Blvd. • P. O. Box 217097  
CHARLOTTE, NC 28221



*Ronald Perry*

Attended the Continuing Education Course

*NDE Instructor Training*

*June 7-11, 1993*

and is therefore entitled to this certificate  
of classroom training as approved by the EPRI NDE Center  
(Examination scores and details of course content available from the EPRI NDE Center)

Presented By

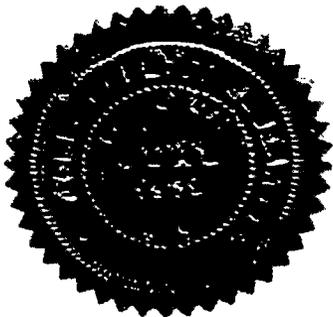
*EPRI NDE Center*

(Sponsoring Organization)

4.0

CEUs Awarded

*Henry M. Stephens, Jr.*  
Henry M. Stephens, Jr.  
Training Manager





THIS IS TO CERTIFY THAT  
*Ronald Perry*

---

IS HEREBY QUALIFIED AS A  
**Lead Auditor**

---

This certification is based on an evaluation of employee qualifications in accordance with ANSI/ASME-NQA-1. The employee's education, experience, training, and ability have been evaluated and summarized on a qualification form. This form and records to substantiate qualifications are on file in the MOX Services Project Record Center.

9 MAR 09

Date

MOX Services Quality Assurance Manager



**Record of Lead Auditor Qualification**

<b>NAME:</b> Ronald A. Perry		<b>DATE:</b> 20 Nov. 09
<b>QUALIFICATION POINT REQUIREMENTS</b>		<b>CREDITS</b>
<b>EDUCATION:</b> UNIVERSITY / DEGREE / DATE UNIV. of MARYLAND, MD 1981 4 CREDITS MAX 1. UNDER GRADUATE 2. GRADUATE		2
<b>EXPERIENCE:</b> COMPANY / DATES 9 CREDITS MAX 1. TECHNICAL (0-5 CREDITS) and 16 YEARS CONSTRUCTION AND NDE 2. NUCLEAR INDUSTRY ( 1 CREDIT), or 3. QUALITY ASSURANCE (2 CREDITS), or 4. AUDITING ( 3 CREDITS) 5. NUCLEAR QUALITY ASSURANCE ( 3 CREDITS ) or 6. NUCLEAR QUALITY ASSURANCE AUDITING (4 Credits) 8 YEARS OF AUDITING		5
<b>PROFESSIONAL ACCOMPLISHMENT:</b> CERTIFICATE / DATE 2 CREDITS MAX 1. P.E. 2. SOCIETY		4
<b>MANAGEMENT:</b> JUSTIFICATION / EVALUATOR / DATE 2 CREDITS MAX		
(MINIMUM CREDITS REQUIRED 10)		<b>TOTAL CREDITS</b>
11		
<b>AUDIT COMMUNICATION SKILLS</b> EVALUATED BY:		
<b>AUDIT TRAINING COURSES</b>	<b>COURSE TITLE AND TOPIC</b>	<b>DATE COMPLETE</b>
1. J-E-T-S, INC.	LEADING EFFECTIVE ASSESSMENTS	NOV. 1995
2.		
<b>AUDIT PARTICIPATION:</b>	<b>AUDIT ( PROJECT / ACTIVITY )</b>	<b>DATE PERFORMED</b>
LOCATION		
1. SAVANNAH RIVER SITE	DCS-08-A01	25 FEB. 09
2. SAVANNAH RIVER SITE	DCS-08-A10	13 OCT. 08
3. CLEVELAND, OH	BASF-08-VE118	22 SEPT. 08
4. CLEVELAND, OH	ERICO-08-VE119	16 SEPT. 08
5. ARNPRIOR, ON CANADA	NUT-09-VE03	27 JAN 09
<b>EXAMINATION:</b>	<b>SCORE:</b> 96	<b>DATE:</b> 20 NOV. 09
<b>TYPE:</b> ORAL		
<b>AUDITOR CERTIFIED BY:</b>	CEO	<b>DATE:</b> 20 NOV. 09
SIGNATURE / TITLE		
<b>ANNUAL EVALUATION</b>		
SIGNATURE / DATE		



**WELDING SERVICES, INC.  
CERTIFICATE OF QUALIFICATION**

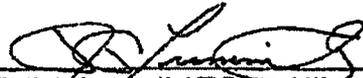
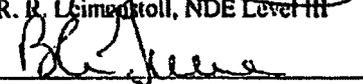
We hereby certify that EMPLOYEE Ronald A. Perry SSN: [REDACTED]  
is qualified to perform the duties and assume responsibility of Visual Weld and Mechanical Inspection  
LEVEL II Effective: 08-24-2007 to 08-24-2010

- THIS CERTIFICATION IS BASED ON THE FOLLOWING, AS CHECKED
1.  RECORD OF EDUCATION, EXPERIENCE AND TRAINING
  2.  QUALIFICATION EXAMINATIONS

SECTION	GRADE
GENERAL	89.7
SPECIFIC	92.0
PRACTICAL	94.0
COMPOSITE GRADE	91.9

The above-named individual has satisfactorily completed training requirements of WSI QAP 2.7, Rev.13. Supporting documents are maintained by WSI and may be examined by Authorized Client, Regulatory and Insurance Company representatives.

**EXPERIENCE:** US Air Force: 1969-1979, NDE Specialist with experience in PT, MT, RT, UT, ET, and VT including and Quality Control. OE Nuclear: Currently Certified Level II PT, MT, VT-1 and VT-2. Over 30 years experience in NDE and Quality control functions with extensive NDE Experience in the Nuclear Power Industry.  
**TRAINING:** 80 Hours Visual Inspection, Level II and III, USAP. 4 Hours refresher training, WSI, 7/2007.  
**EDUCATION:** HS Diploma, University of Maryland, Bachelor of Science Degree, August, 1981.  
**THIS CERTIFICATION MEETS:** ASNT/CP-189-95<sup>III</sup>, ASME B&PV Code Sect. XI, Div.1, IWA-2300, and SNT-TC-1A

 _____ R. R. Leimenstoll, NDE Level III	_____ 08/24/2007 DATE
 _____ B. Greene, V.P., Quality Assurance	_____ 9/13/07 DATE

**VISION EXAMINATION DATES AND RESULTS**

EXAMINATION DATE	DUE DATE	RESULTS	EXAMINER
08/24/2007	08/23/2008	Satisfactory	R.R. Leimenstoll, NDE Level III

**RESULTS OF PERIODIC EVALUATION**

DATE	RESULTS	INSPECTION ACTIVITIES	EVALUATOR

**MOX SERVICES  
CERTIFICATE OF QUALIFICATION  
ANSI N45.2.6/NQA-1 - QUALITY**

WE HEREBY CERTIFY THAT EMPLOYEE Ronald Perry IS  
Name

QUALIFIED TO PERFORM THE DUTIES AND ASSUME THE RESPONSIBILITIES FOR INSPECTIONS AND TESTS IN THE FOLLOWING ACTIVITIES/TASKS WITHIN THE QUALITY DISCIPLINE:

LEVEL	ACTIVITY/TASK	CERTIFICATION BASIS	RESTRICTIONS (See Remarks)
	<input type="checkbox"/> 435 M&TE Equipment		<input type="checkbox"/> YES <input type="checkbox"/> NO
II	<input checked="" type="checkbox"/> 445 Receipt Inspection/Preventative Maintenance	1, 2 and 3	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<input type="checkbox"/> 460 Shop Inspection		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> 461 Mechanical *		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> 462 Electrical *		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> 463 Civil/Structural *		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> 464 Welding *		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> 470 ANSI Level III Designee		<input type="checkbox"/> YES <input type="checkbox"/> NO

\* Project Specific Certification when required

EFFECTIVE PERIOD OF CERTIFICATION: FROM 28 Jul 09 To 28 Jul 12

THIS CERTIFICATION IS BASED UPON SATISFACTORY COMPLETION OF THE REQUIREMENTS OF PP 3-27, REVISION IN EFFECT AT THE TIME OF CERTIFICATION. THE BASIS FOR CERTIFICATION IS:

1. RECORD OF EXPERIENCE, EDUCATION, AND TRAINING
2. WRITTEN OR ORAL EXAMINATION
3. PROFICIENCY DEMONSTRATION (PRACTICAL EXAMINATION)

SUPPORTING DOCUMENTS ARE MAINTAINED BY QUALITY ASSURANCE AND MAY BE EXAMINED BY AUTHORIZED CLIENT, REGULATORY AND INSURANCE COMPANY REPRESENTATIVES.

Signed: [Signature] 22 Jul 09  
Discipline Level II Date

Signed: [Signature] 28 Jul 09  
Quality Department Management Date

REMARKS AND RESTRICTION DETAILS: N/A



PORTLAND CEMENT  
ASSOCIATION

5420 Old Orchard Road, Skokie, Illinois 60076

# Recommendation for College Credit

This is to certify that

Ronald Albert Perry

has successfully completed the following course  
which is recommended for college credit by the  
American Council on Education.

Course LEVEL I INSPECTION TECHNICIAN

Credits 1

Date June 13, 1981

Records and transcripts of examination grades  
are available and will be issued upon request.



American Council on Education  
Program on Noncollegiate Sponsored Instruction  
One Dupont Circle  
Washington, D.C. 20036

Authorized by

Edward J. Kaurala

Director, Educational Services  
Portland Cement Association



PORTLAND CEMENT  
ASSOCIATION

# CERTIFICATE OF ACHIEVEMENT

*Ronald Albert Perry*

has completed the 5-day course

## **Level I Inspection Technician (Nuclear)**

conducted by the Portland Cement Association in accordance with Appendix VII, ASME Section III, Division 2, Code for Concrete Reactor Vessels and Containments, covering the Reinforcing Material Technician and Concrete Material Technician as described by Appendix E of the Code and has successfully passed the examination and performance demonstration. In recognition of that accomplishment, this Certificate of Achievement is awarded this 18<sup>th</sup> day of June, 1981.

*Roger E. Wilson*

LEVEL III INSPECTION ENGINEER  
PORTLAND CEMENT ASSOCIATION

*R. E. Keen*

PRESIDENT  
PORTLAND CEMENT ASSOCIATION



## Nuclear Quality Assessment

**EMPLOYEE IDENTIFICATION**

**LEAD AUDITOR CERTIFICATION RECORD**

<b>NAME</b> Ronald A. Perry	<b>SOCIAL SECURITY NUMBER</b> [REDACTED]	<b>EMPLOYEE NUMBER</b> 4297
--------------------------------	---	--------------------------------

**QUALIFICATION REQUIREMENTS (RESUME ON FILE - Initial DCJ Date 1-4-01)**

<b>EDUCATION (4 POINTS MAXIMUM)</b>			
UNDERGRADUATE SCHOOL	DEGREE	DATE	POINTS
University of Maryland	B. S. Business Management	8/30/81	
UNDERGRADUATE SCHOOL	DEGREE	DATE	
GRADUATE SCHOOL	DEGREE	DATE	POINTS
GRADUATE SCHOOL	DEGREE	DATE	

**EXPERIENCE (9 POINTS MAXIMUM)**

INDUSTRY (5 POINTS MAXIMUM) AND NUCLEAR INDUSTRY (NI) - 1 POINT OR QUALITY ASSURANCE (QA) - 2 POINTS OR AUDITING (AU) - 2 POINTS OR NUCLEAR QA (NQA) - 3 POINTS OR COMBINED NQA, AU - 4 POINTS	COMPANY	DATES	POINTS
	Commonwealth Edison Duquesne Light Company and FENOC	7/80 TO 8/81 3/83 TO Present	5
	COMPANY Duquesne Light Company (Auditing 1/28/94 TO 4/29/94)	DATES	
	Duquesne Light Company (Auditing 2/14/96 TO 4/23/96)	DATES	POINTS
	Duquesne Light Company / FENOC (Auditing 5/99 TO Present)	DATES	POINTS
		1/94 TO Present	4

**PROFESSIONAL ACCOMPLISHMENT (2 POINTS MAXIMUM)**

PROFESSIONAL ENGINEER	DATE	POINTS		
SOCIETY	DATE	SOCIETY	DATE	POINTS

**MANAGEMENT JUSTIFICATION (2 POINTS MAXIMUM)**

<b>EXPLANATION</b> Mr. Perry has successfully completed the Lead Auditor Qualification Examination and has demonstrated the ability to effectively conduct quality assurance audits.	<b>POINTS</b>
	2
<b>TOTAL POINTS</b>	13

**AUDIT COMMUNICATION SKILLS**

VERBAL <input checked="" type="checkbox"/>	WRITTEN <input checked="" type="checkbox"/>	EVALUATED BY <i>M.A. Peyer</i>	TITLE Supv. NQA	DATE 1-4-01
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**AUDIT TRAINING COURSES**

COURSE TITLE OR TOPIC	DATE
Audit Training - Commonwealth Edison (8hrs)	8/1/80
COURSE TITLE OR TOPIC	DATE
Leading Effective Assessments - J-E-T-S, Inc (16hrs)	11/8/95

**AUDIT PARTICIPATION**

LOCATION	AUDIT	DATE
Beaver Valley Power Station	BV-C-99-06 Measuring and Test Equipment Program	5/10 - 6/25/99
Beaver Valley Power Station	AUDIT BV-C-99-13 QC/NDE Programs	7/16 - 8/13/99
Beaver Valley Power Station	AUDIT BV-C-99-12 Environmental Program	9/8 - 10/27/99
Beaver Valley Power Station	AUDIT BV-C-99-15 Training	10/26 - 12/21/99
Beaver Valley Power Station	AUDIT BV-C-00-01 Security and Access Authorization	1/31 - 3/15/2000

**CERTIFICATION AS A QUALIFIED AUDITOR**

<b>EXAMINATION DATE</b> 11/8/95	<b>CERTIFIED BY (SIGNATURE)</b> <i>M.A. Peyer</i>	<b>TITLE</b> Manager, NQA	<b>DATE</b> 1-4-01
------------------------------------	--	------------------------------	-----------------------

For R.L. Hansen

**FirstEnergy Nuclear Operating Company  
EMPLOYEE BIOGRAPHICAL DATA**

I. BASIC INFORMATION	
1. NAME <b>Ronald A. Perry</b>	2. SOCIAL SECURITY NO. [REDACTED]
3. JOB TITLE <b>Senior QA Specialist</b>	4. DEPARTMENT <b>Quality Services Audit and Surveillances</b>
5. COMPANY LOCATION <b>Beaver Valley</b>	
6. INDICATE THE DEGREES YOU HAVE EARNED (CHECK ALL THAT APPLY) AND THE DEGREE TYPE.  High School or Equivalent. Major: <b>Falmouth HS, Falmouth, ME College</b> Associate's Degree. Major: Bachelor's Degree. Major: <b>Bachelor of Science Business Management, University of Maryland 1981</b> Master's Degree. Major: Doctorate. Major:	
7. LIST PROFESSIONAL CERTIFICATIONS, LICENSES, OR MEMBERSHIPS YOU HOLD. <b>NDE Level III - Visual Examination method (VT). This includes 1C and 3C per ASME XI IWE/IWL</b> <b>NDE Level III - Penetrant Examination method (PT)</b> <b>NDE Level III - Magnetic Particle Examination method (MT)</b> <b>NDE Level III - Ultrasonic Examination method (UT)</b>	
8. LIST ANY SPECIAL TRAINING AND/OR EDUCATION YOU HAVE RECEIVED. <b>EPRI VT Level II training for ASME XI IWE/IWL (Visual examination of Containment) - Feb. 1999</b> <b>EPP Training 1998-1999</b> <b>Thermal Infrared Testing - Level I - Infrared Education Center (40 hours) Jan. 1997</b> <b>Lead Auditor Training - 1998</b> <b>Dale Carnegie Course - Jan. 1996</b> <b>EPRI Level III Visual Examination Training - 1990 and 1995</b> <b>NDE Instructor Training - EPRI NDE Center (40 hours) June, 1993</b> <b>ISI of Nuclear Plant Components - Technical Seminars (21 hours) May, 1988</b> <b>Systematic Approach to Training (SAP) for Instructor - DLCo - 1988</b>	
II. SKILLS AND WORK EXPERIENCE	
9. LIST YOUR CURRENT AND PREVIOUS WORK EXPERIENCE, BEGINNING WITH YOUR CURRENT POSITION. INCLUDE: START DATE, END DATE, JOB TITLE, COMPANY, DEPARTMENT AND MAJOR RESPONSIBILITIES/ASSIGNMENTS. ALSO, LIST ANY SPECIAL SKILLS, KNOWLEDGE, OR EXPERTISE YOU POSSESS.  <b>May 16 to Present - SR QA Specialist, DLCo., QSAS</b> <b>Perform Audits and Surveillances of BVPS site groups as directed by QSAS Supervisor.</b> <b>Participate on Blue Team EPP in the capacity of Information Coordinator</b> <b>May 16, 1983 to May 16, 1999 - NDE Specialist/ NDE Supervisor</b> <b>Perform and direct NDE examinations at BVPS. Maintain NDE Level II and III certifications as noted above.</b> <b>Responsible for establishing a training program for the certification of NDE personnel. Prepare and implement training programs in support of qualification and certification of site personnel.</b> <b>Review and acceptance of NDE reports, interpret examination results, and prepare Condition Reports for unsat conditions.</b> <b>Maintain familiarity with ASME Codes.</b> <b>Prepare 90 Day Summary Report.</b> <b>Assist in the development and implementation of an ASME XI IWE/IWL Program.</b> <b>Prepare and implement NDE procedures.</b>	

**II. Skills and Work Experience - Continued**

9. Continued

Provide NDE training to contractor personnel performing examinations at BVPS.

**III. MAJOR ACCOMPLISHMENTS**

10. DESCRIBE YOUR MOST SIGNIFICANT CAREER ACCOMPLISHMENTS OR SUCCESSSES.

Maintain Level III certifications. Perform the majority of NDE training and certification at BVPS.  
Developed and Implemented technical and administrative procedures for the ISI department  
Participated on various working groups on the ASME XI Code  
Commendation Medal while serving in the United States Air Force 1978  
Maintenance Supervisor for over 300 aircraft maintenance personnel at Loring AFB, ME

**IV. OTHER**

11. PROVIDE ANY ADDITIONAL COMMENTS OR INFORMATION NOT ADDRESSED IN OTHER SECTIONS THAT YOU BELIEVE WOULD BE OF INTEREST.

Familiar with ASME Code as well as site administrative procedures. Continually upgrade myself by volunteering my services and expertise.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



**IWL VISUAL EXAMINER  
CERTIFICATION RECORD  
(EXHIBIT A)**

Document: FRM-PQR-001  
 Revision: 0  
 Date: July 18, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 1

**IWL GENERAL AND DETAILED VISUAL EXAMINER CERTIFICATION RECORD**

Training Requirements	Initials(Examinee/Instructor)	Date
Training in Section XI, Subsection IWL (4 hours minimum)	RAP / CEC	10/18/13
Training shall include requirements for inservice and preservice examinations and reporting criteria for the following:(2 hours minimum)		
1) Concrete (conditions such as those described in ACI-201.1)	RAP / CEC	10/18/13
2) Reinforcing steel	RAP / CEC	10/18/13
3) Post-tensioning system items (e.g., wires, strands, anchorage hardware, corrosion protection medium, and free water)	RAP / CEC	10/18/13
<b>Written Examination</b>	<b>Grade</b>	<b>Date</b>
Written examination covering Section XI, Subsection IWL requirements and plant-specific procedure requirements for visual examination containing at least 15 questions in the following:		
1) Concrete and Reinforcing Steel	86.6%	10/18/13
2) Post-tensioning system components(i.e., wires, strands, anchorage hardware, corrosion protection medium, and free water)	86.6%	10/18/13
<b>Practical Examination</b>	<b>Grade</b>	<b>Date</b>
A practical examination using test specimens with flaws or indications to be detected by the following visual examination techniques:		
1) General and detailed visual examination of concrete	93%	10/18/13
2) Detailed visual examination of reinforcing steel	93%	10/18/13
3) Detailed visual examination of post-tensioning system components (i.e., wires, strands, and anchorage hardware)	95%	10/18/13
<b>Passing grades for visual examinations shall be as follows:</b>	<b>Final Grade</b>	<b>Date</b>
An average combined grade of 80% for written and practical examinations	90.8%	10/18/13
A minimum grade of 70% for each written and practical examination		

Precision Surveillance Corporation certifies that the following individual meets the minimum qualifications set forth in the Corporation Standard Document STD-PQR-001 "Personnel Qualification Requirements for General and Detailed Visual Examinations for Nuclear Power Plants".

IWL Visual Examiner (Print Name):	Ronald A. Perry
IWL Visual Examiner (Signature):	<i>Ronald A. Perry</i>
SS #(Last Four Digits)	██████
Certification Date:	10/18/13
Certification Expiration Date:	10/17/18
P.S.C. Professional Engineer Approval(Name)	Christopher E. Cox
P.S.C. Professional Engineer Approval(Signature)	<i>Christopher E. Cox</i>



**IWL VISUAL EXAMINER RECORD OF EXPERIENCE (EXHIBIT F)**

Document: FRM-PQR-006  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 2

**IWL VISUAL EXAMINER RECORD OF EXPERIENCE**

	Name	Electronic Signature	SS# (last four digits)	Work Experience Verification Date mm/dd/yyyy
IWL Visual Examiner	Ronald Perry	<i>Ronald Perry</i>	██████	10/18/2013
PSC P.E. Approval	Christopher E. Cox	<i>Christopher E. Cox</i>	██████	10/18/13

**Note:** By signing the above, I acknowledge that the following education and work experience is valid and true to the best of my knowledge. The work experience may be the same or similar to the General and Detailed Visual Examination, requirements set forth by ASME, Section XI, Subsection IWL.

Fill in the form below with the dates(mm/dd/yyyy) that are applicable to the type of work performed.

Nuclear Power Plants	Visual Examination	Repair/Replacement	Modification(s)	Periodic Test(s)	Manufacturing, Construction, Fabrication or Installation	Visual Examinations	Dimensional Verifications
Oconee 2007 WSI	Level II Mechanical, VT,PT,MT						Dimensional Verification of sleeves
Catawba 2007 WSI	Level II Mechanical, VT,PT,MT						
Merc Plant Pharmaceutical 2008	Level II VT of Tanks						
Limerick 2008	Level II VT,PT,MT						



**IWL VISUAL EXAMINER RECORD OF EXPERIENCE (EXHIBIT F)**

Document: FRM-PQR-006  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 2

**IWL VISUAL EXAMINER RECORD OF EXPERIENCE**

(ADDITIONAL SHEET  
 ADDED FOR WORK  
 EXPERIENCE)

	Name	Electronic Signature	SS# (last four digits)	Work Experience Verification Date mm/dd/yyyy
IWL Visual Examiner	Ronald Perry	<i>Ra Perry</i>	████████	10/18/2013
PSC P.E. Approval	Christopher E. Cox	<i>Chris Cox</i>	████████	10/18/13

Note: By signing the above, I acknowledge that the following education and work experience is valid and true to the best of my knowledge. The work experience may be the same or similar to the General and Detailed Visual Examination, requirements set forth by ASME, Section XI, Subsection IWL.

Fill in the form below with the dates(mm/dd/yyyy) that are applicable to the type of work performed.

Nuclear Power Plants	Visual Examination	Repair/Replacement	Modification(s)	Periodic Test(s)	Manufacturing, Construction, Fabrication or Installation	Visual Examinations	Dimensional Verifications
Nine Mile Point 2005	Level II VT,PT,MT						
First Energy 1986-2005	Level III VT,PT,MT						



**IWL VISUAL EXAMINER RECORD OF EXPERIENCE (EXHIBIT F)**

Document: FRM-PQR-008  
 Revision: 0  
 Date: July 18, 2013  
 Document Type: Corporation Standards  
 Page: 2 of 2

Please initial the following section that is most applicable to your level of education and experience.

I am a high school graduate or have an equivalent degree with a minimum of one-year experience in IWL related or similar activities.

I am a high school graduate or have an equivalent degree with a completed two-year associates degree in the construction or science field and a minimum of 6 months experience in IWL related or similar activities.

I am a high school graduate or have an equivalent degree with a completed four-year bachelor's degree in the construction or science field and a minimum of 3 months experience in IWL related or similar activities.

Please fill in the Work Experience Form as thorough as possible. Dates should be noted as month/day/year(mm/dd/yyyy).

Work Experience Form	
<b>Company:</b>	<b>Responsibilities:</b>
Welding Services Incorporated	Perform ISI examination as a Level II in PT, MT & VT
<b>Location:</b>	
Oconee/Catawba	
<b>From:</b> 08/2007	
<b>To:</b> 11/2007	
<b>Company:</b>	<b>Responsibilities:</b>
Tourgea & Associates	Perform examination of tanks and peripheral equipment as a VT Level II
<b>Location:</b>	
Merc Plant in Danville, PA	
<b>From:</b> 9/11/08	
<b>To:</b> 11/11/08	
<b>Company:</b>	<b>Responsibilities:</b>
Sonic Systems International	ISI Coordinator-Level II VT, MT, PT
<b>Location:</b>	
Limerick	
<b>From:</b> 02/2006	
<b>To:</b> 03/2006	



**IWL VISUAL EXAMINER RECORD OF EXPERIENCE (EXHIBIT F)**

Document: FRM-PQR-006  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 2 of 2

(ADDITIONAL SHEET ADDED FOR WORK EXPERIENCE)

Please initial the following section that is most applicable to your level of education and experience.

I am a high school graduate or have an equivalent degree with a minimum of one-year experience in IWL related or similar activities.

I am a high school graduate or have an equivalent degree with a completed two-year associates degree in the construction or science field and a minimum of 6 months experience in IWL related or similar activities.

I am a high school graduate or have an equivalent degree with a completed four-year bachelor's degree in the construction or science field and a minimum of 3 months experience in IWL related or similar activities.

Please fill in the Work Experience Form as thorough as possible. Dates should be noted as month/day/year(mm/dd/yyyy).

Work Experience Form	
<b>Company:</b>	<b>Responsibilities:</b>
Sonic Systems International	Perform ISI examination as a Level II in PT, MT & VT
<b>Location:</b>	
Nine Mile Point	
<b>From:</b> 03/2005	
<b>To:</b> 04/2005	
<b>Company:</b>	<b>Responsibilities:</b>
First Energy/Duquesne Ligh	QA Auditor; NDE Specialist; NDE Supervisor-Supervised the development and implementation
<b>Location:</b>	of a NDE ISI Department. Developed NDE related and administrative procedures. Level III in
Beaver Valley, Davis Besse	PT, MT and VT. Level II in UT. As a QA Lead Auditor performed assessment of maintenance,
	licensing, engineering, construction, radiation protection, operations, document control/records
<b>From:</b> 05/16/1983	management; M&TE Program-prepare audit reports and initiate deficiency reports as req'd.
<b>To:</b> 02/15/2005	
<b>Company:</b>	<b>Responsibilities:</b>
<b>Location:</b>	
Limerick	
<b>From:</b>	
<b>To:</b>	



IWL-2000  
 WRITTEN EXAMINATION  
 CONCRETE & REINFORCING STEEL

Document: EXM-PQR-001  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 3

NAME: Ronald A. Perry DATE: 10/18/13

SOCIAL SECURITY NUMBER: [REDACTED]

GRADE: 13/15 = 86.7% GRADED BY: [Signature] P.E. 10/18/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: R A Perry 10/18/13  
 Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

	A	B	C	D			A	B	C	D			A	B	C	D	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	11	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	12	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	8	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
4	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓
5	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓



IWL-2000  
WRITTEN EXAMINATION  
CONCRETE & REINFORCING STEEL

Document: EXM-PQR-001  
Revision: 0  
Date: July 16, 2013  
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1. What is the function of the ANII?
  - a) To verify compliance with NRC regulations
  - b) To provide another approval signature on forms
  - c) To ensure nuclear safety
  - d) To verify compliance with applicable requirements of the ASME Code
  
2. General Visual inspections are required to be performed on:
  - a) Exterior Containment concrete surface and grease caps.
  - b) Tendon button heads.
  - c) Jacks/Rams used for stressing
  - d) All of the above
  
3. What is the character height of the lower case letters for Detailed Visual Inspections?
  - a) 0.010"
  - b) 0.105"
  - c) 0.044"
  - d) 0.500"
  
4. What degradation is defined by the breaking away of small portions of a concrete surface due to localized internal pressure which leaves a shallow, typically conical depression?
  - a) Exudation
  - b) Laitance
  - c) Popout
  - d) Encrustation
  
5. What is an optical comparator?
  - a) A device to determine color resolution
  - b) A device to evaluate vision
  - c) A device to measure surface lighting intensity
  - d) None of the above

*measure size of letters*
  
6. Efflorescence is a sign of
  - a) Mineral leaching
  - b) Concrete additives
  - c) Nothing
  - d) Surface coating
  
7. Who may perform IWL Visual examinations without certification?
  - a) QC Personnel
  - b) Level II ISI personnel
  - c) A manager or supervisor of ISI programs
  - d) None of the above
  
8. Per ASME Section XI, subsection IWL what are to be given a general visual examination?
  - a) The safety shoes craft personnel are wearing
  - b) The tendon gallery ceiling
  - c) Containment tendon strand wedges or wire button heads
  - d) The condition of hard hats worn by personnel

EXM-PQR-001 R0



IWL-2000  
WRITTEN EXAMINATION  
CONCRETE & REINFORCING STEEL

Document: EXM-PQR-001  
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9. When should the character height of near-distance test charts be measured?
- a) After the inspection
  - b) When requested by the Registered Engineer
  - c) When a Relevant Condition is found
  - d) Before use of it
10. In tendon anchorage areas, acceptable cracks in the concrete adjacent to the bearing plates do not exceed.
- a) 0.010 inch in width
  - b) 0.100 inch in width
  - c) 0.001 inch in width
  - d) 1.000 inch in width
11. What amendment to 10 CFR 50 incorporated by reference the requirements of ASME Section XI, 1992 Edition with 1992 Addenda?
- a) 1992 Addenda
  - b) 10 CFR 50.55a.
  - c) Appendix A
  - d) 10 CFR 10.30
12. A detailed visual inspection requires what maximum examination distance?
- a) 7 feet
  - b) 2 feet
  - c) 35 feet
  - d) 4 feet
13. How often is Level II re-certification required?
- a) Every 5 years
  - b) Every 3 years
  - c) Every 3 months
  - d) Every year
14. Which of the following degradation mechanisms to rebar is associated with changes in the permeability of concrete, presence of an electrolyte, or microbiological attack?
- a) Irradiation
  - b) Fatigue
  - c) Corrosion
  - d) Thermal effects
15. Level II minimum education required for certification is?
- a) MBA degree
  - b) High school or equivalent
  - c) No education
  - d) One year of college



IWL-2000  
 WRITTEN EXAMINATION  
 POST-TENSIONING COMPONENTS

Document: EXM-PQR-002  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 3

NAME: Ronald A Perry DATE: 10/18/13

SOCIAL SECURITY NUMBER: [REDACTED]

GRADE: 13/15 = 86.6% GRADED BY: Philip E. Ry, P.E. 10/18/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: R a Perry 10/18/13  
 Student Signature Date

FILL IN ONE CIRCLE AS THE ANSWER FOR EACH QUESTION

	A	B	C	D			A	B	C	D			A	B	C	D	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	6	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	11	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	13	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	✓	9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓
5	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	✓	10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓	15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	✓



IWL-2000  
WRITTEN EXAMINATION  
POST-TENSIONING COMPONENTS

Document: EXM-PQR-002  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 2 of 3

1. Per IWL what tendon anchorages are exempt from Detailed Examination?
  - a) Inaccessible due to structural obstructions
  - b) Inaccessible due to radiological hazards
  - c) Inaccessible due to safety concerns
  - d) All of the above
2. Subsection IWL contains requirements for a Responsible Engineer. He must be an experienced Registered Professional Engineer. What is he responsible for?
  - a) Submittal of the report to the Owner documenting results of examinations and repairs
  - b) Evaluation of examination results
  - c) Approval, instruction, and training of concrete examination personnel
  - d) All of the above
3. PSC Qualification for IWL Examiners certifications comply to:
  - a) IWE 92
  - b) IWL 2001 edition with 2003 addenda
  - c) IWL 2010 edition with 2011 addenda
  - d) ACI 301
4. What is detailed examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?
  - a) Dissolved water in the grease
  - b) Amount of grease in the grease can
  - c) Grease can grease level
  - d) Evidence of free water
5. The tendon bearing plate is to be given what kind of visual inspection?
  - a) Close-Up
  - b) General
  - c) Detailed
  - d) None
6. What is the typical PSC procedure used for Anchorage Inspection?
  - a) SQ 2.0
  - b) SQ 12.1
  - c) SQ 8.0
  - d) SQ 4.0
7. Following the re-tensioning of a tendon that has been de-tensioned a Detailed inspection is used to detect:
  - a) Broken wires or strands.
  - b) Amount of nitrates in the grease.
  - c) Temperature of the concrete.
  - d) If the grease can has been galvanized.
8. Which of the following is not typical equipment used for IWL examination?
  - a) Pressure gage
  - b) Flashlight
  - c) Camera
  - d) Optical Comparator



IWL-2000  
WRITTEN EXAMINATION  
POST-TENSIONING COMPONENTS

Document: EXM-PQR-002  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 3 of 3

9. Following the re-tensioning of a tendon that has been de-tensioned a Detailed inspection is used to detect:
- a) Broken wires or strands.
  - b) Amount of nitrates in the grease.
  - c) Temperature of the concrete.
  - d) If the grease can has been galvanized.
10. Per PSC Qualification for IWL examinations who approves the qualifications of the Examiners?
- a) Responsible Engineer (P.E.)
  - b) IWL Supervisor
  - c) Project Manager
  - d) Project Superintendent
11. What is General Examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?
- a) Type of galvanizing on Grease can
  - b) Gasket seal on Grease Can
  - c) Cracks in anchorage hardware
  - d) None of the above
12. What is Detailed Examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?
- a) Chemistry of shim material
  - b) Material type of shim material
  - c) Displacement of shims
  - d) Diameter of Shims
13. What is Detailed Examination used to detect on Containment Post Tensioning Systems (tendon anchorage) selected for in-service inspection?
- a) Shim finish
  - b) Missing button heads
  - c) Anchor head finish
  - d) Bushing hardness
14. For General and Detailed Examinations what is the minimum near distance vision acuity the examiner must have?
- a) at least 20/25 Snellen in at least one eye.
  - b) None
  - c) 20/20
  - d) 40/40 or better
15. For nuclear plants that completed their Structural Integrity Test 20 years ago how often must the Containment Post-Tensioning System IWL Examination of tendon anchorages be performed on tendons selected for in-service inspection per IWL?
- a) Every 6 months
  - b) Every 5 years
  - c) Every 3 years
  - d) Every 2 years



IWL-2000  
GENERAL & DETAILED VISUAL  
EXAMINATION OF CONCRETE  
PRACTICAL EXAMINATION CHECKLIST

Document: EXM-PQR-003  
Revision: 0  
Date: July 16, 2013  
Document Type: Corporation Standards  
Page: 1 of 3

NAME: Ronald A. Perry DATE: 10/18/13

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM NUMBER: C

GRADE: 93%

INSTRUCTOR/GRADED BY: [Signature], P.E. 10/18/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: R a Perry 10/18/13  
Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+3 / (-2)
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+13 / (-2)
25	Correctly record discontinuities	+22 / (-3)
5	Sign and date form	+5
5	Complete form Accurate and legible	+5
TOTAL		93/100



**VISUAL EXAMINATION – GENERAL VISUAL EXAMINATION**

Project TMI Surveillance # 40TH Year 2013  
 Inspection Area: C-2  
 Equipment Used -

**Concrete Surface Condition**

Containment Surface (Findings and Description)	NI	IO	RI
cracks as noted on sketch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
several popouts noted on S side	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
II made made indentations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
sealing noted on N end of inspection area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Use as many sketch sheets (page 2) as needed to report any Recordable Indication (RI) or Information Only (IO) findings for the purpose of documentation and orientation.)*

**Recordable Indications to be Examined For (PSC Procedure 8.4)**

- |  |  |
|--|--|
| Leaching or Chemical Attack                | Deterioration of any Concrete Coating (if applicable)            |
| Abrasion or Erosion Degradation            | Tendon Grease on Exposed Concrete Surfaces                       |
| Popouts and Voids                          | Corrosion on Grease Cans, Bearing Plates or Anchorage            |
| Cracks                                     | *Excessive Corrosion on Exposed Embedded Metal Surfaces          |
| Sealing                                    | *Detached Embedments or Loose Bolting                            |
| Spalls                                     | *Indication of Degradation Due to Vibration                      |
| Corrosion Staining on the Concrete Surface | (* The owner/agent must be notified for these noted conditions.) |
| Exposed Reinforcing Steel                  |  |
| Surface Patches or Repairs                 |  |

Comments and Disposition by Responsible Engineer  Acceptable  Unacceptable  
 Comments: \_\_\_\_\_

Inspector & Level: Ron Perry RA Rly II Date: 10/18/13  
 Responsible Engineer: \_\_\_\_\_ Date: \_\_\_\_\_  
 ANII: \_\_\_\_\_ Date: \_\_\_\_\_

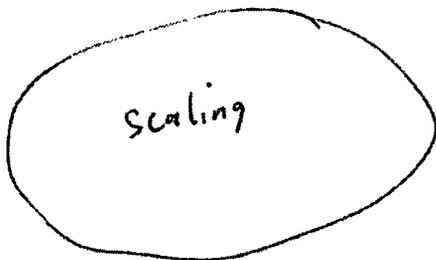


Project: TMI 2013 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: C-2

1. Sketch or attach photographs to provide documentation or additional details as necessary.

Give -  
Dimensional  
Information of  
inspection area



Comments:

say "None" - 2

QC Inspector:

R a Puy

Level:

II

Date:

10/18/13

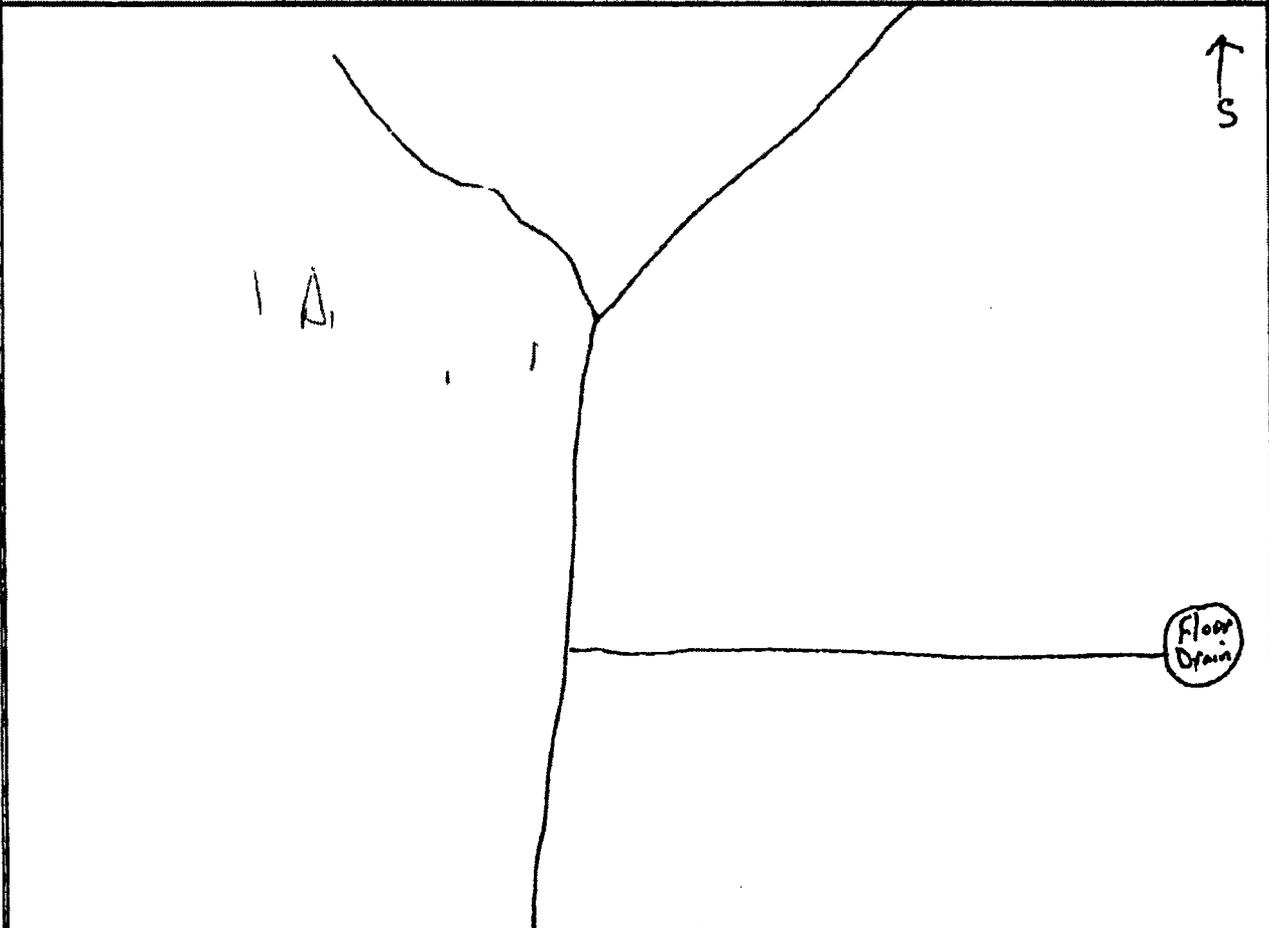




Project: TMI 2013 40<sup>TH</sup> YEAR TENDON SURVEILLANCE

Inspection Area: C-1

1. Sketch or attach photographs to provide documentation or additional details as necessary.



Comments: Indentations noted randomly in area due to dropped eqmnt.  
Popouts were noted randomly - all measured less than 2" in length  
majority lengths of cracks were greater than 0.040" in width (pressive)

QC Inspector: R a Rey

Level: II

Date: 10/18/13



IWL-2000  
 DETAILED VISUAL EXAMINATION OF  
 REINFORCING STEEL  
 PRACTICAL EXAMINATION CHECKLIST

Document: EXM-PQR-004  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 3

NAME: Ronald A. Perry DATE: 10/18/13

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM NUMBER: B

GRADE: 93% INSTRUCTOR/GRADED BY: [Signature], P.E. 10/18/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: R A Perry 10/18/13  
 Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+10
5	Select equipment Verify calibration/resolution	+10
5	Verify adequacy of lighting Prior to and during inspection	+5
5	Record part/item number On inspection form	+5 <sup>10/18/13</sup> +3/(-2)
15	Inspect component/part Identify discontinuities	+11/(-4)
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+25
5	Sign and date form	+4/(-1)
5	Complete form Accurate and legible	+5
TOTAL		93/100



*Practical*

Project: TMI 2013 TENDON SURVEILLANCE

UNIT 1

Tendon No.: B-1

Tendon End: \_\_\_\_\_

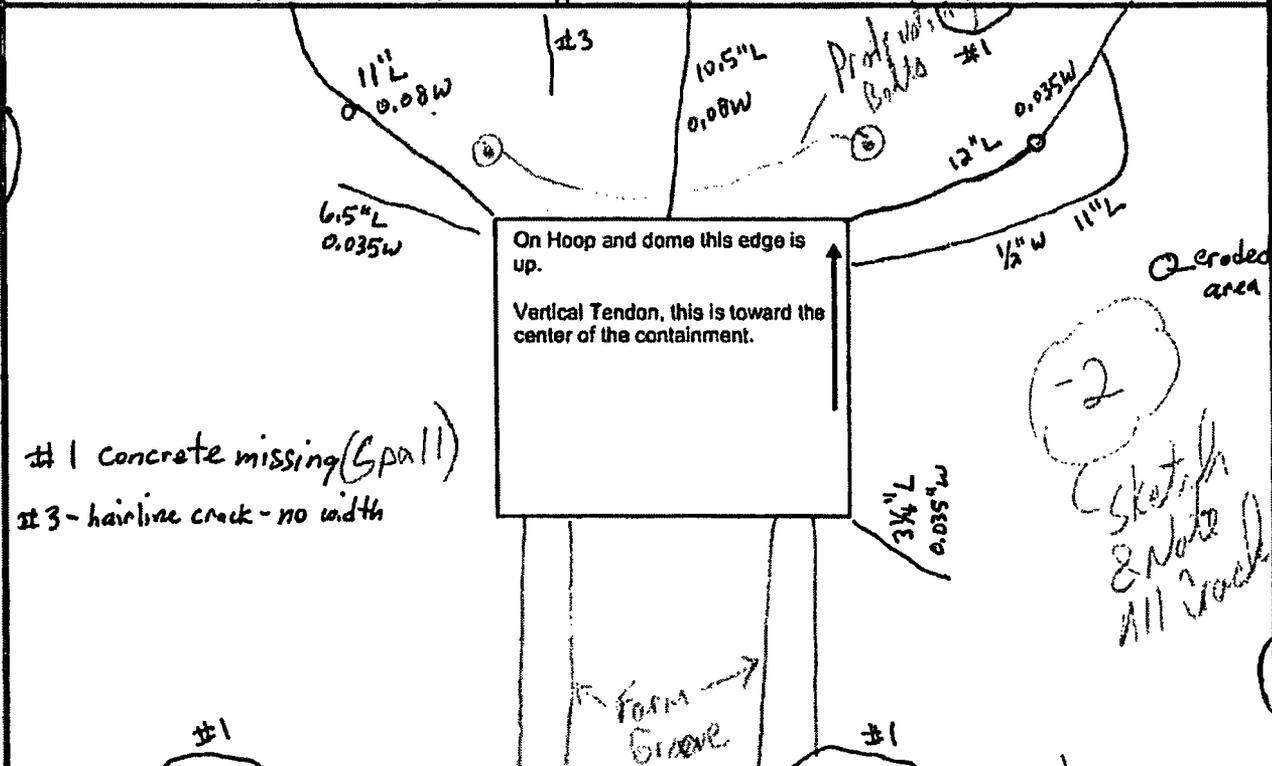
Shop

Field

(7.4) Bearing Plate Identification #: \_\_\_\_\_

*This should say - "None Found"*

1. Orient the bearing plate with the sketch below.
2. Locate the bearing plate identification and document the location on the sketch.
3. Sketch all cracks, including other defects, existing on the concrete in the area surrounding the tendon anchorage for a distance of 24 inches from the edge of the bearing plate.
4. For cracks equal to or wider than 0.010 inches, document condition on a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Exelon approval.



Auxiliary Light Source used:  Yes  No *Flash light*

(7.3) Illumination source: outdoors

(7.5) Cracks  $\geq 0.010"$   Yes  No Quantity: *see sketch* Max. Width: *see sketch* Max Length: *see sketch* NCR#: XXXX

QC Inspector: Ra Py Level: II Date: 10/18/13

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



Practical

Project: TMI 2013 TENDON SURVEILLANCE

UNIT 1

Tendon No.: B-2

Tendon End: [circled]

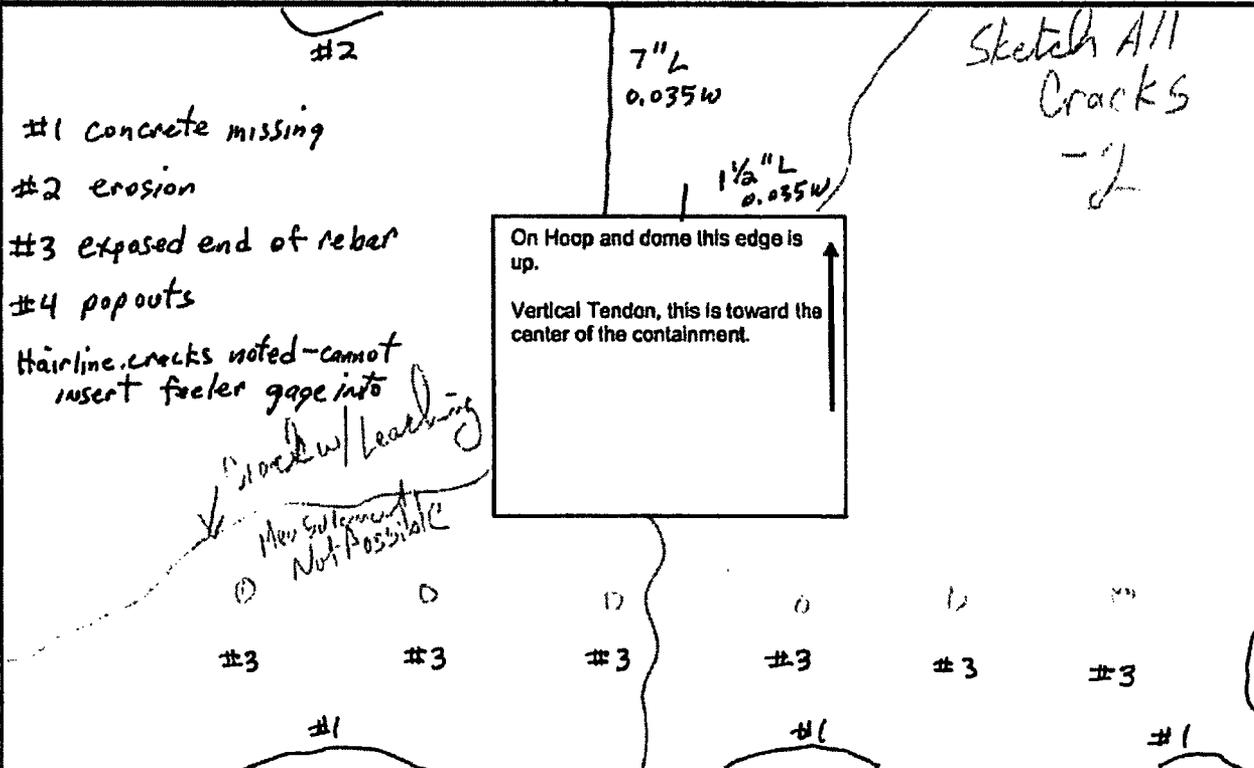
Shop

Field

(7.4) Bearing Plate Identification #:

[circled] "None Found"

1. Orient the bearing plate with the sketch below.
2. Locate the bearing plate identification and document the location on the sketch.
3. Sketch all cracks, including other defects, existing on the concrete in the area surrounding the tendon anchorage for a distance of 24 inches from the edge of the bearing plate.
4. For cracks equal to or wider than 0.010 inches, document condition on a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Exelon approval.



Auxiliary Light Source used:  Yes  No Flashlight

(7.3) Illumination source: outdoors

(7.5) Cracks  $\geq 0.010"$   Yes  No Quantity: 2 Max. Width: 0.035 Max Length: see sketch NCR#: KXXX

QC Inspector: Ra Py Level: II Date: 10/18/31

QC Reviewed: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_



**IWL-2000  
DETAILED VISUAL EXAMINATION OF  
POST-TENSIONING SYSTEM  
COMPONENTS**

**PRACTICAL EXAMINATION CHECKLIST**

Document: EXM-PQR-005  
 Revision: 0  
 Date: July 16, 2013  
 Document Type: Corporation Standards  
 Page: 1 of 3

NAME: Ronald A. Perry DATE: 10/18/13

SOCIAL SECURITY NUMBER: [REDACTED]

EXAM NUMBER: A

GRADE: 95% INSTRUCTOR/GRADED BY: Christopher E. Ly, P.E. 10/18/13

I have neither given, received nor observed any aid or information regarding this exam prior to or during its administration that could compromise this exam's integrity. I also understand my obligation to report any exam compromise by others prior, during, or subsequent to the exam administration.

I acknowledge that this examination is a way of demonstrating my knowledge of the subject associated with this examination and that I have had the opportunity, on my request, to review this entire examination with the instructor to ensure my understanding of the subject matter.

I have read and understand the above statements: Ronald Perry 10/18/13  
 Student Signature Date

POINT VALUE	INSPECTION POINTS	POINTS GRANTED/COMMENTS
10	Select procedure Verify revision	+10
10	Select form Verify revision	+9/(-1)
5	Select equipment Verify calibration/resolution	+5
5	Verify adequacy of lighting Prior to and during inspection	+4/(-1)
5	Record part/item number On inspection form	+5
15	Inspect component/part Identify discontinuities	+15
15	Compare discontinuities to Recording criteria in procedure	+15
25	Correctly record discontinuities	+25
5	Sign and date form	+3/(-2)
5	Complete form Accurate and legible	+4/(-1)
TOTAL		+95%



Project: TMI 2013 TENDON SURVEILLANCE

UNIT 1

(7.3) Tendon No.: A-1

Tendon End: [circled]

Field

**ANCHORAGE INSPECTION CRITERIA**

As-Found

Post De-Tensioning / Pre-Wire Removal

Post Re-Tensioning

Q.C. Signoff

**9 & 9.7.1 - CORROSION & CRACK INSPECTION**

(8.7) Buttonheads Level: A <sup>(1)</sup>  
 (8.7) Anchorhead Level: A <sup>(1)</sup>  
 (8.7) Shims Level: A <sup>(1)</sup>  
 (8.7) Bearing Plate Level: B <sup>(1)</sup>

(9.1) Cracks  Yes <sup>(2)</sup>  No  N/A  
 (9.1) Cracks  Yes <sup>(2)</sup>  No  N/A  
 (9.1) Cracks  Yes <sup>(2)</sup>  No  N/A  
 (9.1) Cracks  Yes <sup>(2)</sup>  No  N/A

<sup>(1)</sup> - Corrosion Level of C requires a NCR. <sup>(2)</sup> Compose a sketch of the cracks on Sketch Sheet 8.0 and initiate a NCR.

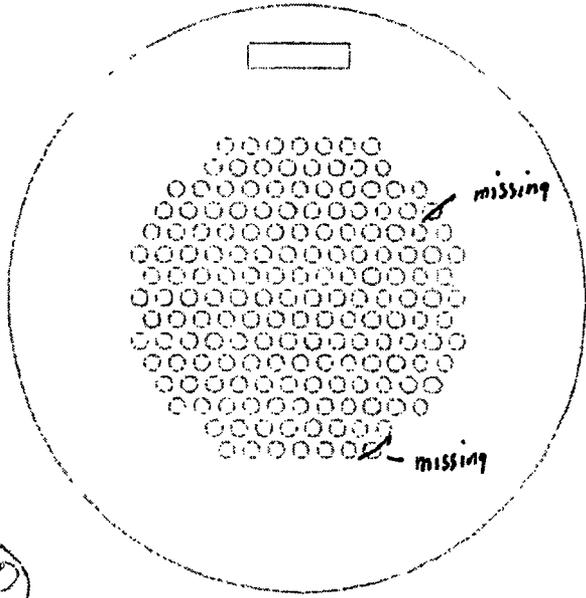
*Rep 10/18/13*

**10.0 - BUTTONHEAD INSPECTION**

- Offsize (Malformed)
- Protruding/unseated wire/buttonheads
- Broken/missing wire/buttonheads
- Previously identified as missing
- Discontinuous - removed this surveillance.
- wire(s) removed during this surveillance for testing

(10.2) Anchorhead I.D. none found  
 Located on Sketch:  Yes  No  
 (10.4) Missing Buttonheads Found:  
 Yes  No Quantity: 2

Additional Information:  
Note Shim Stack Height (10)



*Rep 10/18/13*

(11.2) Number of Protruding Buttonheads (☉): 0  
 (11.3) Number of Missing Buttonheads (☉, ☒): 2  
 (11.4) Total of Protruding + Missing Buttonheads: 2  
 (11.5) Total # of Effective Buttonheads Seated: 168

(8.3) Illumination source Flashlight  
 (8.5) Shim Gap Inspection:  Acceptable  Un-Acceptable  
 (11.8) Continuity Test Requested?  Yes  No  
 Wires Identified?  Yes  No

*Rep 10/18/13*

(11.7) Overall Results  Acceptable  Un-Acceptable

Customer Notified NCR#: XXXX

QC Reviewed: Ra Ay

Level: II

Date: 10/18/13

*11 shims are not aligned parallel offset 1/8" on S side; 5/32" N side  
 Bearing plate has general oxidation - no loss of material  
 Punch marks (hammer) noted on face - Anchorhead Shims*



Project: Exelon 2013 TENDON SURVEILLANCE

UNIT 1

Tendon No.: \_\_\_\_\_

Tendon End: \_\_\_\_\_

Shop

Field

(9.2) Sketch each crack as it appears in the anchorheads/bushings, shims and bearing plates. Identify each Unit by number; record the location of the anchorhead or bushing identification and apply to the sketch. Use as many Sketch Sheets as necessary being sure to list the page number below and to apply a Sketch Number to each unit with cracks. Ensure a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Exelon approval.

QC Inspector: R a Puy

Level: II

Date: 10/18/13

QC Reviewed: \_\_\_\_\_

Level: \_\_\_\_\_

Date: \_\_\_\_\_





Project: Exelon 2013 TENDON SURVEILLANCE

UNIT 1

Tendon No.: \_\_\_\_\_

Tendon End: \_\_\_\_\_

Shop

Field

(9.2) Sketch each crack as it appears in the anchorheads/bushings, shims and bearing plates. Identify each Unit by number; record the location of the anchorhead or bushing identification and apply to the sketch. Use as many Sketch Sheets as necessary being sure to list the page number below and to apply a Sketch Number to each unit with cracks. Ensure a Nonconformance Report in accordance with Procedure QA 9.0, NONCONFORMANCES, for Exelon approval.

QC Inspector: R a Py

Level: II

Date: 10/18/13

QC Reviewed: \_\_\_\_\_

Level: \_\_\_\_\_

Date: \_\_\_\_\_