TMI DOCUMENTS

POOR ORIGINAL

DOCUMENT NO: TM- 5764

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	RADIOLOGICAL REF. 74	-
This	Radiological Reference changed to #48	
Inv	stigator's Name: Collins	

Source for this Radiological Reference:
In de of trailer to be put into the system.
711/ 55/4
POOR ORIGINAL

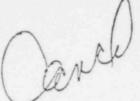
749341

RADIOLOGICAL REF. #

749342

.61-26

WORK REQUEST APPROVAL TMI Nuclear Station



10c. Agreement that 10b is Non (Required only if 10a is Yes).		2			221.1
1 System: Pauliation Member Personne Superior System: Pauliation Members System: Pauliation Members Personne Superior System: Pauliation and cause of malfunction (if known) or modification desired. Replace Courter succeeds social (1 to 10 and 1). It is not sent to sent to 10 and 1). It is not sent to sent to 10 and 1). It is not sent to sent to 10 and 1). It is not sent to 10 and 1). It is the system on the Environmental Impact list in AP 1026. Unit Superintendent Date 10a. Agreement that 10 by No. (Regulized only if 100 is Yes). 2 Agreement that 10 by No. (Regulized only if 100 is Yes). 2 Agreement that 10 by No. (Regulized only if 100 is Yes). 2 Agreement that 10 by No. (Regulized only if 100 is Yes).	Unit	No. 2001 No. 4200 / 799 8134 NPRO Form Regid N		Work Request No.	4/10/
2. Component (name & number) Records HI - OR - POI 3. Describe malfunction and cause of malfunction (if known) or modification desired. Replace Course Rep	11.0.	Accessive to the point need of		I	
3. Describe malfunction and cause of malfunction (if known) or modification desired. Replace Center Models acceled to the polarity of 14 103 m/m. Recorde Scale to the supplied by Victorian United Secretary Vi	Item				
3. Describe malfunction and cause of malfunction (if known) or modification desired. Replace Center Models acceled to the polarity of 14 103 m/m. Recorde Scale to the supplied by Victorian United Secretary Vi	1	System: Rachistin - Monitoring days	etin		
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Replace Current sucrets and (1 4 10 m/s). Records scale to be supplied by Victories. A Originator's Supervisor's Signature Supervisor or component? 15 Originator's Supervisor's Signature Supervisor or component? 16 Does work represent a change or modification to an existing system or component? 17 Supervisor or Signature Supervisor or component? 18 Supervisor or Signature Supervisor or component? 19 Supervisor or Signa	2.	Component (name & number) Kerosola HF - UK-	190	/	
4. Originator: 4. Originator: 5. Originator's Supervisor's Signature 6. Does work represent a change or modification to an existing system or component? If yes, an approved change modification is required per AP 1021. C/M No. Yes No. 7a. Does work require an RWP Yes No. 1b san approved procedure required to minimize personnel exposure. Yes No. 8a. Is work on a QC component as defined in GP 1008. Yes No. 8b. If 8a is yes does work have an effect on Nuclear Safety? If 8b is yes, PORC reviewed Superintendent approved must be used. Yes No. 9. Agreement that a PORC reviewed, Superintendent approved procedure is not required for this work because it has no effect on nuclear safety. (Applies only if 8a is yes and 8b is No). Unit Superintendent Date 10a. Is the system on the Environmental Impact list in AP 1025 Yes No. 10b. If 10a is Yes, is an approved procedure required to limit environmental impact Yes No. 211.125	3.	Describe malfunction and cause of malfunction (if known) or modification desir	red.	4 4 4 6	1
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10b. If 10a is Yes, is an approved procedure required to limit environmental impact 10c. Agreement that 10b is Nan (Required only if 10a is Yes). 263 3/11.175					
10c. Agreement that 10b is Non (Required only if 10a is Yes).	17a.	Is the system on the Environmental Impact list in AP 1026	Yes _	No	
043 (1) 2 x 12 lings 3/11.175	10b.	If 10a is Yes, is an approved procedure required to limit environmental impact	Yes _	No	
0/3 (12 x18 lings) 3/16.178	10c.	Agreement that 10b is Ngn (Required only if 1Da is Yes).		1 1	
I the a transport of the state	243			3/11/75	
11. Plant status or pre equisite conditions required for work	11.			1000	

Comply with the Provisions set forth in AP 1002 and Met Ed Safety Manual

	Met Ed Safety Manual	
12.	Limits and Precautions:	
	a) Personnel	ODII TEGE
	b) Equipment	GPU TEST
	c) Environment	SUPT. APPROVAL
	d) Nuclear	
13.	Post Maintenance Testing required and Acceptance Criteria. While Complete	il as per sed, =3
14.	Estimated manhours to perform job: EICMU	
15.	Maintenance Foreman Assigned:	
16.	QC Dept. review, if required in item No. 8	
	QC Supervisor NA.	Date NA
17.	Supervisor of Maintenance approval to commence work: The Ahi	Date 3 - 20-28
18.	Shift Foreman's approval to commence work	Date
AF	PROVAL	
	Initial if Shift Foreman Tagging Application No. Radiation	n Work Permit No.
	signature is not required	
	Carry	POOR ORIGINAL
	Retest met acceptance criteria Yes No	
	Work Performed by date/time Work Reviewed - Mainten	ance Foreman's Signature
	Date	
20.	Work completed and component aligned for testing.	
		eman's Signature Date
21.	Testing completed and component released for normal use.	749343
Д	Profite St Signature is not required.	eman's Signature Date
22.	Quality Control Department review of work and testing completed (QC work	
	Surveillance Report No. QC Department	Date
23.		ned off as required. Change/modification
	Associate Advanture to perform job Supervisor of Mainte	riance Signature usic