

TMI DOCUMENTS

POOR ORIGINAL

DOCUMENT NO:

TM-0869

COPY MADE ON _____ OF DOCUMENT PROVIDED BY
METROPOLITAN EDISON COMPANY.

Supervisor, Document Control, NRC

7909170682

749340

RADIOLOGICAL REF. # 94

This Radiological Reference changed to # 48

Investigator's Name: Collins

Source for this Radiological Reference:

~~In person trailer to be put into the system.~~

TIN 591-4

POOR ORIGINAL

RADIOLOGICAL REF. #

749341

65-26

WORK REQUEST APPROVAL
TMI Nuclear Station

Cancel

Unit No. 2
W.O./Account No. 4200/399 P134

NPRD Form Req'd N

Work Request No. 2761
Priority 2
I

Items 1 through 5 completed by originator

1. System: Radiator Monitoring System

2. Component (name & number) Recorder HP-OR-1901

3. Describe malfunction and cause of malfunction (if known) or modification desired.
Replace current recorder scale (0.1 to 10⁴ m³/hr) with dual recorder scale (0.1 to 10⁴ m³/hr & 0.1 to 10³ m³/hr). Recorder scale to be supplied by Victoreen Instruments.

4. Originator: J. Bruma Date/Time: 3/16/78 0835

5. Originator's Supervisor's Signature J. Bruma

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6. Does work represent a change or modification to an existing system or component?
If yes, an approved change modification is required per AP 102T.
C/M No. _____ Yes _____ No /

7a. Does work require an RWP Yes _____ No /

7b. Is an 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 1026 Yes / No _____

10b. If 10a is Yes, is an approved procedure required to limit environmental impact Yes _____ No /

10c. Agreement that 10b is No (Required only if 10a is Yes).
J. Bruma 3/16/78
Unit Superintendent/Supervisor of Operations Date

11. Plant status or pre-requisite conditions required for work
posting or shutdown

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

- 12. Limits and Precautions:
 - a) Personnel
 - b) Equipment
 - c) Environment
 - d) Nuclear

GPU TEST
SUPT. APPROVAL

13. Post Maintenance Testing required and Acceptance Criteria. *Work completed as per rec. #3*

14. Estimated manhours to perform job: E _____ IC _____ M _____ U _____

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: DM Shuck Date 5-20-78

18. Shift Foreman's approval to commence work _____ Date _____

STE APPROVAL

Initial if Shift Foreman signature is not required
Tagging Application No. _____ Radiation Work Permit No. _____

19. Comments on work performed:

Comp

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Retest met acceptance criteria

Yes No

Work Performed by date/time

Work Reviewed - Maintenance Foreman's Signature

Date

20. Work completed and component aligned for testing.

Initial if S.F. signature is not required.

Shift Foreman's Signature

Date

21. Testing completed and component released for normal use.

749343

STE APPROVAL

Initial if S.F. signature is not required.

Shift Foreman's Signature

Date

22. Quality Control Department review of work and testing completed (QC work only).

Surveillance Report No.

QC Department

Date

23. Supervisor of Maintenance Work request and procedure are complete and signed off as required. Change/modification form has been signed off as required. Machinery history entry has been made, if required.

Estimated Manhours to perform job

Supervisor of Maintenance Signature

Date