

TMI DOCUMENTS

DOCUMENT NO:

TM- ²⁸⁶⁴
~~2865~~

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METROPOLITAN EDISON COMPANY.

Supervisor, Document Control, NRC

POOR ORIGINAL

7909170684

749344

GENERATION CORRECTIVE MAINTENANCE SYSTEM
JOB TICKET FORM (WORK REQUEST)-THREE MILE ISLAND

UNIT 2

COMPONENT DESIGNATION				LOCATION/UNIT	JOB TYPE	JOB TICKET NUMBER	REQUEST DATE			RECOMMENDED PRIORITY
SYS	COMP TYPE	COMP ID	LOG				MO	DAY	YR	
TMIS	CAN	RAD	10	0360002	CM	G1406	2	25	79	2

DESCRIBE MALFUNCTION OR MODIFICATION DESIRED

SCANNER RADIO DOES NOT RECIEVE REQUIRED CHANNELS AS PER EMERGENCY CONDITIONS - EMERGENCY POLICE WEATHER ETC CAN NOT BE HEARD IN UNIT 2

CAUSE OF MALFUNCTION (IF KNOWN)

BOTH ANTENNEA AND FREQUENCIES ARE NOT CORRECT

ORIGINATOR'S EMP. NO.	<i>RR Bochen</i>	SUPERVISOR'S EMP. NO.	
05489	<i>RR Bochen</i>	05495	<i>KR Hoyt</i>
	ORIGINATOR'S SIGNATURE		SUPERVISOR'S SIGNATURE
	2-25-79		2/23/79
	DATE		DATE

A6732

WORK ORDER NUMBER		GC CODE	ACCOUNT NUMBER	PLANT CONDITION						NPPD FAILURE			START	
LOCATION	SERIAL			SU	CP	HD	CD	RF	HS	LR	R	MO	DAY	HR
036000	187TF		5324	1	1	1	1	0	1					

CHANGE MOD REC'D	W	NUC SAFETY	REG AGENCY CODE	CHG/MOD NUMBER	ENV CODE	OUTAGE CAUSE CODE	STATUS HOLD CODE
0	0	0			X		

SVA APPROVAL COMMENCE WORK		
MO	DAY	YR
02	26	79

Item 336 provided 6/21/79 requested by Dale Donaldson

RESP LOCATION OR CONTRACTOR
2036N

Limits and Precautions:

- a) Personnel
Comply with the Provisions set forth in AP 1002 and Mat Ed Safety Manual
- b) Equipment
- c) Environment
- d) Nuclear

749346

Post Maintenance Testing required and Acceptance Criteria *Scanner works properly*

GENERATION CORRECTIVE MAINTENANCE SYSTEM
JOB TICKET FORM (WORK REQUEST)-THREE MILE ISLAND

UNIT 2

COMPONENT DESIGNATION															LOCATION/UNIT				JOB TICKET NUMBER				REQUEST DATE			RECOMMENDED PRIORITY
SYS	7	8	COMP TYPE	11	12	COMP ID	15	16	17	22	23	24	25	28	32	13	DAY	YR								
5										03	6	0	0	2	CM				2							

DESCRIBE MALFUNCTION OR MODIFICATION DESIRED

SCANNER RADIO DOES NOT RECEIVE REQUIRED CHANNEL AS PER EMERGENCY SITUATIONS - EMERGENCY POLICE WEATHER ETC CAN NOT BE HEARD IN UNIT 2

CAUSE OF MALFUNCTION (IF KNOWN)

BOTH ANTENNA AND FREQUENCIES ARE UNIT 2 DIRECT

ORIGINATOR'S EMP. NO. 05489	ORIGINATOR'S SIGNATURE <i>R. Becker</i>	DATE 2-25-79	SUPERVISOR'S EMP. NO. 05488	SUPERVISOR'S SIGNATURE <i>K.P. [unclear]</i>	DATE 2/25/79
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A6732

WORK ORDER NUMBER	GC CODE	ACCOUNT NUMBER	PLANT CONDITION	NPRO FAILURE	START
0360001877		STB 2:4	111111011	YR MO DAY	HR MIN

CHANGE MOD REQ'D	W	NUC SAFETY	HP	REG AGENCY CODE	CHG/MOD NUMBER	TAGGING APPLICATION NO.	ENV CODE	OUTAGE CAUSE CODE	STATUS HOLD CODE	ESTIMATED DOLLARS
0	0	0	0				X			

S/M APPROVAL COMMENCE WORK	S/P APPROVAL COMMENCE WORK	PROCEDURE NUMBER	RESP LOCATION OR CONTRACTOR	EST CREW SIZE	EST MANHOURS
MO DAY YR	MO DAY YR				
02 24 79	03 07 79			1	80

ASSISTING DEPARTMENT RESP LOCATION OR CONTRACTOR	EST CREW	EST MANHOURS

TXN CD	A	C	T	JOB COMPLETION DATE MO DAY YR	FIELD WORK COMPLETION DATE MO DAY YR	SIGN OFF REASON CODE	TOTAL ACTUAL MANHOURS	PURCHASE REQUISITION NUMBER	PURCHASE ORDER NUMBER	MATERIAL ORDER NUMBER
807A				39 44 45	50 51	52 53	58 59	55 57	73 74	80

TXN CD	A	C	T	19	RESOLUTION DESCRIPTION	30
301A				07		
801A				08		
801A				09		
801A				10		

POOR ORIGINAL

TXN CD	A	C	T	NPRO FAILURE END YR MO DAY HR MIN	FAILURE NO	FAILURE STATUS	ORIGINATOR - SUPERVISOR - SUPERVISOR OF MAINTENANCE - MAINTENANCE FOREMAN - JOB PERFORMER - MAINTENANCE FOREMAN - SUPERVISOR OF MAINTENANCE - CM COORDINATOR - DATA ENTRY - SUPERVISOR OF MAINTENANCE CM COORDINATOR - DATA ENTRY
808A				35	48 49	50	

TXN CD	A	C	T	NPRO FAIL TYPE	NPRO FAIL MODE	CAUSE OF FAILURE CODES A B	EFFECT OF FAILURE CODES A B	ACTION TAKEN CODES A B	LOG EVENT REPORTED DATE YR MO DAY
808A				33 34	41 42 43	50 51	54 55 57 58	65 66	71

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**JOB TICKET (WORK REQUEST)
REVIEW - CLASSIFICATION - ROUTING CONTROL FORM**

JOB TICKET NUMBER 1406

1. 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
- 2a. Does work require an RWP Yes _____ No
- 2b. Is an approved procedure required to minimize personnel exposure. Yes _____ No _____
- 3a. Is work on a QC component as defined in GP 1009. Yes _____ No
- 3b. If 3a is yes does work have an effect on Nuclear Safety? If 3b is yes, PORC reviewed Superintendent approved procedure must be used. Yes _____ No _____
4. 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 3a is Yes and 3b is No).

Unit Superintendent

Date

- 5a. Is the system on the Environmental Impact list in AP 1026 Yes _____ No
- 5b. If 5a is Yes, is an approved procedure required to limit environmental impact Yes _____ No _____
6. Agreement that 5b is No. (Required only if 5a is Yes).

Unit Superintendent/Supervisor of Operations

Date

7. Plant status or prerequisite conditions required for work. Op or S/D

8. QC Dept. review, if required in item No. 3

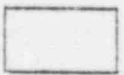
QC Supervisor

Date

9. Supervisor of Maintenance approval to commence work: E. Shuster Date 2/26/79

10. Maintenance Foreman Assigned: _____

11. Shift Foreman's approval to commence work F. Shumann Date 3/7/79



Initial if Shift Foreman signature is not required

Radiation Work Permit No.

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JOB TICKET (WORK REQUEST)
REVIEW - CLASSIFICATION - ROUTING CONTROL FORM

JOB TICKET (WORK REQUEST) NUMBER _____

12. Retest met acceptance criteria

Yes

No

13. Work Performed by date/time

Work Reviewed - Maintenance Foreman's Signature

Date

14. Work completed and component aligned for testing.

Initial if S. F. signature is not required.

Shift Foreman's Signature

Date

15. Testing completed and component released for normal use.

Initial if S. F. signature is not required.

Shift Foreman's Signature

Date

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

Surveillance Report No.

QC Department

Date

17. Supervisor of Maintenance Job Ticket (Work Request) and procedure are complete and signed off as required. Change/modification form has been signed off as required.

Supervisor of Maintenance Signature

Date

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UNIT 2

COMPONENT DESIGNATOR		LOCATION UNIT		JOB TYPE		WORK AUTHORIZATION NUMBER		REQUEST DATE			
SYS	COMP. TYPE	COMP. ID.	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR
F	R	12	16	17	22	23	24	28	32	33	38
T M I S C A M R A D I		036002	C M		C 1406		02 25		79		

TXN	A
1	C
8	T
10	4
A	

CODE	START DATE		RELEASE DATE		% Completed	SM APPROVAL TO COMMENCE WORK		FIELD WORK COMPLETION DATE		
	MO	DAY	YR	MO		DAY	YR	MO	DAY	YR
39-40	41	46	47	52	53	55	56	61	62	87
01								79		79
02										
03										
04										
05										
06										
07										
08										
50										
51										
52										
53										
54										
55										
56										

OUTAGE HOLD
PART HOLD
QUALITY CONTROL PART HOLD
QUALITY CONTROL PROCEDURE HOLD
OPERATIONS HOLD
CHANGE MODIFICATION HOLD
MANPOWER NOT AVAILABLE
AT PORC
AT QUALITY CONTROL
AT UNIT SUPERINTENDENT
AT READING