

TMI DOCUMENTS

DOCUMENT NO:

TM- ²⁸⁶⁴
~~2865~~

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Supervisor, Document Control, NRC

POOR ORIGINAL

7909170684

749344

RADIOLOGICAL REF. # 54

This Radiological Reference changed to # 54

Investigator's Name: Donaldson

Source for this Radiological Reference:

749345

RADIOLOGICAL REF. #

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 | HR | MIN | | |
| 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 A 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 |
|--------------------------------|--|-----------------|--------------------------------|---|-----------------|

A6732

| WORK ORDER NUMBER | | GC CODE | ACCOUNT NUMBER | PLANT CONDITION | | | | NPRO FAILURE | | START | | | | | |
|-------------------|--------|---------|----------------|-----------------|----|----|----|--------------|----|-------|----|----|-----|----|-----|
| LOCAT'N | SERIAL | | | SU | OP | HO | CO | RF | HS | LR | YR | MO | DAY | HR | MIN |
| 0360 | 001877 | | STB2:4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | |

| 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 | | | ASSISTING DEPARTMENT | | | ASSISTING DEPARTMENT | | |
|-----------------------------|----------|--------------|-----------------------------|----------|--------------|-----------------------------|----------|--------------|
| RESP LOCATION OR CONTRACTOR | EST CREW | EST MANHOURS | RESP LOCATION OR CONTRACTOR | EST CREW | EST MANHOURS | RESP LOCATION OR CONTRACTOR | EST CREW | EST MANHOURS |
| | | | | | | | | |

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

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

POOR ORIGINAL

| TXN CD | A | C | T | NPRO FAILURE END | 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 |
|--------|---|---|---|------------------|------------|----------------|---|
| 808 | A | | | 48 49 | 50 | | |

| TXN CD | A | C | T | NPRO FAILURE TYPE | CAUSE OF FAILURE CODES | EFFECT OF FAILURE CODES | ACTION TAKEN CODES | LOG EVENT REPORTED DATE |
|--------|---|---|---|-------------------|------------------------|-------------------------|--------------------|-------------------------|
| 808 | A | | | 41 42 43 | 50 51 | 52 53 | 54 55 56 57 58 | 65 66 67 68 69 70 71 |

749347

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

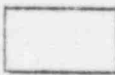
7. Plant status or prerequisite conditions required for work. Op or S/D
8. QC Dept. review, if required in item No. 3

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.

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

749349

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 | | | | | | | | | | |
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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