

NRC FORM 187
8-76

TECHNICAL ASSIGNMENT CONTROL FORM

ACTION NEW ASSIGNMENT NEW INFORMATION ADDITIONAL INFORMATION REQUESTED CANCELLATION COMPLETION

SECTION I. REQUEST DATA
PREPARED BY: **D. Neighbors / A. Schwenger** (AD) DATE PREPARED: **09/30/77** MO. DAY YR.

(AE) TITLE (GENERAL DESCRIPTION) (Limit to 120 characters): **REVIEW OVERPRESSURIZATION PROVISIONS - COMMENTS** (AZ) DOR CODE: **3**

(AG) REQUEST CONTACT: **D. Neighbors** (AB) REQUESTING ORGANIZATION: **ORR** (AH) REQUESTING TARGET DATE: **11/23/77** DAY YR.

(AJ) REQUESTING REMARKS (Limit to 120 characters): **Review as part of generic review, the code provisions for preventing overpressurization.** (AI) OR CONTROL NUMBER: (AM) STANDARDS TASK NUMBER:

SYSTEMS CONTROL DATA

FACILITY NAME(S)	(BA) DOCKET(S)	FACILITY NAME(S)	(BB) DOCKET(S)
(1) UNIT 1	050-00 269 (A)		050-00
(2) UNIT 2	050-00 (B)		0
(3) UNIT 3	050-00 (C)		

VENDOR'S NAME: REPORT IDENTIFICATION SYMBOL: (DA) PROPRIETARY (P) (EA) NON-PROPRIETARY VERSION (NP) (FA) NON-PROPRIETARY REPORT

(AR) REPORT DATE: MO. DAY YR. (AS) ADDITIONAL INFORMATION REQUEST DATE: MO. DAY YR. (AV) ACCEPTED NOT ACCEPTED WITHDRAWN

(AT) SUBMIT DATE: MO. DAY YR. (AU) LETTER TO VENDOR DATE: MO. DAY YR.

SECTION II. REVIEW DATA

(AC) TYPE OF WORK (Enter an "S" for Safety Related or an "E" for Environment Related)

POST CP	(PC)	TOPICAL REPORT REV. (TR)	RESEARCH ACTIVITIES (RA)	INDUSTRY CODES & STD. (IC)
		CONTRACT MGMT. (CM)	TECH. PROJ. SHORT LS (ST)	CORRESPONDENCE (CR)
		NON-REACTOR REV. (NR)	TECH. PROJ. LONG LS (LT)	REG. GUIDES & STD. REV. (GR)
PLANT SURVEILLANCE (PS)		REEVALUATION REVIEWS (RR)	DOR TECH. PROJ. (TP) S	PROMPT ACTION (PA)
EVENT FOLLOWUP (EF)		OTHER (OT)		

ASSIGNED ORGANIZATION ("X" in appropriate column)

LWR 1	LMPB	ADDA	EB	MTB	ADRS	CB	AAB	ADST
LWR 2	BRB	ORB1	RS	SEB	APCB	ADET	ETSB	DPW
LWR 3	OLB	ORB2	PBB	ADE	CSB	EPB1	RAB	DOR
LWR 4	ADBP	ORB3	EEB	RSE	FICB	EPB2	ADSA	DSS
ADLR	CAB	ORB4	ADOT	CPS	ADPS	EPB3	CSB	DSEA
	ISEB	ADDR	MEB	AB	ESB	ADEP	HMB	

REVIEWER'S SURNAME: **NEIGHBORS** (CA) REVIEWER'S INITIALS: **DN** (CB) ESTIMATED HOURS: (CC) ESTIMATED: (CD) ACTUAL: COMPLETION DATE: MO. DAY YR. MO. DAY YR.

BRANCH COORDINATING LEAD RESPONSE: RESPOND INDIVIDUALLY

COPIES TO:
1. REQUESTER
2. MIPC/PROCESSING & PROGRAMMING BRANCH
3. REVIEWING BRANCH

POOR ORIGINAL