

TECHNICAL ASSIGNMENT CONTROL FORM

Secret
File

170317

NEW ASSIGNMENT

NEW INFORMATION

* REQUIRED ENTRIES

SECTION I. REQUEST DATA

PREPARED BY: *NEIGHBORS & SCHWENCKER* *AS*
 (IAE/AF) TITLE/GENERAL DESCRIPTION (Limit to 120 characters) * *GENERIC - ~~FUEL~~ FUEL CHSK DRCP ANALYSIS*
 (IAG) REQUEST CONTACT * *NEIGHBORS* (IAB) REQUESTING ORGANIZATION * *CRB 1*
 (IAJ/AK) REQUESTING REMARKS (Limit to 120 characters) * *THIS TAC IS ESTABLISHED FOR LEAD ENGINEER ~~AS~~ TASK ASSIGNMENT SEE PINK BOOK FOR DETAILS*

(ADI) DATE PREPARED * *09/08/77*
 (AZ) NRR CONTROL NUMBER * *25*
 (IAH) REQUESTING TARGET DATE *01/01/79*
 (AL) ORB CONTROL NUMBER
 (AM) STANDARDS TASK NUMBER

SYSTEMS CONTROL DATA

FACILITY NAME(S)	(BA) DOCKET(S)	FACILITY NAME(S)	(BA) DOCKET(S)
(1) <i>ARKANSAS 1</i>	<i>050-00 313</i>	(4) <i>DRESDEN 1</i>	<i>050-00 10</i>
(2) <i>COOK 1</i>	<i>050-00 315</i>	(5) <i>DUNN AP-100</i>	<i>050-00 331</i>
(3) <i>COOPER STATION</i>	<i>050-00 298</i>	(6) <i>FITZPATRICK</i>	<i>0 333</i>

VENDOR'S NAME: _____ REPORT IDENTIFICATION SYMBOL (DA) PROPRIETARY (P) _____
 (IARI) REPORT DATE: _____ (IAS) ADDITIONAL INFORMATION REQUEST DATE: _____ (EA) NON-PROPRIETARY VERSION (NP) _____
 (IAT) SUBMIT DATE: _____ (IAU) LETTER TO VENDOR DATE: _____ (IAV) ACCEPTED NOT ACCEPTED WITHDRAWN (FA) NON-PROPRIETARY REPORT _____

SECTION II. REVIEW DATA

PREPARED BY: _____ DATE PREPARED: _____ MO. DAY YR. _____
 (AC) TYPE OF WORK (Enter an "S" for Safety Related or an "E" for Environment Related) *
 POST CP (18) (PC) EVENT FOLLOWUP (40) (EF) TECH. PROJ. SHORT LS (55) (ST) OTHER (JOM) (OT)
 PLANT SURVEILLANCE (36) (PS) TROPICAL REPORT REV. (51) (TR) TECH. PROJ. LONG LS (56) (LT)
 REEVALUATION REV. (37) (RR) CONTRACT MGMT (52) (CM) REG. GUIDES & STD. REV. (71) (GR)
 ROUTINE TECH. PROJ. (38) (TP) *5* NON-REACTOR REV. (53) (NR) INDUSTRY CD. & STD. (73) (IC)
 PROMPT ACTION (39) (PA) RESEARCH ACTIVITIES (54) (RA) CORRESPONDENCE (JNK) (CR)

ASSIGNED ORGANIZATION ("X" appropriate column)

DOR	STSG	ADSG	MTEB	ADPS	ADET	ADSA	HMB	LWR2	FIN
ADOR	ADOT	RSOB	SEB	ASB	CBB	AAB	AIG	LWR3	ISEB
ORB1	<i>X</i> EB	<i>X</i> RSLB	ADRS	CSB	ESB	ETSB	PSUB	LWR4	OLB
ORB2	EEB	<i>X</i> OSS	AB	ICB	ADEP	RAB	DPM	ADSP	GAB
ORB3	PSB	<i>X</i> ADE	CPB	PS	EPB1	ADST	ADLR	LMFB	
ORB4	RS	MEB	RSB	DSEA	EPB2	GSB	LWR'	ADQA	

REVIEWER'S SURNAME: _____ (CA) REVIEWER'S INITIALS * *J.D.M.* (CB) ESTI-MATED HOURS: _____
 LEAD REVIEWER: *NEIGHBORS* COMPLETION DATE (CC) ESTIMATED (CD) ACTUAL
 MO. DAY YR. MO. DAY YR.
 BRANCH COORDINATING LEAD RESPONSE: _____
 ADD PERTINENT COMMENTS TO BACK OF FORM
 COPIES TO:
 1. REQUESTER
 2. MIPC/PROCESSING & PROGRAMMING BRANCH
 3. REVIEWING BRANCH

THIS DOCUMENT CONTAINS POOR QUALITY PAGES

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TECHNICAL ASSIGNMENT CONTROL FORM

170317

NEW ASSIGNMENT

NEW INFORMATION

* REQUIRED ENTRIES

SECTION I. REQUEST DATA

PREPARED BY		(AD) DATE PREPARED * ^{MO. DAY YR.} 09 08 77
(AE/AF) TITLE/GENERAL DESCRIPTION (Limit to 170 characters) *		(AZ) NRR CONTROL NUMBER *
(AG) REQUEST CONTACT *	(AB) REQUESTING ORGANIZATION *	(AH) REQUESTING TARGET DATE ^{MO. DAY YR.}
(AJ/AK) REQUESTING REMARKS (Limit to 120 characters)		(AL) ORB CONTROL NUMBER
		(AM) STANDARDS TASK NUMBER

SYSTEMS CONTROL DATA

FACILITY NAME(S)	(BA) DOCKET(S)	FACILITY NAME(S)	(BA) DOCKET(S)
(1) FORT CALHOUN	050-00 285	(4) INDIAN PT 2	050-00 247
(2) LINNA	050-00 244	(5) INDIAN PT 3	050-00 256
(3) HADDAM NECK	050-00 213	(6) PALISADES	05-255

VENDOR'S NAME		REPORT IDENTIFICATION SYMBOL	
		(DA) PROPRIETARY (P)	
(AR) REPORT DATE ^{MO. DAY YR.}	(AS) ADDITIONAL INFORMATION REQUEST DATE ^{MO. DAY YR.}	(EA) NON-PROPRIETARY VERSION (NP)	
(AT) SUBMIT DATE ^{MO. DAY YR.}	(AU) LETTER TO VENDOR DATE ^{MO. DAY YR.}	(AV) ACCEPTED <input type="checkbox"/> NOT ACCEPTED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/>	(FA) NON-PROPRIETARY REPORT

SECTION II. REVIEW DATA

PREPARED BY		DATE PREPARED	^{MO. DAY YR.}
(AC) TYPE OF WORK (Enter an "S" for Safety Related or an "E" for Environment Related) *			
POST CP (18) (PC)	EVENT FOLLOWUP (40) (EF)	TECH. PROJ. SHORT LS (55) (ST)	OTHER (JOM) (OT)
PLANT SURVEILLANCE (36) (PS)	TROPICAL REPORT REV. (51) (TR)	TECH. PROJ. LONG LS (56) (LT)	
REEVALUATION REV. (37) (RR)	CONTRACT MGMT (52) (CM)	REG. GUIDES & STD. REV. (71) (GR)	
ROUTINE TECH. PROJ. (38) (TP)	NON REACTOR REV. (53) (NR)	INDUSTRY CD. & STD. (73) (IC)	
PROMPT ACTION (39) (PA)	RESEARCH ACTIVITIES (54) (RA)	CORRESPONDENCE (JNK) (CR)	

ASSIGNED ORGANIZATION ("X" appropriate column)

DDR	STSG	ADSG	MTEB	ADPS	ADET	ADSA	HMB	LWR2	FIN
ADGR	ADOT	RSDB	SEB	ASB	CBB	AAB	AIG	LWR3	ISEB
DRB1	EB	RSLB	ADRS	CSB	ESB	ETSB	PSUB	LWR4	OLB
DRB2	EEB	DSS	AB	ICB	ADEP	RAB	DPM	ADSP	OAB
DRB3	PSB	ADE	CPB	PS	EPB1	ADST	ADLR	LMFB	
DRB4	RS	MEB	RSB	DSEA	EPB2	GSB	LWR1	ADQA	

REVIEWER'S SURNAME	(CA) REVIEWER'S INITIALS *	(CB) ESTIMATED HOURS	COMPLETION DATE		BRANCH COORDINATING LEAD RESPONSE
LEAD REVIEWER			(CC) ESTIMATED ^{MO. DAY YR.}	(CD) ACTUAL ^{MO. DAY YR.}	RESPOND INDIVIDUALLY <input type="checkbox"/>
					ADD PERTINENT COMMENTS TO BACK OF FORM COPIES TO: 1. REQUESTER 2. MIPC/PROCESSING & PROGRAMMING BRANCH 3. REVIEWING BRANCH

TECHNICAL ASSIGNMENT CONTROL FORM

1170317

NEW ASSIGNMENT

NEW INFORMATION

* REQUIRED ENTRIES

SECTION I. REQUEST DATA

PREPARED BY:		(AD) DATE PREPARED * <u>09/08/77</u>
(AE/AF) TITLE/GENERAL DESCRIPTION (Limit to 120 characters) *		(AZ) NRR CONTROL NUMBER *
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(AJ/AK) REQUESTING REMARKS (Limit to 120 characters)		(AL) ORB CONTROL NUMBER
		(AM) STANDARDS TASK NUMBER

SYSTEMS CONTROL DATA

FACILITY NAME(S)	(BA) DOCKET(S)	FACILITY NAME(S)	(BA) DOCKET(S)
(1) PILGRIM 1	050-00 293	(4) THREE MILE ISLAND	050-00 289
(2) PRAIRIE ISLAND 1 & 2	050-00 272/274	(5) VALVEE-ROUVE	050-00 29
(3) SURRY 1 & 2	050-00 250/251	(6) ZEPHYRUS 1 & 2	050-215/216

VENDOR'S NAME				REPORT IDENTIFICATION SYMBOL	
				(DA) PROPRIETARY (P)	
(AR) REPORT DATE: MO. DAY YR.	(AS) ADDITIONAL INFORMATION REQUEST DATE: MO. DAY YR.			(EA) NON-PROPRIETARY VERSION (NP)	
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PROMPT ACTION (39) (PA)	RESEARCH ACTIVITIES (54) (RA)	CORRESPONDENCE (JNK) (CR)							
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ADOR	ADOT	ASDB	SEB	ASB	CBB	AAB	AIG	LWR3	ISEB
ORB1	EB	ASLB	ADRS	CSB	ESB	ETSB	PSUB	LWR4	OLB
ORB2	EEB	OSS	AB	ICB	ADEP	RAB	OPM	ADSP	QAB
ORB3	PSB	ADE	CPB	PS	EPB1	ADST	ADLR	LMFB	
ORB4	RS	MEB	RSB	OSEA	EPB2	GSB	LWR1	ADQA	
REVIEWER'S SURNAME	(CA) REVIEWER'S INITIALS *	(CB) ESTIMATED HOURS	COMPLETION DATE		BRANCH COORDINATING LEAD RESPONSE				
LEAD REVIEWER			(CC) ESTIMATED	(CD) ACTUAL	RESPOND INDIVIDUALLY <input type="checkbox"/>				
			MO. DAY YR.	MO. DAY YR.	ADD PERTINENT COMMENTS TO BACK OF FORM				
					COPIES TO: 1. REQUESTER 2. MPC PROCESSING & PROGRAMMING BRANCH 3. REVIEWING BRANCH				