

DUKE POWER

March 5, 1993

U. S. Nuclear Regulatory Commission ATTN: Document Control Desk Washington, D.C. 20555

Subject: McGuire Nuclear Station, Unit 1

Docket No. 50-369

Inservice Inspection Report, Revision 1

1991 Refueling Outage 7

Attached are revised pages and replacement instructions for Revision 1 to the McGuire Unit 1 Inservice Inspection Report which was sent to you on March 6, 1992. Any questions or comments can be directed to A. J.Hogge at (704) 382-5110.

Very truly yours,

H. B. Tucker

HBT/LTB/lcs

xc: (W/O Attachment)

S. D. Ebneter Regional Administrator, Region II

T. A. Reed

ONRR

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Subject: McGuire Nuclear Station Unit 1 1991 Refueling Outage 7 Inservice Inspection Report Revision 1

Please make the following changes / additions to the subject report:

Changes / Additions Action

NIS-1 Replace

Section 2
Pages 1,2,3&4 Replace

Section 3
Page 1 Replace

Inservice Inspection Listing
RFO 7 Pages 1 thru 89 Replace with Pages 1 thru 87

Section 4
Page 1
Replace

Inservice Inspection Results
Outage 7 Pages 1 thru 46 Replace

Section 8
Page 1
Replace

FORM NIS-1 OWNERS' DATA REPORT FOR INSERVICE INSPECTIONS As required by the Provisions of the ASME Code Rules

	(Name	e and Address of Owner)		
McGuire	Nuclear Statio	on Hwy. 73 Cowans	Ford, NC 2821	6
. Plant	(Nam	ne and Address of Plant)		-
			81.74	
Plant Unit 1	4. Own	er Certificate of Authorizat	ion (if required) N/F	
		National Board Number for		
Commercial Service	Date 16/1/01 0.1	sational board Number for	Omt 17	
. Components inspect	ted			
Component or Appurtenance	Manufacturer or installer	Manufacturer or Installer Serial No.	State or Province No.	National Board No
SEE SECTION 1	PARAGRAPH 1.	5 IN THE ATTACHE	REPORT	-
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		STATES OF THE PROPERTY AND LOSS OF		*****************
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Note: Supplemental sheets in form of lists, sketches, or drawings may be used provided (1) size is 8% in. x 11 in., (2) information in items 1 through 6 on this data report is included on each sheet, and (3) each sheet is numbered and the number of sheets is recorded at the top of this form.