

WO WORK PLAN

Removal/Replacement of breakers 1Y-06-03

WO9612057

UNIT 1

February 27, 1997

1.0 PURPOSE

This WO work plan provides direction for the removal of breaker 1Y-06-03 and replacement with Westinghouse EHD 1015 15 amp breaker.

2.0 PRECAUTION AND LIMITATIONS

1. Steam Generator Blowdown is required to be secured due to control valves failing shut, *check status of valves and secure if open*
2. The solenoid valve for service water to Steam Driven Aux Feed pump 1P-29 bearings will fail open. This is not an LCO and is acceptable for a short period of time.
3. Both P-116s need to be secured during breaker changeout.
4. There will be no alarm function for condenser vacuum. Therefore, vacuum should be monitored.

3.0 INITIAL CONDITIONS

1. Reactor is offline.
2. Verify loads listed in Return to service step 16 can be taken OOS.
3. Permission has been granted to remove/replace breakers 1Y-06-03.
4. Condenser vacuum alarm may come in if not in alarm.

5. Gag open 1 MS-2042 and 1 MS-2045. *see 20-91*

4.0 ATTACHMENTS

- 4.1 Maintenance Electrical Safety Checklist, PBF-9044 form
- 4.2 Wire Removal Form, PBF-0036

5.0 REFERENCE DRAWINGS

Bechtel 6118 E-61 sh 2
Westinghouse Elementary drawings 826, and 1593

6.0 MATERIALS

9705130071 970505
PDR ADOCK 05000301
P PDR

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Westinghouse EHD 1015 breaker (Quantity 1)

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Hold Point	Step No.	Work Plan Description	Worker	Date								
NOTE		Breaker 1Y-06-03 provide power to MOB's 91, 123-126(210-213), 128, and 129.										
	1	Verify initial conditions have been met.	OPS	2/28/97								
CAUTION	ALL COMPONENTS AND TERMINALS LOCATED IN THE PANEL ARE ASSUMED TO BE ENERGIZED, TAKE NECESSARY PRECAUTIONS.											
FME:	General FME Statement: Tools and equipment shall be checked for loose parts and debris and temporary covers should be installed for foreign material exclusion (FME) of system/components, per Exclusion of Foreign Material from Plant Components and systems, NP 8.4.10.											
	2	Responsible Engineer to perform a pre-job briefing with all workers to include scope of project, personnel safety, electrical safety checklist, and installation.	RE	2/28/97								
	3	<p>Prior to installing the replacement breakers, cycle breakers five times per the following directions;</p> <ol style="list-style-type: none"> 1. Close breaker 2. Trip breaker using the trip to test button(red) on breaker. 3. Open breaker. 4. Use continuity checks to verify proper positioning of breaker contact on final cycle (closed, trip free, and open. <p>Acceptance Criteria: Closed \leq 1 ohm / Open $>$ 1 Mohm</p> <p>MTE <u>MCMN</u> Calibration Due Date <u>2-98</u></p>	MTN	2-28-97								
	4	Verify that breaker 1Y-06-03 is in the "OFF" position OR coordinate with OPS to place breaker 1Y-06-03 in "OFF".	MTN	2-28-97								
	5	Remove (if required) 1Y-06 panel cover. Post panel with appropriate "Danger alive" placards and/or barricades as required.	MTN	2-28-97								
	6	Record wires removed on PB-0036 Wire Removal Form, then disconnect wiring from breakers 1Y-06-03.	MTN	2-28-97								
	7	Remove breaker 1Y-06-03 from panel.	MTN	2-28-97								
	8	<p>Install the replacement Westinghouse EHD 1015 breakers in 1Y-06-03.</p> <table style="width: 100%; border: none;"> <tr> <td>Bolt Size</td> <td>#8</td> <td>#10</td> <td>1/4"</td> </tr> <tr> <td>Torque Value (in/lbs)</td> <td>20</td> <td>20</td> <td>65</td> </tr> </table> <p>MTE <u>MCTS-5</u> Calibration Due Date <u>2-97</u></p>	Bolt Size	#8	#10	1/4"	Torque Value (in/lbs)	20	20	65	MTN	2-28-97
Bolt Size	#8	#10	1/4"									
Torque Value (in/lbs)	20	20	65									
	9	Reconnect leads using attached PBF-0036 Wire Removal Form.	MTN	2-28-97								

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	10	<p>Torque the load side leads per the following step.</p> <p>For breakers with capture wire connections, determine the wire size of the leads connected to the breaker and torque per the following table:</p> <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">Wire Size</td> <td style="padding-right: 20px;">#14 to #10</td> <td style="padding-right: 20px;">#8</td> <td>#6 to #4</td> </tr> <tr> <td>Torque Value (in/lbs)</td> <td style="text-align: center;">20</td> <td style="text-align: center;">20</td> <td style="text-align: center;">20</td> </tr> </table> <p>Record torque wrench MTE number and calibration date on the WO and work plan.</p> <p>MTE <u>MITS-5</u> Calibration Due Date <u>2-97</u></p>	Wire Size	#14 to #10	#8	#6 to #4	Torque Value (in/lbs)	20	20	20	MTN	2/28/97
Wire Size	#14 to #10	#8	#6 to #4									
Torque Value (in/lbs)	20	20	20									
NOTE	<i>Use calibrated digital voltmeter for the following step.</i>											
PMT:	11	<p>POST MAINTENANCE TEST</p> <p>A. Verify that each breaker reads 0 VAC on the load side of the breaker with the breaker open.</p> <p>B. Verify that each breaker reads a nominal 120 VAC on the load side of the breaker with the breaker closed.</p> <p>MTE <u>MCM-5</u> Calibration Due Date <u>2-98</u></p>	MTN	2/27/97								
FME:	12	Perform a Foreign Materials Exclusion inspection of panel to verify all tools and foreign materials are removed	MTN	2/28/97								
	13	Reinstall panel cover.	MTN	2/28/97								
	14	Record all QAR, MTE and Lot numbers on WO.	MTN	2/28/97								
1Y-06-03	16	<p>RETURN TO SERVICE TESTING</p> <p>Verify power to the following loads;</p> <ol style="list-style-type: none"> 1. MOB 71, SGBD Tank Steam Isolation Control 1CV-2042, 2045, SW Supply to 1P-29 AFWP Bearings 1SV-2090, 1C-144 2. MOB 90, C-01 IHIC-957 Accumulator Nitrogen Supply Controller via Recep QDBD <p>C-01 IHIC-105 BA Tank Recirc Hand Controller via Recep QDBD</p> <p>C-01 IHIC-104 BA Tank Recirc Hand Controller via Recep QDBD</p> <p>1PS-2115 Condenser Low Vacuum Alarm</p> <p>1TS-3620 Turbine Lube Oil Temperature</p> <p>1POT/1-2085 Reheat Steam Supply Temperature Controller via Recep QEAA</p>	OPS	2/28/97								
	17	Ungag valves 1MS-2042 and 1-MS-2045	OPS	2/28/97								
	18	Restor U1802 P-1165	OPS	2/28/97								

Point Beach Nuclear Plant

WIRE REMOVAL LOG

This log to be used when more than one wire is lifted at a time.

Removal Date 2-28-97

Restoration Date 2-28-97

NOTE: Use of this form does not supersede any of the requirements of PBNP 3.1.1 Independent Verification and Concurrent Checks.

Fill in the applicable block(s)				Initials			
Location	TB No.	Wire No.	Color	First Person Check	Wire Removed	Wire Restored	Second Person Check
<u>406</u>	<u>3</u>	<u>1X0603A</u>	<u>BLK</u>				

Attach this form to the procedure or MWR.

SMP/RMP/ICP No. _____ MWR No. 9612057 Other _____

UNIT: PB1 >>> ADD/REVISE EQUIPMENT - DATA SCREEN 1 <<< System: Y
-----CH5101M 11/0

EQUIP ID: Y-06-03 Physical Lctn: 44/CB/CR WEST
EQUIP NAME: PWR TO 1MOB-71 AND 1MOB-90
PARENT/EQUIPMENT ID:
TRACKING ID: PB1 Y-06-03-AA Text ID: PSI Text ID:
Tracking Desc: PWR TO 1MOB-71 AND 1MOB-90 Tech Manual Ctl:
Equip Group: CKTBKR Equip Type: Resp Group: MTN WO No: 9612057
Mfg Code: WEST WESTINGHOUSE ELECTRIC CO.
Vendor Code: -----
Model No: EHD1030 Serial No: 6629C92G07
QA: N FP: N OPERABILITY CR REF: - SDR: SDR-S-Y
SR: N A/P: P Pre-Test: N SE-RPT: Appendix R: N
EQ: N SSA: Y Post-Test: N EQ-RPT: Unit Shared: N
CIV: N QA Codes: CMP: Safegrd Train:
SEIS: 3 DSS Notification: Y Special Notification: LCO: N M-RULE: Y
NPRDS: NPRDS (Y/N): Unit: Component ID:
Utility ID:
System ID: Utility System ID:
PF2 - REPAIR COST PF6 - NEXT RECORD PF10 - PWR SUP PF20 - MODEL
PF3 - EQ MENU PF11 - OPEN WO PF22 - PSI TEXT
PF4 - RESET PF8 - NEXT PAGE PF12 - DETAIL PF23 - TEXT
PF5 - PREV RECORD PF9 - PREV SCREEN PF19 - BRWS TRK ID PF24 - HISTORY

□

WO
9212057

DANGER TAG REQUEST

Work Control Document # 96/2057

Time/Date of application: <u>2-26-97 1630</u>	Time/Date Tags Required: <u>0700 2-28-97</u>
Requesting Individual: _____	Requesting Work Group: <u>MTN</u>
Responsible Supervisor: <u>Electrical Maint.</u>	Estimated Job Completion (Time/Date): <u>4hrs</u>

NOTE: If TS required equipment is to be disabled, the initiating work group shall initiate form PBF-9133.

Equipment ID: Y-06-03 Unit: 1
Scope of Work: Replace Breaker

Additional Work Control Documents _____

Recommended Danger Tagging/Explanation: No Tags Req'd: Double Isolation:
Positive Control: Grounding Req'd:
Partial Removal Req'd:

NOTE: The RMP/IWP/SMP/Work Order/Work Plan may be referenced above for the recommended danger tagging.

References: (NOTE: Must include Rev. number for controlled documents used to verify adequacy.)

Information: _____

Appendix R: Yes No If yes, attach Fire Round Sheet Preparer: _____
LCO Req'd: Yes No If yes, attach LCO Tracking Form PBF-9133 Date: _____

Reviewer _____ Date _____ Approver (SRO) _____ Date _____

NOTE: Additional reviews and approvals req'd for changes or additions to original tagout. Describe changes in information section.

Reviewer _____ Date _____ Approver (SRO) _____ Date _____

Reviewer _____ Date _____ Approver (SRO) _____ Date _____

Danger Tags No Longer Required and Protected Worker Log Sign-Offs Complete Tag Series No _____

Responsible Supervisor _____ Date _____

Return to Service Testing Reviews

INITIALS

Pre-Release / Pre or Post-RTS

Work Group Post-Maintenance Testing

VERIFY '0' VAC ON LOAD SIDE OF BKCR W/ BKCR OPEN
VERIFY '120' VAC ON LOAD SIDE OF BKCR W/ BKCR CLOSED

SAT
STEP 11
5/8/97

Section XI Equipment Y

Operability Testing

See Step #16

Inservice Testing

None

ENGINEERING REVIEW

None

SECTION XI ENGINEERING REVIEW

None

N/A / N/A

WCC TRACKING

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ORIGINAL ***** PBNP ***** WD No 9612072
 WO Priority: 4 * UNIT 1 * MWO * UNIT 1 *
 Resp Group: MTN ***** HEADER PAGE ***** Step Print 02/26/97
 Equipment: Y-06-01 System: Y HP Zone:
 Equipment Name: PWR TO (MOB-91/123-126/128/129)
 Physical Location: 44/CB/CR WEST Discovery Date: 10/23/96

Problem Description:
 REPLACE BREAKER WITH PROPER SIZE BREAKER TO PROVIDE CORRECT CIRCUIT PROTECTION.

Originator: 6516 Cutage ID: UIR24 Activity: 8886
 Tag/Sticker Placed: T No: 99059 Tag/Sticker Lcfn: Y-06
 Job Type: CORRECTIVE MAINTENANCE Project ID: Condition Report:
 Work Function: WORK ORDER
 Mod Ref #: 96 - 069

=====
 QA: N SEIS: 3 Operability Pre-Test: N Procedures:
 SR: N LCO: N
 EQ: N PMT: Y Operability Post-Test: N Procedures:
 SSA: Y CIV: N BRULE: Y
 A/P: P CACC:
 RRN: - - - - - Tech Spec Ref:
 QA Codes: Sect XI Class
 Tools Needed:

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 Work Plan/Instructions reviewed. Planner: J. J. BLIN, RICH CON
 LINE SUPERVISOR: P. B. G. 733 NAME: DATE: 2/28/97

Plant Conditions: COLD SHUTDOWN Ignition Control Permit: N
 Other Conditions: Transient Combustible Permit: N
 Fire Barrier Penetration Permit: N RUP: N
 Equipment Isolation Required: 1-26-97 FME: Y
 Isolation Tag Series #: _____

Operability Pre-Test Complete: _____ Equipment Isolation as requested: _____
 Permission granted to perform work.
 Ops DSS Notification Rec: Y Ops DSS Signature: _____ Date: 2/28/97

Special Notification:

Number of Steps: 001
 Acct #: 00 - 00000 - 1200141 - 00000
 MFG Code: WEST Tech Manual Cntl #:

=====
 * WORK ORDER CLOSEOUT *
 =====

=====
 Group Head Signature: _____ Date: 2/8/97
 =====

ORIGINAL ***** PBNP ***** NO No 961207200
 WD Priority: 4 * UNIT : * MWO * UNIT : *
 Resp Group: MTN ***** STEP DETAIL ***** Step Print: 02/26/97
 Equipment: Y-06-01 System: Y MP Zone:
 Equipment Name: PWR TO MOB-91/123-126/128/129
 Physical Location: 44/CB/CR WEST
 Sequence No: 01
 Short Desc: REPLACE BREAKER
 Need Date
 Sched Start Date

PLANNED:

WORK PROCEDURES

Crew: ME
 Shift: D
 Class: 420

Work Plan Description:
 REPLACE BREAKER USING ATTACHED WORK PLAN
 ALL QC, FME, AND PMT ADDRESSED IN ATTACHED WORK PLAN.

QC REVIEW REQUIRED: N DATE: ___/___/___

WORK PERFORMED: *Replaced Breaker IAW Work PLAN*
TESTED F.M.E.

MTE: *MCMM 8* QAR: *13056R (LXR)*
MLTS: 5

ACTUAL USED: CREW _____
 SHIFT: _____
 WORKER CLASS: *420*
 NUMBER OF WORKERS: *2*
 TOTAL HOURS: *4.0*
 TTL EXPOSURE/STEP (MREM) _____

PARTS USED LIST ATTACHED: Y / *(N)*
 NO TAGS REMOVED: *(Y)* / N / NA WORK COMPLETE DATE: *2/28/97*
 EMPLOYEE NUMBER: *112207* EMPLOYEE NAME: _____

* WORK COMPLETED *
 Cause Failure Code: PM / SVC / NRM / *Des*
 As Found-Out of Spec: Y / *(N)* / NA Machine History Review Required: Y / N
 Failed Component: _____
 Corrective Action: NA / *(R)* / RE / _____ Downtime: _____ hrs
 LINE SUPERVISOR: *PB1073131* NAME: _____ DATE: *3/1/97*

* EQUIPMENT RETURN TO SERVICE *
 Operability Post Testing: *Operational*
 EQUIP. TAKEN OOS - DATE: _____ TIME _____ RETURN DATE _____ TIME _____
 Operability Procs Performed: *None*
 NON OPS SUPV: _____ NAME _____ DATE: _____
 DSS: *PB11718* NAME: _____ DATE: *3/7/97*