

EVALUATION RESEARCH CORPORATION

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CONTROL NO. DF-001

COMANCHE PEAK RESPONSE TEAM

QUALITY INSTRUCTION FOR ISSUE-SPECIFIC ACTION PLAN VII.c

INSTRUCTION NO.: QI-010

REVISION: 3

ISSUE DATE: 02/21/86

REINSPECTION OF ELECTRICAL EQUIPMENT/I-E-EEIN

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1.0 PURPOSE

To describe the methods to be used and provide the accept/reject criteria for re-inspection of electrical equipment.

2.0 APPLICABILITY

This procedure applies to the re-inspection of samples selected from the population for electrical equipment at Comanche Peak Unit 1, 2 and area common to both units. The population is described in the Population Description for Electrical Equipment.

3.0 REFERENCES

3.1 Description memorandum QA/QC-RT-344 delineating documentation used in development of this procedure including specific sources for attributes and exclusion.

3.2 CPP-009, "Performance of Reinspection and Document Review."

4.0 GENERAL

4.1 Reinspections are performed and documented in accordance with established CPRT project procedures and instructions. This instruction establishes the attributes and accept/reject criteria for reinspections of electrical equipment. Reference 3.2 addresses the method used to perform reinspections and to document and process the results.

5.0 INSTRUCTION

Using the information in Reference 3.2 and below perform the re-inspections on the items in this population. Use the checklist to document the findings. (Attachment 6.1).

Measurements shall be made using standard inspection tools. Attachment 6.2 provides a list of standard inspection tools and their corresponding codes. Record on Attachment 6.3 the tool code, serial number and calibration due date of the tool used to measure dimensions where applicable.

1. Physical Identification

Verify the physical identification of the electrical equipment by reference to the mark, spin or part number on the equipment identification tag is as shown on the installation drawings.

5.0 INSTRUCTION (Cont'd)

2. Assembly or Modifications

Verify that the field assembly/modifications are complete and in accordance with the applicable drawings.

Acceptance criteria:

- ° See applicable drawings and/or supplemental instructions included in the Verification Package for required assembly or modifications, including welding.
- ° Modifications not noted in the Verification Package are unsatisfactory.

3. Location and Orientation

Verify that the equipment location and orientation is in accordance with the installation drawings.

a. Acceptance criteria: Location

- ° Electric Penetration Assemblies are installed at the proper weld neck flange as shown on the installation drawings.
- ° Electric Conductor Seal Assemblies are installed at the device as shown on the installation drawings.
- ° Other equipment is located to the dimensions shown on the installation drawings with a tolerance of plus or minus one inch. If there are no brass bench marks available, field survey shots are required.

b. Acceptance criteria: Orientation

- ° Equipment orientation is as shown on the installation drawings.
- ° Orientation is not applicable to Electric Conductor Seal Assemblies

4. Damage

Verify that the electrical equipment is not damaged.

Acceptance criteria:

There is no visible damage to the electrical equipment such as:

- ° Broken or cracked devices, terminal strips or blocks

5.0 INSTRUCTION (Cont'd)

4. Damage (Cont'd)

- ° Deformed structural members
- ° Crushed/torn components or wiring

Note: Cosmetic damage such as minor dents, chips, scratches and paint damage are not safety significant and are not cause for rejection.

6.0 ATTACHMENTS

6.1 Checklist

6.2 Inspection Tool and Codes

6.3 Inspection Tools Used

REINSPECTION CHECKLIST ELECTRICAL EQUIPMENT

COMANCHE PEAK RESPONSE TEAM CHECKLIST				
POPULATION DESC ELECTRICAL EQUIPMENT	VERIFICATION PKG NO. I-E-EEIN		PAGE 1 OF <u>1</u>	
QUALITY INSTRUCTION QI-010	<input checked="" type="checkbox"/> REINSPECTION		<input type="checkbox"/> UNIT 1	
EQUIPMENT MARK/TAG NO.	<input type="checkbox"/> DOCUMENTATION REVIEW		<input type="checkbox"/> UNIT 2	
			<input type="checkbox"/> COMMON	
ATTRIBUTE	VERIFICATION			REMARKS
	ACCEPT	REJECT	DATE	
1 Physical Identification				SAMPLE
2 Assembly or Modifications				
3 Location and Orientation				
a. Location				
b. Orientation				
4 Damage				
PREPARED BY:		APPROVED BY:		
DISCIPLINE ENGR. _____	DATE _____	LEAD DISCIPLINE ENGR. _____		DATE _____
INSPECTED BY:		APPROVED BY:		
INSPECTOR _____	DATE _____	LEAD INSPECTOR _____		DATE _____

INSPECTION TOOL AND CODES

<u>CODE</u>	<u>TOOL</u>
AF	ANGLE FINDER
BL	BUBBLE LEVEL
BS	BOROSCOPE
BW	1/32", 1/16", 3/32", 1/8" WIRE
CG	CONTOUR GAGE
DF	DRY FILM THICKNESS GAGE
FG	FEELER GAGES
FL	FLASHLIGHT
FM	FIBRE METAL FILLET GAGES
GG	GAL FILLET GAGES
HL	HI-LOW GAGE
MG	MAGNIFYING GLASS
MI	MICROMETERS
MM	MIRROR
MN	MAGNET
PB	PLUM BOB
PR	PROTRACTOR
SC	SLIDE CALIPER
SR	6" RULE
ST	STEEL TAPE MEASURE
TG	TAPER GAGE
TW	TORQUE WRENCH
UD	UNDERCUT GAGE (DIAL)
UP	UNDERCUT GAGE (PIT)
VC	VERNIER CALIBER
VT	INSPECTION

