

**ATTACHMENT 1**

**FORM OAR-1 OWNER'S ACTIVITY REPORT**

**TABLE 1, ITEMS WITH FLAWS OR RELEVANT CONDITIONS THAT  
REQUIRED EVALUATION FOR CONTINUED SERVICE**

**TABLE 2, ABSTRACT OF REPAIR/REPLACEMENT ACTIVITIES  
REQUIRED FOR CONTINUED SERVICE**

## FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number A1R24

Plant Braidwood Generating Station, 35100 IL-53, Suite 84, Braceville, IL 60407

Unit No. 1 Commercial servicedate July 29, 1988 Refueling outage no. A1R24  
(if applicable)

Applicable inspection interval Fourth ISI Interval, Third CISI Interval  
(1st 2nd 3rd 4th other)

Applicable inspection period Second Inspection Period  
(1st 2nd 3rd)

Edition and Addenda of Section XI applicable to the inspection plans ASME Sec XI 2013 Edition, No Addenda

Date and revision of inspection plans Revision 1 March 20, 2024


Edition and Addenda of Section XI applicable to repair/replacement activities, if different than the inspection plans 2013 Ed, No Addenda

Code Cases used for inspection and evaluation: N-532-5, N-513-4, N-729-6, N-722-1, N-885, N-770-5, N-578-1, N-805, N-648-2, N-864

Remarks \_\_\_\_\_  
(if applicable)

### CERTIFICATE OF CONFORMANCE

I certify that (a) the statements made in this report are correct; (b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI and (c) the repair/replacement activities and evaluations supporting the completion of A1R24 conform to the requirements of the ASME Code, Section XI.  
(refueling outage number)

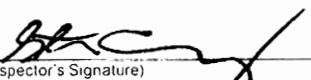
Signed Ben Raper, Materials Programs Engineer  Date 22 Aug 2024  
(Owner or Owner's Designee Title)

### CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by The Hartford Steam Boiler Inspection and Insurance Company of Hartford, CT

have inspected the items described in this Owner's Activity Report and state that, to the best of my knowledge and belief, the Owner has performed all activities represented by this report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor the Inspector's employer makes any warranty, expressed or implied, concerning the repair/replacement activities and evaluations described in this report. Furthermore, neither the Inspector nor the Inspector's employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Signed Steven Andrey  Commission NB15305 N, I, R  
(Inspector's Signature) (National Board Number and Endorsement)

Date 22 AUG 2024

## FORM OAR-1 OWNER'S ACTIVITY REPORT (Cont'd)

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**Table 1**  
**Items With Flaws or Relevant Conditions That Required**  
**Evaluation for Continued Service**

Examination Category and Item Number	Item and Flaw or Relevant Condition Description	Evaluation Description
D-B , A01SX-000011-M04-01A	1SX25AA-6" through-wall leak (see IR 04546554)	EC 638242 – Affected components and lines are operable so long as EC and N-513-4 are complied with.
D-B , A01SX-000011-M04-01A	1SX27DA-10" through-wall leak (see IR 04550393)	EC 638358 – Affected components and lines are operable so long as EC and N-513-4 are complied with.

FORM OAR-1 OWNER'S ACTIVITY REPORT (Cont'd)

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**Table 2**  
**Abstract of Repair/Replacement Activities Required**  
**for Continued Service**

Code Class	Item Description	Description of Work	Date Completed	Repair/Replacement Plan Number
3	1SX25AA-6"	Replace pipe and elbows due to through-wall leak and MIC (IR 04546554)	4/20/2024	1-23-024 (WO 04815840-01)
3	1SX27DA-10"	Replace flange, elbow, and pipe due to through-wall leak and MIC (see IR 04550393)	9/28/2023	1-23-003 (WO 5331156-03)