### Recurring Task Work Order

**Number**: R2091019  **ACT**

**Priority**: 5  

**Status**: HISTRY  17OCT06

**Nbr of Acts**: 01  

**Last Update**: 17OCT06

**Print Date**: 10SEP07

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**W/O Desc**: Inspect Poly bottles for presence of water in

**AR Number**: A2148837  

**Approved By**: RITCHIE

**Resp Foreman**: SSV5  OC OPS SHIFT SUPV

**Maint Unit FEG**: OC 1 187 000

**M/U Component ID**: OC 1 187 F MISC 187

**Maint Unit Descr**: Drywell and Torus (See NR01 & Torus Vessel)

**Equip Req'd Modes**: A

**QA Class**: O

**Procedure Number**: EQ

**Component Update**: N  

**Safe S/D**:  

**ASME Section XI**: Y

**BOM/Part Update**: N

**Post Maint Test**: N

**Mod Number**: ___ ___ ________

**Repeat/PEP Nbr**: N

**Next Due Date**: 31OCT06

**Tech Spec Date**: 22NOV06

**Task Frequency**: 0091

**Unit**: D

**Accounting Data**

**Business Unit**: 10105  

**Project**: ________

**Customer**: ___  

**Sub ACCT**: 517010  

**Product**: ___  

**Department**: 05310

**Operating Unit**: 83

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**Comments** - Special Process/Equipment/Safety

Also note in CREM if water is not present in bottle inspected 25AUG06
**WORK ORDER COMPONENTS**

<table>
<thead>
<tr>
<th>COMPONENT ID</th>
<th>OC 1 187 F Misc 187 Drywell and Torus (See NR01 &amp; Torus Vessel)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEM/RAD MAP</td>
<td>____________________________</td>
</tr>
<tr>
<td>LOCATION</td>
<td>MULTI QQQ ASME SECTION XI: Y</td>
</tr>
<tr>
<td>QA CLASS</td>
<td>Q EQ: Y</td>
</tr>
</tbody>
</table>

**COMPLETION VERIFICATION**

| PKG ASSEMBLED | ____________________________ | OTHER: ______ |

| RESP FOREMAN | BUSK, THOMAS J | REPEAT REQD: ___ |

**HISTORY VERIFICATION**

<table>
<thead>
<tr>
<th>ASME - ISI BY:</th>
<th>N COMPLETE DATE: 26AUG06</th>
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<tbody>
<tr>
<td>COMPTN UPDATE</td>
<td>N BLIP NBR BOX: 0000</td>
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<tr>
<td>BILL OF MATLS</td>
<td>N FILE LOCATION: _______</td>
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<tr>
<td>REPEAT REQD</td>
<td>___ A/R NBR: _______</td>
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<tr>
<td>COMPLETED BY</td>
<td>BUSK, THOMAS J COMPLETE DATE: 26AUG06</td>
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<tr>
<td>CLOSED BY</td>
<td>GUERRAZZI, GINAMARIE HISTORY DATE: 17OCT06</td>
</tr>
<tr>
<td>CAUSE CODE</td>
<td>CN REPAIR CODE: NF</td>
</tr>
</tbody>
</table>

**COMPLETION REMARKS**

| REPEAT MAINT: | N PEP NBR: ___________ |

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**WORK PERFORMED:**

No water observed in any of the bottles 26AUG06
** RECURRING TASK ACTIVITY **

** W/O NBR : R2091019 01 **
** A/R NBR : A2148837 **
** W/O STATUS : HISTORY 17OCT06 **
** ACT STATUS : HISTR Y 17OCT06 **
** TYPE : ACT **

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** DESCRIPTION **

W/O DESCRIPTION : INSPECT POLY BOTTLES FOR PRESENCE OF WATER IN ___
ACT DESCRIPTION : INSPECT POLY BOTTLES IN TORUS ROOM ___
PERFORMING ORG : OPO ___ RECURRING TASK NBR : PM18705M PRI : 5
COMPONENT ID : OC_1 187 P Misc 187 ___
EQUIPMENT LOCATION : MULTI_Q00 ___
CLR NUMBER : __________ QA CLASS : Q EQ : Y ___
WO RESP ORG : OPO ___ FEG : OC 1 187 000 ___
DATE/SHIFT : 26AUG06 X ___
FOREMAN : ___ OC Ops SHIFT Supv ___ CHARGING WORK CENTER : 05310 ___
SSV AUTH : TJB4 ___ DATE : 25AUG06 ___
ORG-INSPI/HOLD : __________ __________ __________ __________ ___

ACT TYPE : C SUPPORT DATES : N/A N/A ___
PREPARED BY : RITCHIE ___ DATE : 25MAY06 ___
HOLDS : MODE N PARTS N CHEM + RAD ___ CLR ___ PLAN ___ SCH ___

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** SAFETY/PLANT IMPACT CONSIDERATIONS **

BARRIER PERMIT RQD : N ___ CHEMICAL HAZARD : N ___ CSP REQ : N ___
FIRE PROTECTION : N ___ SECURITY : N ___ FSI REQ : N ___
HAZARD BARRIER : N / ___

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** CHEM AND RAD DATA **

SYSTEM BREACH : N ___ INSULATION REQUIRED : N ___
HWP REQ : N ___ SCAFFOLDING REQD : N ___ TECH SPEC : N ___
MULTIPLE WORK LOC : __ MAP NBR : ___
HP REQD : N ___ NO HP ASSISTANCE REQUIRED ___

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** SCHEDULING DATA **

PREMIS ID : _______ SCHED ID/Win : 0645 187 ___
START DATE : 07NOV06 ___ EST DUR (HRS) : 3 ___ POST MAINT TEST : ___
CLEARANCE REQD : N ___ DUE DATE : 31OCT06 ___ TECH SPEC : 22NOV06 ___
DOSE ESTIMATE : 0002 mR ___

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** INITIAL REVIEWS **

ASME/ISI REVIEW : BUSK ___ ASME XI R&R : ___ DATE : 25AUG06 ___
QC PLAN REVIEW : BARAN ___ NOCR : ___ DATE : 25AUG06 ___
APPROVED BY : BUSK ____ DATE : ___

PRINT NAME AND WRITE INITIALS OF ALL PERSONNEL WHO INITIALED THIS ACTIVITY


4 RWP OC-1-06-00052 OPS AND CHEMISTRY

* THIS RWP IS NOT VALID FOR VHRA, DW OR CB/SJAE RM AT POWER.
* KNOWLEDGE OF THE RADIOLOGICAL CONDITIONS IS REQUIRED PRIOR TO ENTERING THE
  RFR UNLESS ESCORTED BY AN RP TECH.
* A DOCUMENTED HRA RP BRIEF IS REQUIRED FOR ALL ENTRIES INTO AREAS POSTED AS
  "LOCKED HIGH RADIATION AREA", AND "HIGH RADIATION AREA". (REF RP-AA-460)
* PC REQUIREMENTS PER RADIOLOGICAL POSTINGS OR PER RP.
* CHEMISTRY TECHNICIANS REQUIRE A DOSE RATE METER FOR ALL SYSTEM SAMPLING,
  EXCEPT "CLEAN" SYSTEMS, UNLESS AN AM-2 IS IN SAMPLING AREA. SAMPLES 2MR/HR
  OR GREATER REQUIRE RP FOR SURVEYING AND LABELING PRIOR TO TRANSPORTING.
* OPERATORS SHALL NOTIFY RP BEFORE PERFORMING ANY ACTIVITIES THAT COULD RESULT
  IN CHANGING AREA DOSE RATES. EXAMPLES INCLUDE DRAINING SYSTEM OR COMPONENT
  THAT CONTAINS RADIOACTIVITY (TANKS, FILTERS, PIPING, ETC.)
1. PURPOSE:

A. THE PURPOSE OF THIS ACTIVITY IS INSPECT THE POLY BOTTLES IN THE TORUS ROOM FOR THE PRESENCE OF WATER.

2. CLEARANCE REQUIREMENTS:

A. NONE

3. OPS IMPACT STATEMENT:

A. NONE

4. PRECAUTIONS

A. USE EXTREME CAUTION WHEN WORKING ON OR NEAR ROTATING EQUIPMENT. REFERENCE THE MID-ATLANTIC ROG SAFETY AND HEALTH GUIDE AND PROCEDURE EN-OC-301 FOR CAUTIONS AND PRECAUTIONS ASSOCIATED WITH THIS WORK.

B. BE SURE A PRE-JOB BRIEF IS PERFORMED AND ALL CAUTIONS AND PRECAUTIONS ASSOCIATED WITH THIS ACTIVITY ARE PROPERLY ADDRESSED AND ANY AND ALL CONCERNS AND QUESTIONS
HAVE BEEN RESOLVED BEFORE STARTING WORK.

5. SUPPORT INFORMATION

A. NONE

6. JOB SCOPE


B. IF BOTTLE IS OVER 3/4 FULL, NOTE LEVEL AND DUMP BOTTLE INTO NEAREST FLOOR DRAIN.
### Recurring Task Activity

- **W/O NBR**: R2091019 01
- **A/R NBR**: A2148837
- **W/O Status**: HISTORY 17OCT06
- **ACT Status**: HISTORY 17OCT06
- **Type**: ACT

### Measurement and Test Equipment

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>ID NUMBER</th>
<th>DATE USED</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>01</td>
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<tr>
<td>RECURRING TASK ACTIVITY</td>
<td>**</td>
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