

RECURRING TASK WORK ORDER

NUMBER : R2091083 ACT
PRIORITY : 5
STATUS : HISTRY 29NOV06
NBR OF ACTS: 01
LAST UPDATE: 29NOV06
PRINT DATE : 10SEP07

APPLICANT'S EXHIBIT 51

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W/O DESC INSPECT POLY BOTTLES FOR PRESENCE OF WATER IN PAGE: 03

AR NUMBER : A2148940 RESPONSIBLE ORG : OPO
APPROVED BY : RITCHIE AR TYPE/SUBTYPE : RT ACT
RESP FOREMAN : SSV5 OC OPS SHIFT SUPV MUC : C
MAINT UNIT FEG : OC 1 187 000 ATTACHMENTS: N
M/U COMPONENT ID : OC 1 187 F MISC 187
MAINT UNIT DESCR : DRYWELL AND TORUS (SEE NR01 & TORUS VESSEL)
EQUIP REQD MODES : A QA CLASS : Q
PROCEDURE NUMBER : EQ : Y
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 : 25NOV06 TASK FREQUENCY : 0091
TECH SPEC DATE : 17DEC06 UNIT : D
===== ACCOUNTING DATA =====
BUSINESS UNIT : 10105 PROJECT:
CUSTOMER: SUB ACCT: 517010 PRODUCT: DEPARTMENT: 05310
OPERATING UNIT: 83

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W/O DESC INSPECT POLY BOTTLES FOR PRESENCE OF WATER IN PAGE: 04

=====WORK ORDER COMPONENTS=====

COMPONENT ID : OC 1 187 F MISC 187  
DRYWELL AND TORUS (SEE NR01 & TORUS VESSEL)

CHEM/RAD MAP : \_\_\_\_\_

LOCATION : MULTI 000 ASME SECTION XI: Y

QA CLASS : Q EQ : Y

=====COMPLETION VERIFICATION=====

PKG ASSMBLED : HGT0 TRITT, HERBERT G OTHER \_\_\_\_\_ :

RESP FOREMAN : TRITT, HERBERT G REPEAT REQD : \_\_\_\_\_

SSV VERIF : N \_\_\_\_\_

ASME - ISI BY: N \_\_\_\_\_ COMPLETE DATE: 25NOV06

=====HISTORY VERIFICATION=====

COMPNT UPDATE : <u>N</u> _____	BLIP NBR BOX: <u>0000</u> _____
BILL OF MATLS : <u>N</u> _____	FILE LOCATION: _____
REPEAT REQD : _____	A/R NBR : _____
COMPLETED BY : <u>TRITT, HERBERT G</u>	COMPLETE DATE: <u>25NOV06</u>
CLOSED BY : <u>GUERRAZZI, GINAMARIE</u>	HISTORY DATE : <u>29NOV06</u>
CAUSE CODE : <u>CN</u>	REPAIR CODE : <u>PM</u>

=====COMPLETION REMARKS=====

REPEAT MAINT: N PEP NBR: \_\_\_\_\_

**WORK PERFORMED:**  
A01---ALL POLY BOTTLES WERE FOUND WITH NO WATER IN THEM 25NOV06

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ACT STATUS : HISTRY 29NOV06
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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 F MISC 187
EQUIPMENT LOCATION: MULTI 000
CLR NUMBER : QA CLASS: Q EQ: Y
WO RESP ORG : OPO FEG : OC 1 187 000
DATE/SHIFT : 25NOV06 X
FOREMAN : OC OPS SHIFT SUPV CHARGING WORK CENTER: 05310
SSV AUTH : CRW1 DATE : 13NOV06
ORG-INSP/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

=====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 /

=====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

=====SCHEDULING DATA=====

PREMIS ID : 0646 187 SCHED ID/WIN : 0646 187
START DATE : 25NOV06 EST DUR (HRS) : 3 POST MAINT TEST:
CLEARANCE REQD : N DUE DATE : 25NOV06 TECH SPEC: 17DEC06
DOSE ESTIMATE : 0002 mR

=====INITIAL REVIEWS=====

ASME/ISI REVIEW : RITCHIE ASME XI R&R: DATE: 06OCT06
QC PLAN REVIEW : BARAN NOCR DATE: 24JUL06
APPROVED BY : RITCHIE, J DATE:

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

Blank lines for personnel initials and names.

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=====-ACTIVITY PROCEDURE LIST=====

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=====- HP SPECIAL INSTRUCTIONS =====

- 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 RCA 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.)

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===== ACTIVITY FOLLOWER DESCRIPTION =====

STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT INSP
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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

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===== ACTIVITY FOLLOWER DESCRIPTION =====

STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT          INSP
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HAVE BEEN RESOLVED BEFORE STARTING WORK.

5. SUPPORT INFORMATION

A. NONE

6. JOB SCOPE

A. INSPECTION OF POLY BOTTLES INSIDE THE TORUS

ROOM. THERE ARE 5 POLY BOTTLES LOCATED

AROUND THE OUTER PERIMETER OF THE TORUS.

THE INSPECTION SHALL INCLUDE CHECKING FOR

THE PRESENCE OF WATER IN THE BOTTLES.

DOCUMENT IN THE CREM IF WATER IS PRESENT,

AND IF SO, WHAT IS THE LEVEL IN THE BOTTLE

AND THE LOCATION OF THE BOTTLE (BY BAY

NUMBER).

B. IF BOTTLE IS OVER 3/4 FULL, NOTE LEVEL

AND DUMP BOTTLE INTO NEAREST FLOOR DRAIN.

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=====SUMMARY COMMENTS=====

Multiple horizontal lines for entering summary comments.

CAUSE CODE: \_ \_ \_

REPAIR CODE: \_ \_ \_

ADDITIONAL PAGES ATTACHED ? \_

ETT REMOVED ? \_

=====MEASUREMENT AND TEST EQUIPMENT=====

Table with 4 columns: ID NUMBER, DATE USED, DESCRIPTION, and ADDITIONAL PAGES ATTACHED ?

=====FINAL REVIEWS=====

MAINT \_\_\_\_\_

DATE : \_\_\_\_\_

QC \_\_\_\_\_

DATE : \_\_\_\_\_

OTHER \_\_\_\_\_

DATE : \_\_\_\_\_