

RECURRING TASK WORK ORDER

NUMBER : R2095404 ACT
 PRIORITY : 5
 STATUS : HISTRY 20FEB07
 NBR OF ACTS : 01
 LAST UPDATE : 20FEB07
 PRINT DATE : 10SEP07

APPLICANT'S EXHIBIT 52

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

AR NUMBER : A2155763 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 : O
 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 : 24FEB07 TASK FREQUENCY : 0091
 TECH SPEC DATE : 18MAR07 UNIT : D

===== ACCOUNTING DATA =====

BUSINESS UNIT : 10105 PROJECT: _____
 CUSTOMER: _____ SUB ACCT: 517010 PRODUCT: _____ DEPARTMENT: 05310
 OPERATING UNIT: 83

RECURRING TASK WORK ORDER

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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 OOO ASME SECTION XI: Y

QA CLASS : Q EQ : Y

====COMPLETION VERIFICATION=====

PKG ASSMBLED : _____ OTHER _____ :

RESP FOREMAN : SISAK, JOSHUA V REPEAT REQD : _____

SSV VERIF : N _____

ASME - ISI BY: N _____ COMPLETE DATE: 13FEB07

====HISTORY VERIFICATION=====

COMPNT UPDATE : N _____ BLIP NBR BOX: 0000 _____

BILL OF MATLS : N _____ FILE LOCATION: _____

REPEAT REQD : _____ A/R NBR : _____

COMPLETED BY : SISAK, JOSHUA V COMPLETE DATE: 13FEB07

CLOSED BY : GUERRAZZI, GINAMARIE HISTORY DATE : 20FEB07

CAUSE CODE : CN REPAIR CODE : NF

====COMPLETION REMARKS=====

REPEAT MAINT: N PEP NBR: _____

WORK PERFORMED:

A01 INSPECTED POLY BOTTLES FOR WATER. NO WATER PRESENT. JVS3 13FEB07

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RWP ACCESS CODE: OC-1-07-00052 PAGE: 01

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 : 13FEB07 X
FOREMAN : OC OPS SHIFT SUPV CHARGING WORK CENTER: 05310
SSV AUTH : PXG1 DATE : 12FEB07
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 REQD: 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 : 0707 187 SCHED ID/WIN : 0707 187
START DATE : 13FEB07 EST DUR (HRS) : 3 POST MAINT TEST:
CLEARANCE REQD : N DUE DATE : 24FEB07 TECH SPEC: 18MAR07
DOSE ESTIMATE : 0002 mR

INITIAL REVIEWS

ASME/ISI REVIEW : VOISHNIS, G ASME XI R&R: DATE: 09FEB07
QC PLAN REVIEW : VOISHNIS, G NOCR - DATE: 09FEB07
APPROVED BY : VOISHNIS, G 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=====

==== RAD PROTECTION REQUIREMENTS =====

ALARMING DOSIMETER: Y
ED SETPOINT: 0032 MREM or 0300 MREM/HR
HP COVERAGE: INTERMITTENT
RWP ACCESS CODE: OC-1-07-00052

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

- * OPERATIONS.
* THIS RWP IS NOT VALID FOR VHRA, DW OR CB/SJAE RM AT POWER.
* KNOWLEDGE OF RAD CONDITIONS REQ'D PRIOR TO ENTRY TO RCA W/OUT RPT ESCORT.
* 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.
* OPERATORS SHALL NOTIFY RP BEFORE PERFORMING ANY ACTIVITES THAT COULD RESULT IN CHANGING AREA DOSE RATES. EXAMPLES INCLUDE DRAINING SYSTEM OR COMPONENT THAT CONTAINS RADIOACTIVITY (TANKS, FILTERS, PIPING, ETC.)
OPEX:
- CLEARANCE AND TAGGING ACTIVITIES-FAILURE TO ADHERE TO OR INADEQUATE TAGOUT INSTRUCTIONS HAVE CONTRIBUTED TO LOSSES IN GENERATION AND HAZARDOUS WORKING CONDITIONS.OE #S:OE20012,OE20535,OE19214.

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

STEP NBR	DESCRIPTION	INITIAL/DATE	
		COMPLT	INSP

NOTE:

WHEN THE PM IS PERFORMED IN WEEK 0707 CURRENTLY
 SCHEDULED FOR 2/13/2007, ENSURE TIM RAUSCH AND
 PETE TAMBURRO GO ALONG.

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

RECURRING TASK ACTIVITY

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

STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT INSP
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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

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).

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STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT INSP
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B. IF WATER IS FOUND IN ANY OF THE POLY

BOTTLES, PERFORM THE FOLLOWING:

- INVESTIGATE AND FIND THE SOURCE.

- REQUEST A CHEMISTRY SAMPLE. DO NOT

EMPTY ANY BOTTLES UNTIL A SAMPLE

HAS BEEN TAKEN.

- ISSUE IR

- IDENTIFY BY BAY NUMBER WHICH BOTTLES

HAVE WATER AND INDICATE THE LEVEL IN

THE BOTTLE.

C. EMPTY BOTTLE AS DIRECTED BY ENGINEERING

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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, ADDITIONAL PAGES ATTACHED ?

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

MAINT _____ DATE : _____
QC _____ DATE : _____
OTHER _____ DATE : _____

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MEASUREMENT AND TEST EQUIPMENT

ACTIVITY	ID NUMBER	DATE USED	DESCRIPTION
<u>01</u>	<u>NONE</u>	<u>N/A</u>	

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