RECURRING TASK WORK ORDER

```
NUMBER      : R2099351  ACT
PRIORITY    : 5
STATUS      : HISTRY  22JUN07
NBR OF ACTS : 01
LAST UPDATE : 22JUN07        APPLICANT'S EXHIBIT 53
PRINT DATE  : 10SEP07
```

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

AR NUMBER   : A2161370   RESPONSIBLE ORG : OPO

APPROVED BY   : RITCHIE   AR TYPE/SUBTYPE   : RT   ACT

RESP FOREMAN   : GJV0   VOISHNIS JR., GEORGE   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   : 15MAY07   TASK FREQUENCY   : 0091
TECH SPEC DATE   : 06JUN07   UNIT   : D
========================= ACCOUNTING DATA =========================

  BUSINESS UNIT : 10105   PROJECT: _____

  CUSTOMER: _____ SUB ACCT: 517010   PRODUCT: _____   DEPARTMENT: 05310

  OPERATING UNIT: 83
===
```

## RECURRING TASK WORK ORDER

| | |
|---|---|
| NUMBER | : R2099351    ACT |
| PRIORITY | : 5 |
| STATUS | : HISTRY    22JUN07 |
| NBR OF ACTS | : 01 |
| LAST UPDATE | : 22JUN07 |
| PRINT DATE | : 10SEP07 |

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  QQQ        ASME SECTION XI: Y

QA CLASS            :  Q                        EQ : Y

==========================COMPLETION VERIFICATION==========================
PKG ASSMBLED : JCR0  RUMBIN, JAMES C        OTHER_____:___ _____

RESP FOREMAN : RUMBIN, JAMES C        REPEAT REQD : ___

SSV VERIF    : N  _____

ASME - ISI BY: N  _____COMPLETE DATE: 22MAY07
==========================HISTORY VERIFICATION==========================
COMPNT UPDATE : N  _____    BLIP NBR  BOX: 0000 _____
BILL OF MATLS : N  _____    FILE LOCATION:_____
REPEAT REQD   : ___                    A/R NBR       : _____
COMPLETED BY  : RUMBIN, JAMES C        COMPLETE DATE: 22MAY07
CLOSED BY     : ROSANIO, CLAIRE M      HISTORY DATE : 22JUN07
CAUSE CODE    : CN                     REPAIR CODE  : PM
==========================COMPLETION REMARKS==========================
REPEAT MAINT: N    PEP NBR: _____                ========
**WORK PERFORMED:**
NO WATER IN ANY OF THE 5 BOTTLES-----JIM RUMBIN                22MAY07

# RECURRING TASK ACTIVITY

```
W/O NBR      :  R2099351    01
A/R NBR      :  A2161370
W/O STATUS   :  HISTRY    22JUN07
ACT STATUS   :  HISTRY    22JUN07
TYPE         :  ACT
```

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   QQQ
CLR NUMBER         :              QA CLASS: Q  EQ: Y
WO RESP ORG        : OPO                      FEG      : OC   1   187   000
DATE/SHIFT         : 22MAY07   X
FOREMAN            : OC OPS SHIFT SUPV       CHARGING WORK CENTER: 05310
SSV AUTH           : RFSO             DATE        : 21MAY07
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      : 0721  187   SCHED ID/WIN : 0721   187
START DATE     : 22MAY07     EST DUR (HRS) :    3       POST MAINT TEST: ___
CLEARANCE REQD : N           DUE DATE      : 15MAY07   TECH SPEC: 06JUN07
DOSE ESTIMATE  : 0002  mR
```

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

```
ASME/ISI REVIEW  : VOISHNIS, G        ASME XI R&R: ___    DATE: 24APR07
QC PLAN REVIEW   : VOISHNIS, G        NQCR ____ - _____  DATE: 24APR07
APPROVED BY      : VOISHNIS, G                            DATE:
```

==

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

_____ _____   _____ _____   _____ _____

_____ _____   _____ _____   _____ _____

_____ _____   _____ _____   _____ _____

_____ _____   _____ _____   _____ _____

RECURRING TASK ACTIVITY

```
W/O NBR     : R2099351   01
A/R NBR     : A2161370
W/O STATUS  : HISTRY   22JUN07
ACT STATUS  : HISTRY   22JUN07
TYPE        : ACT
```

==========================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.

W/O NBR   : R2099351   01
A/R NBR   : A2161370
W/O STATUS   : HISTRY   22JUN07
ACT STATUS   : HISTRY   22JUN07
TYPE   : ACT

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

STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT	INSP

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

RECURRING TASK ACTIVITY

W/O NBR   : R2099351   01
A/R NBR   : A2161370
W/O STATUS : HISTRY 22JUN07
ACT STATUS : HISTRY 22JUN07
TYPE   : ACT

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

STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT	INSP

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 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.

```
RECURRING TASK ACTIVITY            **    *********   **        **
                                  ****   *********   ****    ****
W/O NBR    :  R2099351   01         **   **      **   ** **** **
A/R NBR    :  A2161370              **   *********   **  **   **
W/O STATUS :  HISTRY   22JUN07      **   *********   **       **
ACT STATUS :  HISTRY   22JUN07      **   **          **       **
TYPE       :  ACT                 ******  **         **       **
                                  ******  **         **       **
```

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

STEP NBR	DESCRIPTION	INITIAL/DATE COMPLT	INSP
	- ISSUE IR		
	- IDENTIFY BY BAY NUMBER WHICH BOTTLES		
	HAVE WATER AND INDICATE THE LEVEL IN		
	THE BOTTLE.		
	C. EMPTY BOTTLE AS DIRECTED BY ENGINEERING		

```
RECURRING TASK ACTIVITY              **    *********    **         **
                                    ****   *********   ****     ****
W/O NBR    :  R2099351   01          **    **    **    **  ****  **
A/R NBR    :  A2161370               **    *********   **   **   **
W/O STATUS :  HISTRY   22JUN07       **    *********   **        **
ACT STATUS :  HISTRY   22JUN07       **    **          **        **
TYPE       :  ACT                 ******   **          **        **
                                  ******   **          **        **
```

========================SUMMARY COMMENTS:==============================

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CAUSE CODE: __ __ __   REPAIR CODE: __ __ __

ADDITIONAL PAGES ATTACHED ? ___   ETT REMOVED ? ___

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

ID NUMBER   DATE USED   DESCRIPTION   ADDITIONAL PAGES ATTACHED ? __

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

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

MAINT   _____   DATE : _____

QC   _____   DATE : _____

OTHER   _____   DATE : _____

```
RECURRING TASK ACTIVITY                      **      **********    **          **
                                            ****     **********   ****    ****
W/O NBR   :  R2099351   01                   **      **      **    **  ****  **
A/R NBR   :  A2161370                        **      **********    **    **    **
W/O STATUS :  HISTRY   22JUN07               **      **********    **          **
ACT STATUS :  HISTRY   22JUN07               **      **           **          **
TYPE      :  ACT                          ******     **           **          **
                                          ******     **           **          **
```

MEASUREMENT AND TEST EQUIPMENT

ACTIVITY	ID NUMBER	DATE USED	DESCRIPTION
01	NONE	N/A	

```
W/O NBR   :  R2099351   01
A/R NBR   :  A2161370
W/O STATUS :  HISTRY   22JUN07
```

```
RECURRING TASK ACTIVITY                    **      **********    **         **
                                          ****     **********   ****     ****
W/O NBR    : R2099351    01                **      **      **    **  ****  **
A/R NBR    : A2161370                       **     **********    **   **   **
W/O STATUS : HISTRY    22JUN07              **     **********    **        **
ACT STATUS : HISTRY    22JUN07              **     **              **        **
TYPE       : ACT                        ******     **              **        **
                                        ******     **              **        **
```

PAGE: 08

```
RECURRING TASK ACTIVITY

W/O NBR    : R2099351    01
A/R NBR    : A2161370
W/O STATUS : HISTRY    22JUN07
ACT STATUS : HISTRY    22JUN07
TYPE       : ACT
```