

FORM RRA-1 REPORT OF CONTRACTED REPAIR/REPLACEMENT ACTIVITY
(Use of Properly Identified Additional Sheets or Sketches Is Acceptable)

1. Work Performed by _____ (Name of Repair/Replacement Organization Performing Repair/Replacement Activity) _____ (PO No., Job No., etc.)

(Address)

2. Owner _____ (Name)

(Address)

3. Name, Address, and Identification Number of Nuclear Power Plant _____

4. Owner Repair/Replacement Plan No. _____

5. Items Affected by the Contracted Repair/Replacement Activities			
Description of Item	Item Identification No. Assigned by Owner	Name of Manufacturer	Manufacturer's Model/Serial No.
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			

6. Items Installed During Contracted Repair/Replacement Activities							
Identification			Construction Code for Fabrication of Installed Item				Installed into (Line No. from Section 5)
Description of Item installed	Name of Manufacturer	Manufacturer's Model/Serial No. and Unique Traceability No.	Const Code/ Sect/Div.	Edition/ Addenda	Code Cases	Code Class	

7. Section XI Applicable for the Owner's Repair/Replacement Program _____ (Edition) _____ [Addenda (if applicable)] _____ (Code Cases)

8. Section XI Used for Repair/Replacement Activities _____ (Edition) _____ [Addenda (if applicable)] _____ (Code Cases)

FORM RRA-1 REPORT OF CONTRACTED REPAIR/REPLACEMENT ACTIVITY (Cont'd)

9. Construction Code Used for Repair/Replacement Activities _____
Const Code/Sect/Div. (Edition) [Addenda (if applicable)] (Code Cases)

10. Design Responsibilities _____ Reconciliation Performed No Yes (Identify Under
"Description of Work" and Attach or Reference Documentation)

11. Tests Conducted Hydrostatic Pneumatic System Leakage Test N/A (Not Applicable or Test to Be Conducted
by Owner) _____

12. Description of Work
(Use of Properly
Identified Additional
Sheets or Sketches
Is Acceptable)

13. Remarks
(Use of Properly
Identified Additional
Sheets or Sketches
Is Acceptable)

CERTIFICATE OF COMPLIANCE

I, _____, certify that to the best of my knowledge and belief, the statements made in this report are correct, and the repair/replacement activities described above conform to Section XI of the ASME Code and the identified Repair/Replacement Plan(s).

Date _____, 20____ Signed _____
(Name of Repair/Replacement Organization Performing Repair/Replacement Activities) (Authorized Representative) (Title)

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by _____ of _____ have inspected the repair/replacement activities described in this report on _____, 20____ and state that to the best of my knowledge and belief, the repair/replacement activities have been completed in accordance with the requirements of Section XI of the ASME Code and the identified Repair/Replacement Plan(s).

By signing this report, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the work described in this report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury, property damage, or a loss of any kind arising from or connected with this inspection.

Date _____, 20____ Signed _____ Commissions _____
(Inspector) (National Board Number and Endorsement)