

# FORM NR-1, REPORT OF REPAIR/REPLACEMENT ACTIVITIES FOR NUCLEAR FACILITIES

CATEGORY OF ACTIVITY: 1  2  3

\_\_\_\_\_  
(NR Form Registration No.)

REPAIR/REPLACEMENT  RE-RATING

\_\_\_\_\_  
(R/R Plan No., Job No., etc.)

1. WORK PERFORMED BY: \_\_\_\_\_  
(name of "NR" certificate holder)

\_\_\_\_\_  
(address)

2. OWNER: \_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

3. NAME, ADDRESS, AND IDENTIFICATION OF NUCLEAR FACILITY:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(unit identification)

4. SYSTEM/COMPONENT: \_\_\_\_\_ ORIGINAL DESIGN SPECIFICATION NO./REV.: \_\_\_\_\_

5. CONSTRUCTION CODE, SECTION & EDITION/ADDENDA AND APPLICABLE CODE CASES USED FOR THE SYSTEM OR COMPONENT:

6. NBIC EDITION USED FOR PERFORMING REPAIRS/REPLACEMENT OR RE-RATING ACTIVITY: \_\_\_\_\_

7. DESIGN RESPONSIBILITY: \_\_\_\_\_ CODE and ED/AD: \_\_\_\_\_

8. TESTS CONDUCTED:  Hydrostatic  Pneumatic  System Leakage  Pressure \_\_\_\_\_ psi (MPa)  
 Exempt  Other \_\_\_\_\_

9. NUMBER OF COMPONENTS REPAIRED/REPLACED AND/OR RE-RATED (refer to page 2): \_\_\_\_\_

10. DESCRIPTION OF WORK (use of properly identified additional sheet[s] or sketch[es] is acceptable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(NR Form Registration No.)

(R/R Plan No., Job No., etc.)

WORK PERFORMED BY:

\_\_\_\_\_  
(Name of "NR" certificate holder)

\_\_\_\_\_  
(Address of "NR" certificate holder)

COMPONENT IDENTIFICATION

No.	Type of Item	Mfg. Name	Serial No.	Nat'l Bd No.	Code Class	Code Section	Year/ Addenda	Code Case	Revised Design Specification No./Rev. or Design Reconciliation No./Rev.

\_\_\_\_\_  
(NR Form Registration No.)

\_\_\_\_\_  
(R/R Plan No., Job No., etc.)

**CERTIFICATE OF COMPLIANCE**

I, \_\_\_\_\_, employed by \_\_\_\_\_  
certify that to the best of my knowledge and belief the statements made in this report are correct and the repair/replacement activities or re-rating described above conform to \_\_\_\_\_ and the *National Board Inspection Code "NR"* rules.

National Board *Certificate of Authorization* No. \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_  
(authorized representative)

**CERTIFICATE OF INSPECTION**

I, \_\_\_\_\_, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and certificate of competency, where required, issued by the Jurisdiction of \_\_\_\_\_ and employed by \_\_\_\_\_ have inspected the repair/replacement and/or re-rating activities described in this report on \_\_\_\_\_ and state that to the best of my knowledge and belief, these activities have been completed in accordance with the Code specified and the *National Board Inspection Code "NR"* rules.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Commissions: \_\_\_\_\_  
(inspector) (National Board No. and endorsement)