

## GUIDE FOR COMPLETING NATIONAL BOARD FORM NR-1, REPORT

This guide is to be used when completing the National Board Form NR-1, Report of Repair/Replacement Activities for Nuclear Facilities. When computer generated, the form shall replicate the content and format of the information depicted on the Form NR-1, Report of Repair/Replacement Activities for Nuclear Facilities.

Title Block: Check type of activity, repair/replacement and/or rerating, as applicable.

Check category of activity, 1, 2, or 3, as described in Part 3, Paragraph 1.6.2.

- 1) Name and address of the organization, as shown on the National Board "NR" *Certificate of Authorization*, which performed the activity.
- 2) Indicate NR Form Registration Number.
- 3) Indicate the repair/replacement plan, job number, etc., as applicable, assigned by the organization that performed the work for traceability to documentation.
- 4) Name and address of the owner of the nuclear facility.
- 5) Name and address of the nuclear power plant and, if applicable, identification of the unit.
- 6) Identify the system or component (e.g., residual heat removal, reactor coolant) with which the repair/replacement and/or re-rating activity is associated.
- 7) Identify the original design specification number and revision for the system or component listed in line 4.
- 8) Identify the original construction code, edition/addenda used for the system or component identified in line 4.
- 9) NBIC Edition used for performing activities specified on this form.
- 10) Organization having responsibility for design when there is a change from the original design specification.
- 11) Identify code edition/addenda used for design, when applicable.
- 12) Check the type of test conducted (e.g., hydrostatic, pneumatic, system leakage, exempt, or other) and indicate the pressure applied when applicable.
- 13) Indicate the number of components where work was performed. Each component shall be indicated on page 2 of the form NR-1.
- 14) Provide a detailed summary describing the scope of work completed. Information to be considered should include type of work (welding, brazing, fusing), location, steps taken for removal or acceptance of defects, examinations, testing, heat treat, and other special processes or methods utilized. If Necessary, attach additional data, sketch, drawing, Form R-4, etc. In the remarks section state if additional data is attached.
- 15) Indicate any additional information pertaining to the work, including manufacturer's data reports.
- 16) Number in sequence beginning with No. 1 to identify each component work was performed. This number may be used to correspond with the detailed description of work performed.
- 17) Identify the type of item. i.e. piping, pump, valve, etc.
- 18) Identify the manufacturer's name of component.
- 19) Identify the manufacturer's serial no. or other assigned number for traceability.
- 20) Identify the National Board registration number, if previously assigned.
- 21) Identify the code class criteria, as assigned for each component.
- 22) Identify the code section used to perform work.

- 23) Identify Code section year and/or addenda used to perform work.
- 24) Identify any code cases used for work performed.
- 25) Identify any revisions to be made to the design specifications or if any design reconciliations were performed.
- 26) Type or print name of authorized representative from the certificate holder.
- 27) Name of the organization that performed the identified work, using the full name as shown on the *Certificate of Authorization*, or an abbreviation acceptable to the National Board.
- 28) Indicate code section as applicable to the repair/replacement activity and/or re-rating activity performed.
- 29) Indicate National Board *Certificate of Authorization* number.
- 30) Indicate month, day, and year the certificate expires.
- 31) Title of authorized representative as defined in the Quality Program.
- 32) Signature of authorized representative from the NR certificate holder.
- 33) Indicate month, day and year of signature by the Authorized Representative
- 34) Type or print name of Authorized Nuclear Inspector.
- 35) Indicate the Jurisdiction where the activity is performed, when required.
- 36) Indicate Authorized Nuclear Inspector's employer.
- 37) Indicate month, day, and year of inspection by the Authorized Nuclear Inspector.
- 38) National Board Commission number and required endorsements.
- 39) Signature of Authorized Nuclear Inspector.
- 40) Indicate month, day, and year of signature by the Authorized Nuclear Inspector.

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

CATEGORY OF ACTIVITY: 1  2  3

REPAIR/REPLACEMENT  RE-RATING

②

(NR Form Registration No.)

③

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

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

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

2. OWNER: ④ \_\_\_\_\_  
(name)

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

3. NAME, ADDRESS, AND IDENTIFICATION OF NUCLEAR FACILITY: ⑤ \_\_\_\_\_  
(name)

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

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

4. SYSTEM/COMPONENT: ⑥ \_\_\_\_\_ ORIGINAL DESIGN SPECIFICATION NO./REV.: ⑦ \_\_\_\_\_

5. CONSTRUCTION CODE, SECTION & EDITION/ADDENDA AND APPLICABLE CODE CASES USED FOR THE SYSTEM OR COMPONENT: ⑧ \_\_\_\_\_

6. NBIC EDITION USED FOR PERFORMING REPAIRS/REPLACEMENT OR RE-RATING ACTIVITY: ⑨ \_\_\_\_\_

7. DESIGN RESPONSIBILITY: ⑩ \_\_\_\_\_ CODE ED/AD: ⑪ \_\_\_\_\_

8. TESTS CONDUCTED:  Hydrostatic  Pneumatic  System Leakage  Pressure \_\_\_\_\_ psi (MPa)  
⑫  Exempt  Other \_\_\_\_\_

9. NUMBER OF COMPONENTS REPAIRED/REPLACED AND/OR RE-RATED (refer to page 2): ⑬ \_\_\_\_\_

10. DESCRIPTION OF WORK (use of properly identified additional sheet[s] or sketch[es] is acceptable): ⑭ \_\_\_\_\_

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10. REMARKS: ⑮ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

②

(NR Form Registration No.)

③

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

WORK PERFORMED BY:

①

(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.
⑬	⑰	⑱	⑲	⑳	㉑	㉒	㉓	㉔	㉕

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

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

**CERTIFICATE OF COMPLIANCE**

I,       (26)      , employed by       (27)        
 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       (28)       and the *National Board Inspection Code "NR"* rules.

National Board *Certificate of Authorization* No.       (29)       Expiration date:       (30)      

Title:       (31)        
(authorized representative)

Signed:       (32)      

Date:       (33)      

**CERTIFICATE OF INSPECTION**

I,       (34)      , 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       (35)       and employed by       (36)       have inspected the repair/replacement and/or re-rating activities described in this report on       (37)       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.

Commissions:       (38)        
(National Board No. and endorsement)

Signed:       (39)        
(inspector)

Date:       (40)