

GUIDE FOR COMPLETING NATIONAL BOARD FORM NVR-1 REPORTS

This guide is to be used when completing the National Board Form R-4, Report Supplementary Sheet. When computer generated, the format of the form shall replicate the type and relative location of the information depicted on the Form R-4, Report Supplementary Sheet.

Title Block: Check category of activity, 1, 2, or 3

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

1. Name and address of the organization, as shown on the National Board "VR" and "NR" Certificates of Authorization, which performed the activity.
2. Indicate NVR Form Registration Number.
3. Indicate the purchase order number, job number, etc., as applicable, assigned by the organization that performed the work.
4. Name and address of the organization for which the work was performed.
5. Name and address of the owner nuclear power plant.
6. Name and address of the nuclear power plant and, if applicable, identification of the unit.
7. Describe the type of pressure relief device (e.g., safety valve, safety relief valve, pressure relief valve).
8. Manufacturer's name of the affected item.
9. Indicate the pressure relief device by the manufacturer's valve series or catalog number.
10. Manufacturer's serial number of the affected item.
11. National Board number, if applicable, of the affected item.
12. Indicate the service as steam, liquid, air/gas, etc.
13. Indicate the pressure relief device by inlet size, in inches.
14. Year the affected item was manufactured.
15. Indicate the name, section and division of the original construction code for the affected item.
16. Identify the edition, addenda, and as applicable, code cases, and class of the original construction code for the affected item.
17. Identify the edition, addenda, and as applicable, code cases of the ASME Section XI code for the inservice inspection activity.
18. Identify the edition, addenda, and as applicable, code cases of the ASME Section XI code for the repair/replacement activity.
19. Identify the edition, addenda, and as applicable, code cases of the construction code for the repair/replacement activity.
20. Identify the organization responsible for design or design reconciliation, if applicable.
21. Indicate the set pressure of the valve.
22. Indicate the blowdown, if applicable, as a percentage of set pressure.
23. Indicate repair organization's name and address.
24. Indicate medium (e.g. steam, air, etc.) used for the adjustment of the set pressure and, if applicable, blowdown.

25. Provide a detailed summary describing the scope of work completed. Information to be considered should include type of work (e.g. 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. If additional data is attached, so state in the remarks section.
26. Indicate any additional information pertaining to the work.
27. Type or print name of authorized representative from the certificate holder.
28. Indicate ASME Section XI or construction code as applicable to the repair, replacement, and/or rerating activity performed.
29. Indicate National Board Certificate of Authorization number.
30. Indicate month, day, and year the certificate expires.
31. Indicate month, day, and year of signature by the authorized representative.
32. Signature of authorized representative from the certificate holder defined in item 27 above.
33. Title of authorized representative as defined in the Quality Program.
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 address of Authorized Nuclear Inspector's employer (city and state or province).
38. Indicate month, day, and year of inspection by the Authorized Nuclear Inspector.
39. Indicate month, day, and year of signature by the Authorized Nuclear Inspector.
40. Signature of Authorized Nuclear Inspector defined in item 34 above.
41. National Board Commission number and required endorsements.

FORM NVR-1, REPORT OF REPAIR/REPLACEMENT ACTIVITIES FOR NUCLEAR PRESSURE RELIEF DEVICES

2
 (form "NVR" registration no.)
3
 (P.O. no., job no., etc.)

CATEGORY OF ACTIVITY: 1 2 3

REPAIR REPLACEMENT RERATING

1. WORK PERFORMED BY: 1 _____
 (name of "NVR" authorized organization)

 (address)

2. WORK PERFORMED FOR: 4 _____
 (name)

 (address)

3. OWNER: 5 _____
 (name)

 (address)

4. NAME, ADDRESS, AND IDENTIFICATION OF NUCLEAR POWER PLANT: 6 _____
 (name)

 (address)

 (identification)

5. a: REPAIRED PRESSURE RELIEF DEVICE: 7 _____

b: NAME OF MANUFACTURER: 8 _____

c: IDENTIFYING NOS.: 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____
 (type) (mfg. serial no.) (Nat'l Bd No.) (service) (size) (year built)

d: CONSTRUCTION CODE: 15 _____ 16 _____ 16 _____ 16 _____ 16 _____
 (name/section/division) (edition) (addenda) (code case(s)) (code class)

6. ASME CODE SECTION XI APPLICABLE FOR INSERVICE INSPECTION: 17 _____ 17 _____ 17 _____
 (edition) (addenda) (code case(s))

7. ASME CODE SECTION XI USED FOR REPAIR/REPLACEMENT/RERATE: 18 _____ 18 _____ 18 _____
 (edition) (addenda) (code case(s))

8. CONSTRUCTION CODE USED FOR REPAIR/REPLACEMENT/RERATE: 19 _____ 19 _____ 19 _____
 (edition) (addenda) (code case(s))

9. DESIGN RESPONSIBILITY: 20 _____

10. OPENING PRESSURE: 21 _____ BLOWDOWN (if applicable): 22 _____

SET PRESSURE AND BLOWDOWN ADJUSTMENT MADE AT: 23 _____ USING 24 _____

11. DESCRIPTION OF WORK: (include name and identifying number of replacement parts): 25 _____

12. REMARKS: 26 _____

(form "NVR" registration no.)

(P.O. no., job no., etc.)

CERTIFICATE OF COMPLIANCE

I, (27) , certify that to the best of my knowledge and belief the statements made in this report are correct and the repair, replacement, or rerate of the pressure relief devices described above conform to (28) and the *National Board Inspection Code "VR" & "NR"* rules.

National Board *Certificate of Authorization* No. (29) to use the "VR" stamp expires (30)
National Board *Certificate of Authorization* No. (29) to use the "NR" stamp expires (30)
Date (31) Signed (32) (33)
(authorized representative) (title)

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) of (37) have inspected the repair, replacement, and/or rerate described in this report on (38) and state that to the best of my knowledge and belief, this repair or replacement has been completed in accordance with the Code specified and the *National Board Inspection Code "VR" & "NR"* rules.

By signing this certificate, neither the undersigned nor my employer makes any warranty, expressed or implied, concerning the repair or replacement 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.

Date (39) Signed (40) (41)
(inspector) (National Board and endorsement)