

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

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

CATEGORY OF ACTIVITY: 1  2  3

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

REPAIR/REPLACEMENT  RE-RATING

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

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

2. WORK PERFORMED FOR: \_\_\_\_\_  
(name)

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

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

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

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

\_\_\_\_\_  
(address)/ (unit identification)

5. CODE APPLICABLE FOR INSERVICE INSPECTION: \_\_\_\_\_  
(edition) (addenda) (code case(s))

6. CODE USED FOR REPAIR/REPLACEMENT ACTIVITY: \_\_\_\_\_  
(edition) (addenda) (code case(s))

7. NBIC USED FOR REPAIR/REPLACEMENT ACTIVITY: \_\_\_\_\_  
(edition)

8. DESIGN RESPONSIBILITY: \_\_\_\_\_

9. **REPAIRED PRESSURE RELIEF DEVICE: SEE PAGE 2**

10. OPENING PRESSURE: \_\_\_\_\_ BLOWDOWN (if applicable): \_\_\_\_\_

11. SET PRESSURE AND BLOWDOWN ADJUSTMENT MADE AT: \_\_\_\_\_ USING: \_\_\_\_\_

12. DESCRIPTION OF WORK: (include name and identifying number of replacement parts):

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

12. 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)

PRESSURE RELIEF DEVICE

Name of Mfg.	Type	Mfg. Serial No.	Nat'l Bd No.	Service	Size	Year Built

CONSTRUCTION CODE

Section	Class	Edition	Addenda	Code Case(s)

NAME AND IDENTIFYING NUMBER OF REPLACEMENT PARTS

No.	Part Name	Part Number	Quantity	Serial Number/Traceability No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				

\_\_\_\_\_  
(form "NVR" registration no.)

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

### 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 of the pressure relief devices described above conform to \_\_\_\_\_ and the *National Board Inspection Code "VR" & "NR"* rules.

National Board *Certificate of Authorization* No. \_\_\_\_\_ to use the "VR" stamp expires \_\_\_\_\_

National Board *Certificate of Authorization* No. \_\_\_\_\_ to use the "NR" stamp expires \_\_\_\_\_

Title: \_\_\_\_\_

Signed: \_\_\_\_\_  
(authorized representative)

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

### 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 \_\_\_\_\_ of \_\_\_\_\_ have inspected the repair/replacement described in this report on \_\_\_\_\_ and state that to the best of my knowledge and belief, this repair/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/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.

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

Signed: \_\_\_\_\_  
(inspector)

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