

GUIDE FOR COMPLETING FORM NVR-1, REPORT OF REPAIR/REPLACEMENT ACTIVITIES FOR NUCLEAR PRESSURE RELIEF DEVICES, NB-160

Reference to Circled Numbers in the Form	Description
	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 "VR" and "NR" Certificates of Authorization, which performed the activity.
(2)	Indicate NVR Form Registration Number.
(3)	Indicate the repair/replacement plan number, job number, etc., as applicable for traceability, 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 facility.
(6)	Name and address of the nuclear facility and, if applicable, identification of the unit.
(7)	Identify the edition, addenda, and as applicable, code cases of the code used for the inservice inspection activity.
(8)	Identify the edition, addenda, and as applicable, code cases of the code used for the repair/replacement activity.
(9)	Identify the NBIC edition used for the repair/replacement activity.
(10)	Identify the organization responsible for design or design reconciliation, if applicable.
(11)	Indicate the set pressure of the valve.
(12)	Indicate the blowdown, if applicable, as a percentage of set pressure.
(13)	Indicate the location of testing.
(14)	Indicate medium (steam, air, etc.) used for the adjustment of the set pressure and, if applicable, blowdown.
(15)	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. If additional data is attached, so state in the remarks section.
(16)	Indicate any additional information pertaining to the work, such as, additional documentation that is attached to this form to further support item 15.
(17)	Manufacturer's name of the affected item

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(18)	Describe the type of pressure relief device (e.g., safety valve, safety relief valve, pressure relief valve).
(19)	Manufacturer's serial number of the affected item.
(20)	National Board number, if applicable, of the affected item.
(21)	Indicate the service as steam, liquid, air/gas, etc.
(22)	Indicate the pressure relief device by inlet size, in inches.
(23)	Indicate the year the affected item was manufactured.
(24)	Indicate the name, section and division of the original construction code for the affected item.
(25)	Indicate the code class for the affected item as applicable, i.e. Class 1, 2 or 3.
(26)	Indicate the construction code edition for the affected item.
(27)	Indicate the construction code addenda, as applicable, for the affected item.
(28)	Indicate any applicable code cases used for manufacturing of the affected item.
(29)	Name of the replacement part.
(30)	Identifying number of the replacement part.
(31)	Number/quantity of each replacement part used.
(32)	Indicate the Serial number or other traceability used by the manufacturer of the replacement part.
(33)	Type or print name of authorized representative from the certificate holder.
(34)	Indicate code as applicable to the repair/replacement activity performed.
(35)	Indicate National Board Certificate of Authorization number, if applicable for the "VR" Stamp.
(36)	Indicate month, day, and year the certificate expires, if applicable for the "VR" Stamp.
(37)	Indicate National Board Certificate of Authorization number, if applicable for the "NR" Stamp.
(38)	Indicate month, day, and year the certificate expires, if applicable for the "NR" Stamp.
(39)	Signature of authorized representative from the certificate holder defined in item 27 above.

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Reference to Circled Numbers in the Form	Description
(40)	Indicate month, day, and year of signature by the authorized representative.
(41)	Title of authorized representative as defined in the Quality Program.
(42)	Type or print name of Authorized Nuclear Inspector.
(43)	Indicate the Jurisdiction where the activity is performed, when required.
(44)	Indicate Authorized Nuclear Inspector's employer.
(45)	Indicate address of Authorized Nuclear Inspector's employer (city and state or province).
(46)	Indicate month, day, and year of inspection by the Authorized Nuclear Inspector.
(47)	Signature of Authorized Nuclear Inspector defined in item 42 above.
(48)	Indicate month, day, and year of signature by the Authorized Nuclear Inspector.
(49)	National Board Commission number and required endorsements.



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)

PRESSURE RELIEF DEVICE

Name of Mfg.	Type	Mfg. Serial No.	Nat'l Bd No.	Service	Size	Year Built
①⑦	①⑧	①⑨	②⑩	②①	②②	②③

CONSTRUCTION CODE

Section	Class	Edition	Addenda	Code Case(s)
②④	②⑤	②⑥	②⑦	②⑧

NAME AND IDENTIFYING NUMBER OF REPLACEMENT PARTS

No.	Part Name	Part Number	Quantity	Serial Number/Traceability No.
1.	②⑨	③⑩	③①	③②
2.				
3.				
4.				
5.				
6.				
7.				

