

GUIDE FOR COMPLETING NATIONAL BOARD FORM NVR-1, REPORT

This guide is to be used when completing the National Board Form NVR-1, Report of Repair/Replacement Activities for Nuclear Pressure Relief Devices. When computer generated, the format of the form shall replicate the type and relative location of the information depicted on the Form NVR-1, Report of Repair/Replacement Activities for Nuclear Pressure Relief Devices.

Title Block: Check type of activity, repair/replacement, 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.
- 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) Title of authorized representative as defined in the Quality Program.
- 40) Signature of authorized representative from the certificate holder defined in item 27 above.
- 41) Indicate month, day, and year of signature by the authorized representative.
- 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) National Board Commission number and required endorsements.
- 48) Signature of Authorized Nuclear Inspector defined in item 42 above.
- 49) Indicate month, day, and year of signature by the Authorized Nuclear Inspector.

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

②

(NVR Form Registration No.)
③

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

CATEGORY OF ACTIVITY: 1 2 3

REPAIR/REPLACEMENT RE-RATING

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 FACILITY: ⑥ _____
(name)

(address)/ (unit identification)

5. CODE APPLICABLE FOR INSERVICE INSPECTION: ⑦ _____
(edition) (addenda) (code case(s))

6. CODE USED FOR REPAIR/REPLACEMENT ACTIVITY: ⑧ _____
(edition) (addenda) (code case(s))

7. NBIC USED FOR REPAIR/REPLACEMENT ACTIVITY: ⑨ _____
(edition)

8. DESIGN RESPONSIBILITY: ⑩ _____

9. REPAIRED PRESSURE RELIEF DEVICE: SEE PAGE 2

10. OPENING PRESSURE: ⑪ _____ BLOWDOWN (if applicable): ⑫ _____

11. SET PRESSURE AND BLOWDOWN ADJUSTMENT MADE AT: ⑬ _____ USING: ⑭ _____

12. DESCRIPTION OF WORK: (include name and identifying number of replacement parts):
⑮ _____

12. REMARKS: ⑯ _____

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 Bld No.	Service	Size	Year Built
⑰	⑱	⑲	⑳	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	㉚	㉛	㉜
2.				
3.				
4.				
5.				
6.				
7.				

(form "NVR" registration no.)

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

CERTIFICATE OF COMPLIANCE

I, 33, 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 34 and the *National Board Inspection Code "VR" & "NR" rules.*

National Board Certificate of Authorization No. 35 to use the "VR" stamp expires 36
 National Board Certificate of Authorization No. 37 to use the "NR" stamp expires 38

Title: 39

Signed: 40
 (authorized representative)

Date: 41

CERTIFICATE OF INSPECTION

I, 42, 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 43 and employed by 44 of 45 have inspected the repair/replacement described in this report on 46 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: 47
 (National Board No. and endorsement)

Signed: 48
 (inspector)

Date: 49