

NUCLEAR POWER BUSINESS UNIT
OPERATIONS REFUELING TESTS

ORT 72
MINOR
Revision 8
January 25, 1997

ELECTRICAL PENETRATION LEAK TEST
UNIT 1

Date _____
DSS _____

RECORD

PROCEDURE VERIFIED CURRENT AND CHECKED FOR TEMPORARY CHANGES. IF FIELD
COPIES REQUIRED, USE PBF-0026i 1AW NP 1.2.4 AND DO NOT COMPLETE THIS BLOCK.

BY: _____ DATE: _____

1.0 PURPOSE

The purpose of ORT 72 is to perform a refueling interval leak test the envelope for electrical penetrations E21 and E22 which are located in the El. 26' Pipeway No. 2, upper level.

2.0 REFERENCES

IR 96-006, NRC Inspection Report, NRC Commitment for Operations procedure PMT/QC reviews.

3.0 PRECAUTIONS AND LIMITATIONS

3.1 Penetration E21 and E22 may be ganged together for leak testing purposes.

3.2 All electrical penetrations must be leak tested with nitrogen.

4.0 INITIAL CONDITIONS

Permission to Perform Test

The conditions required by this test are consistent with required plant conditions including equipment operability. Permission is granted to perform this test.

DSS _____ Time _____ Date _____

5.0 PROCEDURE

NOTE: *This penetration must be leak tested with nitrogen.*

5.1 Open the isolation valve downstream of pressure gauge for the penetration to be tested and remove the test cap. _____

5.2 Remove the pressure gauge and Whitey valve assembly. _____

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INITIALS

NOTE: *Minimize the amount of time the leak rate tester is connected to the mechanical penetration.*

5.3 Connect the test rig to the penetration test connection and test per OI-58. _____

5.4 Upon completion of the test, vent the penetration per OI-58. _____

5.5 Disconnect the test rig and replace the pressure gauge and Whitey valve assembly. _____

5.6 Repressurize the penetration to 15 psig. Close the isolation valve and replace the test cap. _____

PMT

5.7 Snoop disturbed fittings for leakage and tighten/initiate work order, as required. _____

6.0 EVALUATION

TO BE COMPLETED BY OPERATIONS MANAGER OR HIS REPRESENTATIVE.

6.1 Individual leakages compared to allowable value and included in tabulation of total leak rate _____

6.2 Results acceptable, 0.6 L_a not exceeded.

Yes _____ No _____

(If no, give details in the Remarks section and notify the Regulatory Services manager to determine reportability.)

6.3 Data Analyzed By _____

Date _____

Remarks:

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LEAK TEST DATA SHEET
Penetrations E21 and E22

<u>Time</u>	<u>Pressure</u> <u>(psig)</u>	<u>Leak Rate</u> <u>(sccm)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Test Instrument ID _____ Range (Circle one): Low Mid High

Comments:

Test Operator _____ Date _____