

FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number _____

Plant _____

Unit No. _____ Commercial service date _____ Refueling outage no. _____
(if applicable)

Applicable inspection interval _____
(1st, 2nd, 3rd, 4th, other)

Applicable inspection period _____
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plans _____

Date and revision of inspection plans _____

Edition and Addenda of Section XI applicable to repair/replacement activities, if different than the inspection plans _____

Code Cases used for inspection and evaluation: _____
(if applicable)

Remarks _____

CERTIFICATE OF CONFORMANCE

I certify that (a) the statements made in this report are correct; (b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI; and (c) the repair/replacement activities and evaluations supporting the completion of _____ conform to the requirements of the ASME Code, Section XI.
(refueling outage number)

Signed _____ Date _____
(Owner or Owner's Designee, Title)

CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by _____ of _____ have inspected the items described in this Owner's Activity Report and state that, to the best of my knowledge and belief, the Owner has performed all activities represented by this report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the repair/replacement activities and evaluations described in this report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

(Inspector's Signature) Commission _____
(National Board Number and Endorsement)

Date _____

FORM OAR-1 OWNER'S ACTIVITY REPORT (Cont'd)

Table 1
Items With Flaws or Relevant Conditions That Required
Evaluation for Continued Service

Examination Category and Item Number	Item and Flaw or Relevant Condition Description	Evaluation Description
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Table 2
Abstract of Repair/Replacement Activities Required
for Continued Service

Code Class	Item Description	Description of Work	Date Completed	Repair/Replacement Plan Number
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