Checklist

Date/Time: 3/26/14

TD Repair Person: Doug Kelley ID# 12304

TD Repair Person: Landy Kuminska ID# 10017 C

TD Repair Person: _____ ID# _____

TD Repair Person: _____ ID# _____

1) Identify

a. Requestor ~~Denton Morris~~ 3/27/14 Bob Skazyk

b. Identify Device & Enclosure

Device BDM844

Enclosure 527 AKA HV704-4

[X] c. Communicate with **MCR Crew Chief**

d. Knowledgeable Person (ask MCR **Crew Chief**): Denton Morris

e. Estimate work needed: (Summary)

_____

2) Isolate

a. LOTO steps (Be specific)

MAIN INJECTOR BOX IN CONTROL ROOM

3) Verification by _____ ID#: _____

a. Verification Steps (Summary)

_____

4) Completion of Work

[X] a. Retreat from Isolation – locks removed

[X] b. Notify MCR Date/Time: 3/27/13 13:38

c. Work actually performed (Summary)

BRAZED JOINT FITTING – SUCCESSFULLY