

<b>Status</b>	2 - Disposition Needed		<b>Trend</b>	01-Deviation From Doc/Proc	
<b>Department</b>	NCSX		<b>Division</b>	WBS 114	
<b>Source/Org</b>	FABRICATION, OPERATIONS & MAINTENANCE				
<b>Item Dwg/Part#</b>	MCWF-A3	<b>Procurement #</b>			<b>Cost Center</b>
<b>RAP#</b>	3234	<b>Job Doc #</b>	D-NCSX-MCF-004	<b>Vendor</b>	
<b>RAP Title</b> Modular Coil Fabrication - Post VPI Activities					

☐ HoldTag Applied

**Nonconforming Condition (include requirement(s) violated):**

MCWF-A3, On the A3 modular coil four (4) of the twelve (12) liquid nitrogen cooling tubes are in electrical contact with the winding form. Paragraph 6.14.1 of D-NCSX-MCF-004-02 states "Verify that cooling tubes are electrically isolated from all other cooling tubes and from the modular coil winding form using a multi-meter." The cooling tubes in contact with the winding form are listed below are other cooling tubes were found to be isolated. These tubes were found during post VPI operations, all of the cooling tubes were verified isolated prior to VPI operations.

Side A - Zone 1 - Inner - 0.3 ohms  
 Side A - Zone 2 - Inner - 1.0 ohms  
 Side B - Zone 1 - Inner - 0.6 ohms  
 Side B - Zone 3 - Inner - 12.5 ohms

<b>Lot Size Recd</b>	0	<b>Sample Size Insp</b>	0	<input type="checkbox"/> Lot Rejected	<b># Rejected</b>	0
<b>Reported By</b>	Phelps C	<b>Validated By</b>	Boscoe J	<b>Validated Date</b>	04/10/07	

~~Disposition: Rework\* \_\_ Repair\* \_\_ Use As Is\* \_\_ Return To Vendor\* \_\_ Scrap\* \_\_~~

*Please use p. 2 for disposition and approvals .*

~~For rework or repair of vendor supplied equipments, fill in information below:~~

<b>#Hours</b>	_____	<b>\$Est Labor</b>	_____	<b>\$G&amp;A</b>	_____
<b>\$Material</b>	_____	<b>\$Burden</b>	_____	<b>\$Total</b>	_____

<b>Disposition By</b>	_____	<b>Date</b>	_____
<b>Supervisor's Concur</b>	_____	<b>Date</b>	_____
<b>Eng. Dept. Head Concur</b>	_____	<b>Date</b>	_____
<b>WCO/Other</b>	_____	<b>Date</b>	_____

<b>PQA/QC Mgr Dispos Concur</b>	_____	<b>Date</b>	_____
<b>QC Field Verification By</b>	_____	<b>Date</b>	_____

**Distribution**

**Cog** J. Chrzanowski  
**Insp** C. Phelps  
 Proj. Doc Control (when closed)  
 QC Files  
 Malsbury J  
 Boscoe J  
 T. Meighan  
 Dudek L  
 Reiersen W  
 Williams M  
 Tyrrell M

Disposition: Rework\_\_\_\_ Repair \_\_\_\_ Use As Is\_\_\_\_ Return to Vendor\_\_\_\_ Scrap\_\_\_\_

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For rework or repair of vendor supplied equipment, fill in information below:

# Hours \_\_\_\_\_ \$ Est Labor\_\_\_\_\_ \$ G&A\_\_\_\_\_

\$ Material \_\_\_\_\_ \$ Burden \_\_\_\_\_ \$ Total \_\_\_\_\_

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Disposition by \_\_\_\_\_

~~Supervisor's Concurrence~~ \_\_\_\_\_

Eng. Dept. Head Concurrence \_\_\_\_\_

Other (i.e., WCO/FPE) Concurrence \_\_\_\_\_

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PQA/QC Mgr Disposition Concurrence \_\_\_\_\_

QA Field Verification by \_\_\_\_\_