

**PPPL NONCONFORMANCE REPORT NO: 3654      Open Date 05/17/06**

<b>Status</b>	2 - Disposition Needed	<b>Trend</b>	07-Out Of Tolerance
<b>Department</b>	NCSX	<b>Division</b>	NCSX Project
<b>Source/Org</b>	FABRICATION, OPERATIONS & MAINTENANCE		
<b>Item Dwg/Part#</b>	N/A	<b>Procurement #</b>	D-NCSX-MCF-004
<b>RAP#</b>	3234	<b>Job Doc #</b>	D-NCSX-MCF-004
<b>RAP Title</b>	Modular Coil Fabrication - Post VPI Activities		
<input type="checkbox"/> <b>HoldTag Applied</b>			

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

MCWF-C2, On the C2 NCSX Modular Coil six (3) of the fourteen (14) cooling tubes are in electrical contact with the casting/winding form. Paragraph 6.3.3 of procedure D-NCSX-MCF-004-00 states "Verify that cooling tubes are not grounded and electrically isolated to modular coil winding form using a multi-meter." The cooling tubes found to be in contact with the winding form are listed below, tubes not listed were determined to be electrically isolated from the winding form. This check was performed prior to VPI operations and was performed for information purposes and therefore Ohm readings were not taken at the time of testing.

Side A:

Lower - Clamp 27 to 75

Side B:

Upper - Clamp 16 to 28

Lower - Clamp 27 to 73

<b>Lot Size Recd</b>	0	<b>Sample Size Insp</b>	0	<input type="checkbox"/> <b>Lot Rejected</b>	<b># Rejected</b>	0
<b>Reported By</b>	Phelps C	<b>Validated By</b>	Boscoe J	<b>Validated Date</b>	05/17/06	

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

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

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

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

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

**Distribution**

**Cog** J. Chrzanowski  
**Insp** C. Phelps  
 Proj. Doc Control (when closed)  
 QC Files  
 Malsbury J  
 Boscoe J  
 T. Meighan  
 Heitzenroeder P  
 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 \_\_\_\_\_