


OPER. #	STATION	DESCRIPTION OF PROCESS	Name	Date
10	QUALITY RELEASE	REVIEW AND APPROVE MTS. RECEIVED APPROVAL FROM EIO ON <u>6/14/05</u> FROM <u>DATE</u> SIGNED QUALITY MANAGER	<u>Can</u>	<u>6/14</u>
15	PATTERN NPAT SOP 0100REV2	APPLY APPROPRIATE PART NUMBER, SERIAL NUMBER, AND FOUNDRY MARK, TO THE PATTERN. CAST ON BARS REQUIRED. Place numbers on the bars as to their location.		
20	COREMAKE CORE SOP 0100 REV 6 CALIBRATION PER CORE SOP 0200R4/0300R6	MAKE CORES IN SAND MIXTURES AS DESCRIBED BY METALTEK ENGINEERING AND VERIFIED IN MODELING TRIALS. METALTEK CORE SOP 0100 REV 6) CORE WASH WITH ZIRCONIUM CORE WASH. (CALIBRATION OF EQUIPMENT REQUIRED PER CORE SOP 0200,R4 / 0300,R6)	<u>Bue</u>	<u>7-8-05</u>
30	MOLD MOLD SOP 0400 REV 8 CALIBRATION PER MOLD SOP 0900 REV 5 PREPARATION PER MOLD SOP 1100R2/1200R2/1300R1 SAND TESTING PER MOLD SOP 1400R2/1500R3/1600R2	VERIFY COUNT AND INSPECT. MOLD PER WORK INSTRUCTIONS IN MAPICS ROUTING AND SOPS REFERENCED. ENGINEER OF RECORD - ROGER BROMAN, CONSULT ON MOLD-RELATED CONCERNS. MOLD MATERIALS REQUIRED PER MAPICS BOM. NOTIFY ENGINEER OF ANY SUBSTITUTIONS.	<u>Bue</u>	<u>7-8-05</u>
40	POUR MELT SOP 0100R5 MELT SOP 0700R2 MELT SOP 0600R2	METAL MUST BE AOD REFINED OR AOD INGOT. VIRGIN METAL ADDITIONS ALLOWED. RECORD POURING TEMPERATURE: <u>2750</u> CASTING POURED AT: <u>NBF 7-13-05 6:30 AM</u> DATE: <u>7-13-05</u> HEAT #'s: <u>30108, 30109, 30110, 30111, 30112, 30113</u> ELAPSED POUR TIME <u>10 min</u> KEEL BLOCKS POURED: <u>yes - 8</u> Sample from ladle to be analyzed for final chemical analysis and reported on material certifications. Sample Taken by: <u>T.W.</u> Analyzed: <u>G. Hurt</u> Date: <u>7-13-05</u>	<u>yug</u>	<u>7-13-05</u>
50	MELT SOP 0800R2	SHAKEOUT	<u>DA</u>	<u>7-16-05</u>

60	ARC RISE SOP 0100R1	REMOVE RISERS AS DIRECTED BY SUPERVISOR.	7/25
70	HEAT TREAT HEAT SOP 0103R5	SOLUTION ANNEAL. MAKE SURE TO BLOCK ALL FLANGES OF FORM AND RACETRACK TO MINIMIZE CREEP DISTORTION. Soak Temp: 2050F, Soak Time: 4HR + 1/2 HR/IN, Quench Type: Air Cool	7/26 Kmr
75	PHYSICAL TESTING	OBTAIN TEST SPECIMENS AND SUBMIT FOR PHYSICAL TESTING. REPORT RESULTS AS PART OF STEP 510.	7/20 Wt
NOTE		THE ORDER OF CLEANING PROCESSES MAY BE ALTERED DUE TO CAPACITY CONSTRAINTS. HOLD POINTS AND COMPLIANCE WILL NOT BE COMPROMISED. EIO WILL BE ADVISED OF ALL CHANGES THAT MAY RESULT IN A REQUEST FOR DEVIATION FROM REQUIREMENTS.	
80	GRIND GSA SOP 0100R3	SWING GRIND TO REMOVE RISER REMAINS AND FLASH IF REQUIRED.	7/20 Hw
85	GRIND GCHI SOP 0100R2	CHIP AND HAD GRIND SURFACE OF PART AS REQUIRED FOR CONTOUR.	
90	SAND BLAST BLAS SOP 0100R6	SANDBLAST (REMOVE ALL BLAST MATERIAL FROM CASTING) SANDBLASTING WILL BE DONE USING RECYCLED SHARP ANGULAR AGGREGATE.	
NOTICE	WITNESS NOTIFICATION HOLD FOR EIO APPROVAL	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF LAYOUT. EIO NOTIFIED ON 7/28/05 DCMA NOTIFIED ON 7/28/05 APPROVAL RECEIVED ON 	Q ENG OR QA MGR
100	LAYOUT SOP LAYOUT 0100	INSPECT CASTING TO VERIFY DIMENSIONS. THIS STEP MAY BE DELAYED. DIMENSIONED _____ DATE _____ RELEASED _____ (ENGINEER ONLY) NOTE: THE FIRST PART PRODUCED OF EACH TYPE A, B AND C WILL BE DIMENSIONED BY LAWTON PATTERN. IF DIMENSIONED BY LAWTON IT WILL BE DOCUMENTED HERE. Subsequent casting done internally per Romer Arm.	
110	VISUAL INSPECTION CQP-500 REV 4	VISUALLY INSPECT 100% of COMPONENT ACCORDING TO ASTM A802 LEVEL 3 ALL CONDITIONS. IF OK CHECK HERE _____ MARK AND REPAIR AT STEP 120. IF REJECTED CHECK HERE _____	VT - LEVEL II

Start
Rev 8

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60	ARC RISE SOP 0100R1	REMOVE RISERS AS DIRECTED BY SUPERVISOR.	7/20/05	
70	HEAT TREAT HEAT SOP 0103R5	SOLUTION ANNEAL. MAKE SURE TO BLOCK ALL FLANGES OF FORM AND RACETRACK TO MINIMIZE CREEP DISTORTION. Soak Temp: 2050F, Soak Time: 4HR + 1/2 HR/IN, Quench Type: Air Cool MAKE SURE TEST MATERIAL IS PLACED IN THE CORRECT ZONE.	DES	7/20/05
75	PHYSICAL TESTING	OBTAIN TEST SPECIMENS AND SUBMIT FOR PHYSICAL TESTING. REPORT RESULTS AS PART OF STEP 510.	DES	
NOTE		THE ORDER OF CLEANING PROCESSES MAY BE ALTERED DUE TO CAPACITY CONSTRAINTS. HOLD POINTS AND COMPLIANCE WILL NOT BE COMPROMISED. EIO WILL BE ADVISED OF ALL CHANGES THAT MAY RESULT IN A REQUEST FOR DEVIATION FROM REQUIREMENTS.		
80	GRIND GWSA SOP 0100R3	SWING GRIND TO REMOVE RISER REMAINS AND FLASH IF REQUIRED.	8-1-05 KTS	Start 8-3
85	GRIND GCHI SOP 0100R2	CHIP AND HAD GRIND SURFACE OF PART AS REQUIRED FOR CONTOUR.	CSS 8-4-05	
90	SAND BLAST BLAS SOP 0100R6	SANDBLAST (REMOVE ALL BLAST MATERIAL FROM CASTING) SANDBLASTING WILL BE DONE USING RECYCLED SHARP ANGULAR AGGREGATE.	8-4-05 KTS	70 8-4-05
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF LAYOUT. EIO NOTIFIED ON 8/21/05 DCMA NOTIFIED ON 8/21/05 APPROVAL RECEIVED ON <u>VA</u>	Q ENG OR QA MGR	
100	INTERIM LAYOUT SOP LAYOUT 0100	INSPECT CASTING TO VERIFY DIMENSIONS. THIS STEP MAY BE DELAYED UNTIL ALL REPAIRS ARE COMPLETE. NOTE: THE FIRST PART PRODUCED OF EACH TYPE A, B AND C WILL BE DIMENSIONED BY LAWTON PATTERN. IF DIMENSIONED BY LAWTON IT WILL BE DOCUMENTED HERE. Subsequent casting done internally per Romer Arm.	8-10-05 KTS	
110	INTERIM VISUAL INSPECTION CQP-500 REV 4	VISUALLY INSPECT 100% OF COMPONENT ACCORDING TO ASTM A802 LEVEL 3 IN NON MACHINED AREAS AND LEVEL 2 IN MACHINED AREAS. IF OK CHECK HERE <input checked="" type="checkbox"/> MARK AND REPAIR AT STEP 120. IF REJECTED CHECK HERE <input type="checkbox"/>	VT - LEVEL II KTS	
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF LP STEP. EIO NOTIFIED ON 9/1/05 DCMA NOTIFIED ON 9/1/05	Q ENG OR QA MGR	8-3

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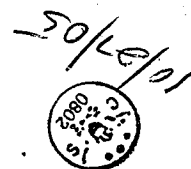
115	INTERIM 100% L.P. CQP 0300 REV 10	L.P. 100% OF COMPONENT. ACCEPTANCE PER ASTM A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING. IF OK CHECK HERE <input checked="" type="checkbox"/> MARK AND REPAIR AT STEP 120. IF REJECTED CHECK HERE <input type="checkbox"/>	LP - LEVEL II T.E.C.	9-7-05
120	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING 100% VISUAL AND LP INSPECTION.	THS	9-6-05
125	GRIND GCHI SOP 0100R2	CHIP AND HAND GRIND EXCAVATION AS REQUIRED.	QA	9/6
130	L.P. EXCAVATION CQP-300 REV 10	L.P. ALL EXCAVATIONS PRIOR TO WELDING TO ENSURE REMOVAL OF DEFECT. ACCEPTANCE PER A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING. IF OK CHECK HERE <input type="checkbox"/> IF REJECTED SEND BACK TO STEP 125.	LP - LEVEL II JOK	9-8-05
165	SAND BLAST BLAS SOP 0100R6	SANDBLAST (REMOVE ALL BLAST MATERIAL FROM CASTING) SANDBLASTING WILL BE DONE USING RECYCLED SHARP ANGULAR AGGREGATE.	BSD	9-7-05
170	WELD MAP	MAP ALL MAJOR WELDS WITH DIGITAL PHOTO/MAPS INDICATING LOCATION. SERIALIZE DEFECTS ON CASTING, USE SCALE IN PHOTOS AND DOCUMENT SIZE. THIS IS TO BE PERFORMED BY SUPERVISOR, INSPECTION LEAD MAN OR THEIR DESIGNEE, FILE WITH QA. USE YELLOW MARKER. MUST INDICATE ON MAP ALL MAJOR WELDS, DEFINED AS GREATER THAN 20% OF THE WALL OR 1 INCH WHICHEVER IS LESS OR 10 SQUARE INCHES APPROXIMATELY 3.3"X3.3". PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF X-RAY AND DIMENSIONAL STEPS. EIO NOTIFIED ON 9/4 DCMA NOTIFIED ON 9/4	SRB	9-12
NOTICE	WITNESS NOTIFICATION		Q ENG OR QA MGR	2-2-5
190	X-RAY AT MQS MQS PROCEDURE 20.H.010 REV 0	X-RAY PER TECHNIQUE # 12726 USE CALIBRATED DENSITOMETER FOR DENSITY VERIFICATION. WHEN MARKING USE BLACK MARKERS. ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET.	RT - LEVEL II M & S	8-13-05
210	X-RAY CQP 401 REV 5	X-RAY INTERPRETATION. ACCEPTANCE MSS SP 54. ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET. IF OK CHECK HERE <input checked="" type="checkbox"/> AND SEND TO STEP 260. REJECTED CHECK HERE <input type="checkbox"/> MARK UP DEFECTS AND SEND THE CASTING TO STEP 220.	RT - LEVEL II ABC	8-19-05

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220	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING RADIOGRAPHY.	7/30	
225	GRIND GCHI SOP 0100R2	CHIP AND HAND GRIND EXCAVATION AS REQUIRED.	156 9/16/05	
230	L.P. EXCAVATION CQP-300 REV 10	L.P. ALL EXCAVATIONS PRIOR TO WELDING TO ENSURE REMOVAL OF DEFECT. ACCEPTANCE PER A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING. IF OK CHECK HERE <input checked="" type="checkbox"/> IF REJECTED SEND BACK TO STEP 225.	LP - LEVEL II 9/8/05	
240	WELD MAP	MAP ALL WELDS WITH DIGITAL PHOTO/MAPS INDICATING LOCATION. SERIALIZE DEFECTS ON CASTING, USE SCALE IN PHOTOS AND DOCUMENT SIZE. THIS IS TO BE PERFORMED BY SUPERVISOR, INSPECTION LEAD MAN OR THEIR DESIGNEE, FILE WITH QA. USE YELLOW MARKER. MUST INDICATE ON MAP ALL MAJOR WELDS, DEFINED AS GREATER THAN 20% OF THE WALL OR 1 INCH WHICHEVER IS LESS OR 10 SQUARE INCHES APPROXIMATELY 3.3"X3.3". PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF WELD STEP. EIO NOTIFIED ON 8/23/05 DCMA NOTIFIED ON 8/23/05	30	
NOTICE	WITNESS NOTIFICATION		Q ENG OR QA MGR	10/1
260	QA APPROVAL HOLD POINT	QA TO APPROVE ELECTRODE PRIOR TO USE PROCEDURE USED: 15-SMAW-CF8MNMN MATERIAL/LOT USED: 3018926-78309 QUALITY ENG. Name: <u>CMR</u> Date: <u>9/4/05</u>		
270	WELD SOP 0100 REV 7	WELD REPAIR DEFECTS AS MARKED. FOR WELDS <2" - WPS 10-SMAW-CF8MNMN MOD REV 1(Flat) or 25 SMAW-CF8MNMN MOD REV 0 (Vertical) Lot # 3018926-78309 W019711 501786582 FOR WELDS <8" - WPS 15-GMAW-CF8MNMN MOD REV 2 3018515 / 78308	OK 9/29/05	
280	GRIND GCHI SOP 0100R2	HAND GRIND WELDS.	QB 9/30 MG	
290	L.P. WELD CQP 0300 REV 10	L.P. WELD REPAIRS ACCEPTANCE PER ASTM A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING. IF OK CHECK HERE <input checked="" type="checkbox"/> WASH AND SEND TO STEP 300. IF REJECTED CHECK HERE <input checked="" type="checkbox"/>	LP - LEVEL II JPS 9/30	
	REPEAT	REPEAT STEPS 220 TO 290 AS REQUIRED TILL CLEAR THROUGH VISUAL INSPECTION & PENETRANT INSPECTION. DOCUMENT REWORK ON STEPS S220 TO S290. IF OK CHECK HERE <input checked="" type="checkbox"/> AND PROCEED TO STEP 295.		
	REPEAT STEPS	SUPPLEMENTAL REPAIR STEPS	1ST ABK 10/14 2ND XBL 9 10/24/05 3RD XBL 10 10/24/05 4TH XBL 11 10/24/05 5TH	
S220	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING RADIOGRAPHY.		1270K 10/2



10/3/05



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S230	L.P. EXCAVATION CQP-300 REV 10	L.P. ALL EXCAVATIONS PRIOR TO WELDING TO ENSURE REMOVAL OF DEFECT. ACCEPTANCE PER A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING.	LP - LEVEL II	
S240	WELD MAP	MAP ALL MAJOR WELDS WITH DIGITAL PHOTO/MAPS INDICATING LOCATION. SERIALIZE DEFECTS ON CASTING, USE SCALE IN PHOTOS AND DOCUMENT SIZE. THIS IS TO BE PERFORMED BY SUPERVISOR, INSPECTION LEAD MAN OR THEIR DESIGNEE, FILE WITH QA. USE YELLOW MARKER. MUST INDICATE ON MAP ALL MAJOR WELDS, DEFINED AS GREATER THAN 20% OF THE WALL OR 1 INCH WHICHEVER IS LESS OR 10 SQUARE INCHES APPROXIMATELY 3.3"X3.3"		
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF WELD STEP. EIO NOTIFIED ON _____ DCMA NOTIFIED ON _____	Q ENG OR QA MGR	
S260	QA APPROVAL HOLD POINT	QA TO APPROVE ELECTRODE PRIOR TO USE. PROCEDURE USED: <u>6MAW</u> MATERIAL /LOT USED: <u>3018513-78308</u> QUALITY ENG. Name: <u>DMS</u> Date: _____		
S270	WELD SOP 0100 REV 7	WELD REPAIR DEFECTS AS MARKED. FOR WELDS <2" - WPS 10-SMAW-CF8MNMN MOD REV 1 (Flat) or 25 SMAW- CF8MNMN MOD REV 0 (Vertical) FOR WELDS <8" - WPS 15-GMAW-CF8MNMN MOD REV 2 HAND GRIND WELDS.	TAD 10/28	
S280	GRIND GCHI SOP 0100R2		KLB 10/28	
S290	L.P. WELD CQP 0300 REV 10	L.P. WELD REPAIRS ACCEPTANCE PER ASTM A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING. IF OK CHECK HERE _____ WASH AND SEND TO STEP 300. IF REJECTED CHECK HERE _____ AND RETURN TO STEP S220.	LP - LEVEL II	OK OK OK REJ REJ REJ
	REPEAT	REPEAT STEPS S220 TO S290 AS REQUIRED TILL CLEAR THROUGH VISUAL INSPECTION & PENETRANT INSPECTION.	QA ENG.	DMS
295	TEST MAG PERM SOP MAG PERM 100, REV 1	TEST MAG PERMEABILITY REPAIR AREAS TEST AT LEAST 5 POINTS PER WELD. ACCEPTANCE 1.02. IF OK CHECK HERE <input checked="" type="checkbox"/> AND GO TO STEP 300. IF REJECTED CHECK HERE _____	CA	10/28
296	GRIND GCHI SOP 0100R2	GRIND AREAS OF NON COMPLIANCE AND RETURN TO STEP 295. REPEAT UNTIL COMPLIANCE IS ACHIEVED.		NA
300	X-RAY (NOTE)	IF RADIO GRAPHED AREAS ARE GREATER THAN FOUR TO FIVE INCHES THE CASTING WILL BE SENT TO MQS. SEND TO MQS CHECK HERE _____ RADIOGRAPH AT CAF CHECK HERE <input checked="" type="checkbox"/>	QA ENGINE ER	DMS

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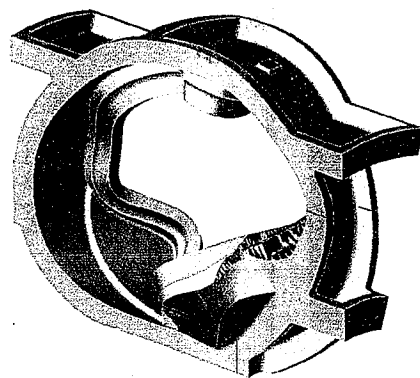
310 A	MQS X-RAY DEFECTS REPAIRED BY WELDING	X-RAY PER TECHNIQUE # 12726 USE CALIBRATED DENSITOMETER FOR DENSITY VERIFICATION. ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET.	LEVEL II	
310 B	CAF X-RAY DEFECTS REPAIRED BY WELDING CQP 401 REV 5	X-RAY PER TECHNIQUE # 12726 USE CALIBRATED DENSITOMETER FOR DENSITY VERIFICATION. ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET.	RT - LEVEL II	
320	X-RAY CQP 401 REV 5	X-RAY INTERPRETATION. ACCEPTANCE MSS SP 54. ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET. IF OK CHECK HERE _____ AND SEND TO STEP 340. REJECTED CHECK HERE _____ MARK UP DEFECTS AND SEND THE CASTING TO STEP 220.	RT - LEVEL II	<i>all accepted 10/23/05</i>
	REPEAT STEPS	SUPPLEMENTAL REPAIR STEPS	1 ST	2 ND 3 RD 4 TH 5 TH
S321	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING RADIOGRAPHY.		
S322	L.P. EXCAVATION CQP-300 REV 10	L.P. ALL EXCAVATIONS PRIOR TO WELDING TO ENSURE REMOVAL OF DEFECT. ACCEPTANCE PER A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING.	LP - LEVEL II	
S323	WELD MAP	MAP ALL MAJOR WELDS WITH DIGITAL PHOTO/MAPS INDICATING LOCATION. SERIALIZE DEFECTS ON CASTING, USE SCALE IN PHOTOS AND DOCUMENT SIZE. THIS IS TO BE PERFORMED BY SUPERVISOR, INSPECTION LEAD MAN OR THEIR DESIGNEE, FILE WITH QA. USE YELLOW MARKER. MUST INDICATE ON MAP ALL MAJOR WELDS, DEFINED AS GREATER THAN 20% OF THE WALL OR 1 INCH WHICHEVER IS LESS OR 10 SQUARE INCHES APPROXIMATELY 3.3"x3.3".		
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF WELD STEP. EIO NOTIFIED ON _____ DCMA NOTIFIED ON _____	Q ENG OR QA MGR	
S324	QA APPROVAL HOLD POINT	QA TO APPROVE ELECTRODE PRIOR TO USE. PROCEDURE USED: _____ MATERIAL /LOT USED : _____ QUALITY ENG. Name: _____ Date: _____		
S325	WELD SOP 0100 REV 7	WELD REPAIR DEFECTS AS MARKED. FOR WELDS <2" - WPS 10-SMAW-CF8MNMN MOD REV 1 (Flat) or 25 SMAW-		

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400	WELD MAP	MAP ALL MAJOR WELDS WITH DIGITAL PHOTO/MAPS INDICATING LOCATION. SERIALIZE DEFECTS ON CASTING, USE SCALE IN PHOTOS AND DOCUMENT SIZE. THIS IS TO BE PERFORMED BY SUPERVISOR, INSPECTION LEAD MAN OR THEIR DESIGNEE, FILE WITH QA. USE YELLOW MARKER. MUST INDICATE ON MAP ALL MAJOR WELDS, DEFINED AS GREATER THAN 20% OF THE WALL OR 1 INCH WHICHEVER IS LESS OR 10 SQUARE INCHES APPROXIMATELY 3.3"X3.3".	NA
420	QA APPROVAL HOLD POINT	QA TO APPROVE ELECTRODE PRIOR TO USE. PROCEDURE USED: _____ MATERIAL/LOT USED: _____ QUALITY ENG. Name: _____ Date: _____	
430	WELD SOP 0100 REV 7	WELD REPAIR DEFECTS AS MARKED. FOR WELDS <2" - WPS 10-SMAW-CF8MNMN MOD REV 1 (Flat) or 25 SMAW-CF8MNMN MOD REV 0 (Vertical) FOR WELDS <8" - WPS 15-GMAW-CF8MNMN MOD REV 2	
440	GRIND GCHI SOP 0100 REV 2	HAND GRIND WELDS.	
450	L.P. WELDS CQP 0300 REV 10	L.P. WELD REPAIRS ACCEPTANCE PER ASTM A903. IF OK CHECK HERE _____ WASH AND SEND TO STEP 460. IF REJECTED CHECK HERE _____ AND RETURN TO STEP 440.	LP - LEVEL II
	REPEAT	REPEAT STEPS 350 TO 450 AS REQUIRED TILL WELDS CLEAR FINAL LIQUID PENETRANT INSPECTION. DOCUMENT REWORK ON A SUPPLEMENTAL MTS	QA ENG. CJA 10/31
451	TEST MAG PERM SOP MAG PERM 100, REV 1	TEST MAG PERMEABILITY REPAIR AREAS. RECORD ON WELD MAP LIST. TEST AT LEAST 5 POINTS PER WELD. ACCEPTANCE 1.02. IF OK CHECK HERE <input checked="" type="checkbox"/> AND GO TO STEP 430. IF REJECTED CHECK HERE _____.	KJA 10/31
452	GRIND GCHI SOP 0100R2	GRIND AREAS OF NON COMPLIANCE AND RETURN TO STEP 451. REPEAT UNTIL COMPLIANCE IS ACHIEVED.	NA
455	HEAT TREAT	STRESS RELIEF. Load casting into cold furnace. Ramp up to 1100 F at rate of 200 F per hour. Hold at temp 4 hours. Furnace cool to 500 F at 50 F per hour. Air cool. Submit furnace charts to QA.	
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF VISUAL AND LP STEPS. EIO NOTIFIED ON 10/24 DCMA NOTIFIED ON 10/24	Q ENG OR QA MGR

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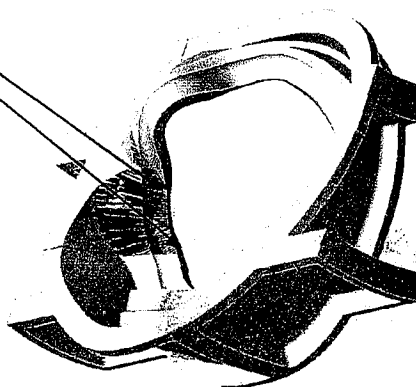
460	FINAL VISUAL INSPECTION CQP-500 REV 4	VISUALLY INSPECT 100% of COMPONENT ACCORDING TO ASTM A802 LEVEL 3 ALL CONDITIONS. IF OK CHECK HERE _____ IF REJECTED CHECK HERE _____ MARK AND REPAIR AT STEP 390. MUST BE PERFORMED BY LEVEL II in VT.	VT - LEVEL II KLA 10/31
470	FINAL L.P. CQP 0300 REV 10	FINAL L.P. 100% OF COMPONENT. ACCEPTANCE PER ASTM A903. ACCEPTANCE CRITERIA-LEVEL 1 FOR HIGH STRESSED AREAS, LEVEL 2 FOR ALL OTHER AREAS. SEE LP DRAWING. IF OK CHECK HERE <input checked="" type="checkbox"/> WASH AND SEND TO STEP 455. IF REJECTED CHECK HERE _____ DOCUMENT REPAIRS USING S321 THROUGH S327.	LP - LEVEL II 10/31
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF MAG PERM STEPS. EIO NOTIFIED ON 10/24 DCMA NOTIFIED ON 10/24	Q ENG OR QA MGR PMS
500	FINAL MAG PERM INSPECTION SOP MAG PERM 100, REV 1	PERFORM MAG PERM TESTING WITH SEVRIN GAUGE. ACCEPTANCE 1.02. CHECK THE ENTIRE SURFACE ON A 6"BY6" GRID. REPORT RESULTS. USE A 6" SQUARE BLOCK TO INDICATE TEST LOCATIONS AND RECORD RESULTS. COMPLIANT AREAS WILL NOT BE MARKED. MARK NONCOMPLIANT AREAS WITH AN "X" FOR REPAIR. OK CHECK HERE <input checked="" type="checkbox"/> AND GO TO STEP 530. IF REJECTED CHECK HERE _____	KLA 10/31
510	GRIND GCHI SOP 0100 REV 2	HAND GRIND WITH SUITABLE CONE OR OTHER SIMILAR GRINDER AS REQUIRED TO ENSURE REMOVAL OF MATERIAL TO ACHIEVE MAG PERM REQUIREMENT. CIRCLE AREA REMEDIATE FOR RETEST.	KLA
520	RETEST MAG PERM SOP MAG PERM 100, REV 1	RETEST MAG PERMEABILITY AT FAILED TEST POINTS. MARK NONCOMPLIANT AREAS WITH AN "X" FOR REPAIR. ACCEPTANCE 1.02. IF OK CHECK HERE _____ IF REJECTED CHECK HERE _____ RETURN TO STEP 510.	
530	DOC. REVIEW	REVIEW DOCUMENTS AS REQUIRED IN CAF CHECKLIST, ALL DOCUMENTS NOTED TO BE ACCESSIBLE FOR AUDITING. (SHIPPER, C OF C, M.T.R., M.T.S., INSPECTION REPORT, X-RAY READER SHEETS AND HEAT TREAT CHARTS) PROVIDE DOCUMENTS TO EIO. SENT ON 10/27 + 10/28 BY CKA RECEIVED RELEASE FROM EIO ON DATE 10/31	10/31
NOTICE	RELEASE FROM EIO		Q ENG OR QA MGR CKA
540	PACK AND SHIP	PACKAGE AND SHIP TO MAJOR TOOL.	
1000	REVISION HISTORY	ORIGINAL 12-14-04. Approved 12-14-04. Revision level 1- Revised 1-26-05 new page 8, correct High stress areas, Revision level 2 3-16-05, delete LO step 455. Revision 3 3-28-05 Added note regarding hold point at weld step 400. Revision level 4 written for C-2 casting 4-18-05. Rev 5 added Layout SOP# and note regarding first casting layout responsibility. 5-10-05. Rev 6 added word LOT to weld material steps. 5-29-05. Rev 7 6-14-05 added "LOT" to weld step on supplement page. Rev. 8 7-29-05 added stress relief, deleted weld hold points, added vertical weld procedure, and several editorial changes.	CARUUD



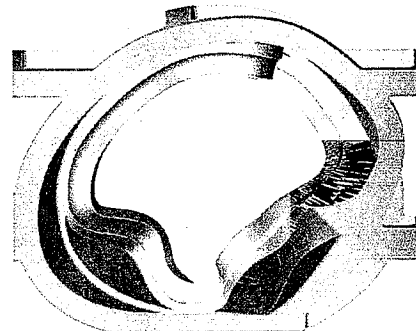
GENERAL ISOMETRIC
VIEW FROM TOP SIDE

TABS DESIGNATE
CRITICAL AREA

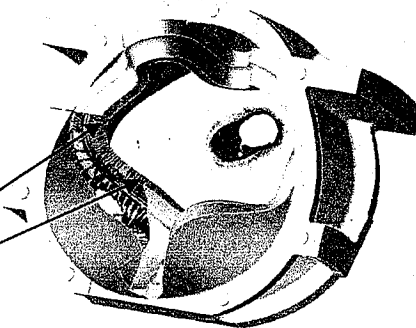
RED AREA INDICATES HIGH STRESSED AREA



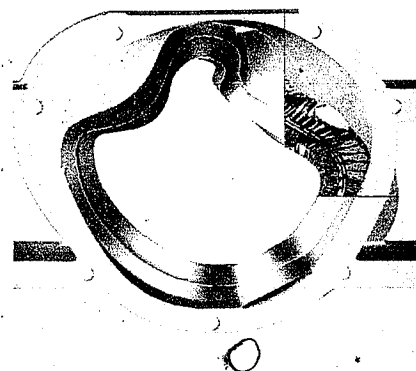
TOP SIDE ISOMETRIC



TOP SIDE VIEW



BOTTOM SIDE ISOMETRIC



BOTTOM SIDE VIEW

Energy Industries of Ohio
Manufacturing and Test Sequence (MTS) Serial Number C-4
CO# 40851 Dated 3-9-05 Revision: Rev 8 Dated Issued: 7-29-05

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