

**Energy Industries of Ohio**  
**Manufacturing and Test Sequence (MTS) A 2 Coil**  
**CO# 40851 Dated 3-9-05 Revision: Rev 9 Dated Issued: 9/26/05**

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 DESCRIPTION OF PROCESS

OPER. #	STATION	DESCRIPTION OF PROCESS	Name	Date
10	QUALITY RELEASE	REVIEW AND APPROVE MTS. RECEIVED APPROVAL FROM EIO ON <del>XXXX</del> FROM Pete D. SIGNED QUALITY MANAGER	<i>CDM</i>	9/26/05
15	PATTERN NPAT SOP 0100REV2	APPLY APPROPRIATE PART NUMBER, SERIAL NUMBER, AND FOUNDRY MARK, TO THE PATTERN. CAST ON TEST BARS AND CAST ON BLOCKS (extra 3"x3"x1" specimens) REQUIRED, ID AS TO COIL NUMBER AND ZONE LOCATION.	<i>AS</i>	9/26/05
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)	<i>JS</i>	9/26-05
30	MOLD MOLD SOP 0400 REV 8 CALIBRATION PER MOLD SOP 0900 REV 5 PREPARATION PER MOLD SOP 1100R2/1200R2/13 00R1 SAND TESTING PER MOLD SOP 1400R2/1500R3/16 00R2	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.  <i>Change Fire crackers</i>	<i>JS</i>	9-26-05
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>2750</u> DATE: <u>9/27/05</u> HEAT #s: <u>31041, 31042, 31043, 31044, 31045</u> ELAPSED POUR TIME <u>1 min 10 sec</u> KEEL BLOCKS POURED: <u>NA</u> Sample from ladle to be analyzed for final chemical analysis and reported on material certifications. Sample Taken by: <u>gn</u> Analyzed: <u>ASA</u> Date: <u>9-27-05</u>	<i>JR</i>	9/27/05
50	MELT SOP 0800R2	SHAKEOUT	<i>CA</i>	10/1
60	ARC RISE SOP 0100R1	REMOVE RISERS AS DIRECTED BY SUPERVISOR.	<i>MW</i>	10-11-05

70	HEAT TREAT HEAT SOP 0103R5	SOLUTION ANNEAL. MAKE SURE TO BLOCK ALL PLACES OF FORM AND RACETRACK TO MINIMIZE CREEP DISTORTION. Soak Temp: 2050F, Soak Time: At least 7 hours, Quench Type: Air Cool MAKE SURE TEST MATERIAL IS PLACED IN THE CORRECT ZONE.	DLS	10/5/05
80	PHYSICAL TESTING	OBTAIN TEST SPECIMENS AND SUBMIT FOR PHYSICAL TESTING. REPORT RESULTS AS PART OF STEP 530. DCMA IS TO WITNESS CHARPY TESTING AT LAB.	Wt	10/6
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.		
90	GRIND GSA SOP 0100R3	SWING GRIND TO REMOVE RISER REMAINS AND FLASH IF REQUIRED.	Wt	10/11/05
100	GRIND GCHI SOP 0100R2	CHIP AND HAND GRIND SURFACE OF PART AS REQUIRED FOR CONTOUR.	Wt	P.N
110	SAND BLAST BLAS SOP 0100R6	SANDBLAST (REMOVE ALL BLAST MATERIAL FROM CASTING) SANDBLASTING WILL BE DONE USING RECYCLED SHARP ANGULAR AGGREGATE.	P.N	CHT 11-02-05
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF X-RAY. EIO NOTIFIED ON 10/19 DCMA NOTIFIED ON 10/19/05	Q ENG OR QA MGR	
120	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 DMM	11-11-05
130	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 160. REJECTED CHECK HERE <input checked="" type="checkbox"/> MARK UP DEFECTS AND SEND THE CASTING TO STEP 140.	RT - LEVEL II	11-11-05
140	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING 100% RT INSPECTION.	Wt	11-14-05
150	GRIND GCHI SOP 0100R2	CHIP AND HAND GRIND EXCAVATION AS REQUIRED.	Wt	11/14

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160	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 _____ IF REJECTED CHECK HERE <u>✓</u> MARK AND REPAIR AT STEP 190.	VT - LEVEL II <i>KA</i>	11/15
170	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 _____ GO TO 190. IF REJECTED CHECK HERE <u>✓</u>	LP - LEVEL II <i>TRS</i>	11/15
180	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING 100% VISUAL AND LP INSPECTION.	<i>TRS</i>	11/17/05
190	GRIND GCHI SOP 0100R2	CHIP AND HAND GRIND EXCAVATION OR VISUAL DEFECTS AS REQUIRED.	<i>CA</i>	11-20-05
200	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 <u>✓</u> IF REJECTED SEND BACK TO STEP 190	LP - LEVEL II <i>TRS</i>	11-25
210	SAND BLAST BLAS SOP 0100R6	SANDBLAST (REMOVE ALL BLAST MATERIAL FROM CASTING) SANDBLASTING WILL BE DONE USING RECYCLED SHARP ANGULAR AGGREGATE.	<i>AB</i>	
220	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. SUBMIT MAP WITHIN 24 HOURS OF START OF WELDING. 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 EQ AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF WELD STEP. EQ NOTIFIED ON <u>11/19</u> DCMA NOTIFIED ON <u>11/19</u>	<i>JB</i>	11-17 11-18
NOTICE	WITNESS NOTIFICATION		Q ENG OR QA MGR	<i>CR</i>
230	QA APPROVAL HOLD POINT	QA TO APPROVE ELECTRODE PRIOR TO USE. PROCEDURE USED: <u>15-6M AW-CF8MNMN/Mod</u> LIST ALL MATERIAL/LOTS USED: <u>3018573/78308</u> QUALITY ENG. Name: <u>11/19</u> Date: <u>11/19</u>		
240	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.	<i>RBD</i>	11/20

REV 0 (Vertical) FOR WELDS <8" - WPS 15-GMAW-CF8MMNMN MOD REV 2						
250	GRIND GCHI SOP 0100R2	HAND GRIND WELDS.				
260	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 280. IF REJECTED CHECK HERE _____	LP - LEVEL II CC			12/9/05
270	REPEAT	REPEAT STEPS S180 TO S250AS REQUIRED TILL CLEAR THROUGH VISUAL INSPECTION & PENETRANT INSPECTION. IF OK CHECK HERE _____ AND PROCEED TO STEP 280.				
280	REPEAT STEPS	SUPPLEMENTAL REPAIR STEPS		1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup>
S180	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING RADIOGRAPHY.				
S190	GRIND GCHI SOP 0100R2	CHIP AND HAND GRIND EXCAVATION OR VISUAL DEFECTS AS REQUIRED.				
S200	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			
S210	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". SUBMIT MAP WITHIN 24 HOURS OF START OF WELDING.				
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			
S220	QA APPROVAL HOLD POINT	QA TO APPROVE ELECTRODE PRIOR TO USE. PROCEDURE USED: _____, _____, _____ MATERIAL / LOT USED: _____, _____, _____ QUALITY ENG. Name: _____ Date: _____				
S230	WELD SOP 0100 REV 7	WELD REPAIR DEFECTS AS MARKED. FOR WELDS <2" - WPS 10-SMAW-CF8MMNMN MOD REV 1 (Flat) or 25 SMAW-CF8MMNMN MOD REV 0 (Vertical)				

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		FOR WELDS <8" - WPS 15-GMAW-CF8MNMN MOD REV 2				NA			
		HAND GRIND WELDS.							
S240	GRIND GCHI SOP 0100R2								
S250	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 <u>          </u> WASH AND SEND TO STEP 280. IF REJECTED CHECK HERE <u>          </u> AND RETURN TO STEP S180.				LP - LEVEL II	OK	OK	OK
	REPEAT	REPEAT STEPS S180 TO S250 AS REQUIRED TILL CLEAR THROUGH VISUAL INSPECTION & PENETRANT INSPECTION.				QA ENG.			
280	TEST MAG PERM SOP MAG PERM 100, REV 1	TEST MAG PERMEABILITY REPAIR AREAS TEST AT LEAST EVERY 2 INCH SQUARE OF WELD. ACCEPTANCE 1.02 <u>✓</u> AND GO TO STEP 300. IF REJECTED CHECK HERE <u>          </u> . IF OK CHECK HERE <u>          </u> AND GO TO STEP 300. IF REJECTED CHECK HERE <u>          </u> .					CA	12/9	
290	GRIND GCHI SOP 0100R2	GRIND AREAS OF NON COMPLIANCE AND RETURN TO STEP 280. 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 <u>          </u> <u>✓</u> . RADIOGRAPH AT CAF CHECK HERE				QA ENGINE ER	2BK	12/16/05	
310 A	MQS X-RAY DEFECTS REPAIRED BY WELDING	X-RAY PER TECHNIQUE # 12726 USE CALIBRATED DENSITOMETER FOR DENSITY VERIFICATION. <b>ALL RT REJECTS, INCLUDING SURFACE DEFECTS WILL BE VERIFIED BY RT.</b> ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET.				LEVEL II	2BK	12/19/05	
310 B	CAF X-RAY DEFECTS REPAIRED BY WELDING CQP 401 REV 5	X-RAY PER TECHNIQUE # 12726 USE CALIBRATED DENSITOMETER FOR DENSITY VERIFICATION. <b>ALL RT REJECTS, INCLUDING SURFACE DEFECTS WILL BE VERIFIED BY RT.</b> ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET.				RT - LEVEL II	NA		
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 <u>          </u> <u>✓</u> AND SEND TO STEP 340. REJECTED CHECK HERE <u>          </u> MARK UP DEFECTS AND SEND THE CASTING TO STEP S321.				RT - LEVEL II	2BK	12/22/05	
	REPEAT STEPS	SUPPLEMENTAL REPAIR STEPS				1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>
									5 <sup>TH</sup>

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". SUBMIT MAP WITHIN 24 HOURS OF START OF WELDING. SUBMIT MAP WITHIN 24 HOURS OF START OF WELDING.						
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: _____, _____, _____, _____ Date: _____ QUALITY ENG. Name: _____						
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-CF8MNMN MOD REV 0 (Vertical) FOR WELDS <8" - WPS 15-GMAW-CF8MNMN MOD REV 2 HAND GRIND WELDS.						
S326	GRIND GCHI SOP 0100R2							
S327	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 S328. IF REJECTED CHECK HERE _____ AND RETURN TO STEP S321.	LP - LEVEL II	OK REJ	OK REJ	OK REJ	OK REJ	OK REJ
S 328 A	MQS X-RAY DEFECTS REPAIRED BY WELDING	X-RAY PER TECHNIQUE # 12726 USE CALIBRATED DENSITOMETER FOR DENSITY VERIFICATION. <b>ALL RT REJECTS, INCLUDING SURFACE DEFECTS WILL BE VERIFIED BY RT.</b> ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET.	RT- LEVE L II					

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S 328 B	CAF X-RAY DEFECTS REPAIRED BY WELDING CQP 401 REV 5	X-RAY PER TECHNIQUE # 12726 USE CALIBRATED DENSITOMETER FOR DENSITY VERIFICATION. <b>ALL RT REJECTS, INCLUDING SURFACE DEFECTS WILL BE VERIFIED BY RT.</b> ATTACH TECHNIQUE, READER SHEET FOR ALL RADIOGRAPHS. MUST INDICATE RADIOGRAPHER AND ASNT CERTIFICATION LEVEL ON READER SHEET.	RT - LEVE L II		
S 329	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 S321. REPEAT STEPS S321 TO S329 AS REQUIRED TILL CLEAR THROUGH VISUAL, PENETRANT AND RT INSPECTION.	RT - LEVE L II		
	REPEAT		QA ENG.		
340	SAND BLAST BLAS SOP 0100R6	SANDBLAST (REMOVE ALL BLAST MATERIAL FROM CASTING) SANDBLASTING WILL BE DONE USING RECYCLED SHARP ANGULAR AGGREGATE.		DS	
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF VISUAL AND LP STEPS. EIO NOTIFIED ON <u>12/16</u> DCMA NOTIFIED ON <u>12/14</u>	Q ENG OR QA MGR		
350	FINAL 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"/> . SEND TO STEP 453. IF REJECTED CHECK HERE _____. MARK AND REPAIR. INITIAL WHEN COMPLETE. MUST BE PERFORMED BY LEVEL II in VT.	VT - LEVEL II KA		12/24
360	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 453. IF REJECTED CHECK HERE _____	LP - LEVEL II JS		12/24
380	WELD SOP 0100 REV 7	EXCAVATE ANY DEFECTS FOUND DURING FINAL PENETRANT INSPECTION.		NA	
385	GRIND GCHI SOP 0100R2	CHIP AND HAD GRIND EXCAVATION AS REQUIRED.			

390	L.P. EXCAVATION CQP-300 REV 10	L.P. ALL EXCAVATIONS PRIOR TO WELDING TO ENSURE REMOVAL OF DEFECT. ACCEPTANCE PER A903. IF OK CHECK HERE _____ IF REJECTED SEND BACK TO STEP 385.	LP - LEVEL II
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. SEND MAPS WITHIN 24 HOURS OF WELDING. 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".	
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 453. IF REJECTED CHECK HERE _____ AND RETURN TO STEP 440.	LP - LEVEL III
	REPEAT	REPEAT STEPS 350 TO 450 AS REQUIRED TILL WELDS CLEAR FINAL LIQUID PENETRANT INSPECTION. DOCUMENT REWORK ON A SUPPLEMENTAL MTS	QA ENG.
451	TEST MAG PERM SOP MAG PERM 100, REV 1	TEST MAG PERMEABILITY REPAIR AREAS. RECORD ON WELD MAP LIST. TEST AT LEAST EVERY 2" SQUARE OF WELD. ACCEPTANCE 1.02. IF OK CHECK HERE _____ AND GO TO STEP 430. IF REJECTED CHECK HERE _____.	
452	GRIND GCHI SOP 0100R2	GRIND AREAS OF NON COMPLIANCE AND RETURN TO STEP 451. REPEAT UNTIL COMPLIANCE IS ACHIEVED.	
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF LAYOUT. EIO NOTIFIED ON <u>12/16</u> DCMA NOTIFIED ON <u>12/16</u>	Q ENG OR QA MGR
	APPROVAL RECEIVED ON	<u>12/16</u>	<i>Cdm</i>




453	INTERIM LAYOUT SOP LAYOUT 0100	INSPECT CASTING TO VERIFY DIMENSIONS. THIS STEP MAY BE MOVED. 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.	JJ	12/29
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.	KNE	12/2/15
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF VISUAL AND LP STEPS. EIO NOTIFIED ON 12/22 DCMA NOTIFIED ON 12/22	Q ENG OR QA MGR	Chk
460	FINAL VISUAL INSPECTION CQP-500 REV 4	VISUALLY INSPECT 100% OF COMPONENT ACCORDING TO ASTM A802 LEVEL 3 ALL CONDITIONS. THIS STEP MAY BE UNNECESSARY IF OK AT STEP 350. IF OK CHECK HERE <input checked="" type="checkbox"/> . IF REJECTED CHECK HERE _____. MARK AND REPAIR AT STEP 510. MUST BE PERFORMED BY LEVEL II in VT.	VT - LEVEL II	12/27
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. THIS STEP MAY BE UNNECESSARY IF OK AT STEP 360. IF OK CHECK HERE <input checked="" type="checkbox"/> WASH AND SEND TO STEP 500. IF REJECTED CHECK HERE _____. DOCUMENT REPAIRS USING A SUPPLEMENTAL MTS.	LP - LEVEL II	12/29
NOTICE	WITNESS NOTIFICATION	PROVIDE NOTICE TO EIO AND DCMA AT LEAST FIVE DAYS IN ADVANCE OF MAG PERM STEPS. EIO NOTIFIED ON 12/22 DCMA NOTIFIED ON 12/22	Q ENG OR QA MGR	Chk
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 _____	Chk	12/29
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.	NA	
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.	NA	
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)	12/29	Chk

**Energy Industries of Ohio**

**Manufacturing and Test Sequence (MTS) A 2 Coil**

10 OF 11    CO# 40851    Dated 3-9-05    Revision: Rev 9    Dated Issued: 9/26/05

NOTICE	RELEASE FROM EIO	PROVIDE DOCUMENTS TO EIO. SENT ON <u>12/28</u> BY <u>CFW</u> RECEIVED RELEASE FROM EIO ON <u>1/2/29</u>	Q ENG OR QA MGR	
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. REV 9 8-28-05 - MODIFIED RT STEPS AND ADDED REQUIREMENT TO RT ALL RT DEFECTS INCLUDING SURFACE.	CARUUD	

RED AREA INDICATES HIGH STRESSED AREA

