

## FORM OAR-1 OWNER'S ACTIVITY REPORT

Report Number \_\_\_\_\_

Plant \_\_\_\_\_

Unit No. \_\_\_\_\_ Commercial service date \_\_\_\_\_ Refueling outage no. \_\_\_\_\_  
(if applicable)

Applicable inspection interval \_\_\_\_\_  
(1st, 2nd, 3rd, 4th, other)

Applicable inspection period \_\_\_\_\_  
(1st, 2nd, 3rd)

Edition and Addenda of Section XI applicable to the inspection plans \_\_\_\_\_

Date and revision of inspection plans \_\_\_\_\_

Edition and Addenda of Section XI applicable to repair/replacement activities, if different than the inspection plans \_\_\_\_\_

Code Cases used for inspection and evaluation: \_\_\_\_\_  
(if applicable)

Remarks \_\_\_\_\_

### CERTIFICATE OF CONFORMANCE

I certify that (a) the statements made in this report are correct; (b) the examinations and tests meet the Inspection Plan as required by the ASME Code, Section XI; and (c) the repair/replacement activities and evaluations supporting the completion of \_\_\_\_\_ conform to the requirements of the ASME Code, Section XI.  
(refueling outage number)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Owner's Designee, Title)

### CERTIFICATE OF INSERVICE INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by \_\_\_\_\_ of \_\_\_\_\_ have inspected the items described in this Owner's Activity Report and state that, to the best of my knowledge and belief, the Owner has performed all activities represented by this report in accordance with the requirements of the ASME Code, Section XI.

By signing this certificate, neither the Inspector nor the Inspector's employer makes any warranty, expressed or implied, concerning the repair/replacement activities and evaluations described in this report. Furthermore, neither the Inspector nor the Inspector's employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

\_\_\_\_\_  
(Inspector's Signature) Commission \_\_\_\_\_  
(National Board Number and Endorsement)

Date \_\_\_\_\_

**FORM OAR-1 OWNER'S ACTIVITY REPORT (Cont'd)**

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**Table 1  
Items With Flaws or Relevant Conditions That Required  
Evaluation for Continued Service**

Examination Category and Item Number	Item and Flaw or Relevant Condition Description	Evaluation Description

**Table 2  
Abstract of Repair/Replacement Activities Required  
for Continued Service**

Code Class	Item Description	Description of Work	Date Completed	Repair/Replacement Plan Number