

| 1 | | RIPOUT REPORT | | SHIP NO. | RIPOUT NO. | REC SEQ NO.: <input type="checkbox"/> NR |
|---------------------------------------|------------------------------------|---|--|---|------------|--|
| 401-1602 REV 11/07 | | <input type="checkbox"/> NONNUCLEAR <input type="checkbox"/> NUCLEAR | | 2 | 3 | WAF NO. <input type="checkbox"/> NR |
| LABOR CHARGE TO NO./SHOP ORDER-SERIAL | | INSTALLATION/ARRANGEMENT DRAWING REV. | | (OR) YES <input type="checkbox"/> NO <input type="checkbox"/> 15 | | |
| AUTHORIZING DOCUMENT | | REFERENCE DRAWINGS REV. | | LEVEL I YES <input type="checkbox"/> NO <input type="checkbox"/> 16 | | |
| OP NO. <input type="checkbox"/> NR | CR NO. <input type="checkbox"/> NR | 13 | | SUBSAFE YES <input type="checkbox"/> NO <input type="checkbox"/> 17 | | |
| WPPN | | WORK ORDER NO. | | DSS-SOC YES <input type="checkbox"/> NO <input type="checkbox"/> 18 | | |
| JOB NO. / SWLIN | | WORK SCOPE: PIPING <input type="checkbox"/> MECH <input type="checkbox"/> STRUCT <input type="checkbox"/> ELEC <input type="checkbox"/> | | SFCC YES <input type="checkbox"/> NO <input type="checkbox"/> 18A | | |
| 11 | | 10A <input type="checkbox"/> NR | | FBW YES <input type="checkbox"/> NO <input type="checkbox"/> 18B | | |
| | | | | OCT | 19 | KEY EVENT |
| | | | | WAD | 21 | ACCESS CODE |
| | | | | | | 22 |

| 2 | | AUTHORITY TO PROCEED WITH WORK | |
|---------------------------------------|--------------------------------|---|---|
| BADGE | DEPT | DATE | 23 |
| INSPECTOR <input type="checkbox"/> NR | DATE | 24 | 25 |
| MECHANICAL | 25 | SHIP'S FORCE NOTIFICATION | 26 <input type="checkbox"/> NR |
| STRUCTURAL | 27 <input type="checkbox"/> NR | ENGINEER TEST/SHIPYARD TEST | 30 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 31 |
| ELECTRICAL | 28 | SAFETY TECHNICIAN(S) TAGGED SAFE FOR WORK | 32 YES <input type="checkbox"/> NO <input type="checkbox"/> 33 |
| | 29 | PREPARED BY: | 34 |
| | 30 | PHONE NO. | 31 |
| | 32 | TIME: | 33 |
| | 34 | DATE: | 35 |

| 3 | | DESCRIPTION OF WORK | |
|---|--|----------------------|--|
| 35 | | 36 | |
| LOCATION: <input type="checkbox"/> SHOP <input type="checkbox"/> SHIP | | REASON | |
| 37 | | 38 | |
| CONTROLS REQUIRED (CLEANLINESS, SAFETY PRECAUTIONS, NDT, QAL, ETC.) | | 39 | |
| QAL CERTIFICATION | 40 | NDT REQUIRED | 41 |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | TAG RECORD SHT REQ'D | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| RETEST REQUIREMENT | | 42 | |

| 4 | | REINSTALLATION ACCEPTANCE | |
|---|----------------------------------|-----------------------------------|----------------------------------|
| TEST DIRECTOR | 43 | DATE | 44 |
| INSPECTOR/BADGE/DATE | 45 | SHIP'S FORCE NOTIFICATION | 46 <input type="checkbox"/> NR |
| PIPING <input type="checkbox"/> OR | MECH <input type="checkbox"/> OR | STRUC <input type="checkbox"/> OR | ELEC <input type="checkbox"/> OR |
| RETEST ACCEPTANCE | | RETEST REQUIREMENT | |
| TEST DIRECTOR | 48 | DATE | 49 |
| INSPECTOR | 50 | SHIP'S FORCE NOTIFICATION | 51 <input type="checkbox"/> NR |
| RIPOUT COMPLETE AND SYSTEM RESTORED TO NORMAL | | CLOSE-OUT REVIEW | |
| TEST DIRECTOR | 52 | DATE | 53 |
| INSPECTOR | 54 | SHIP'S FORCE NOTIFICATION | 55 <input type="checkbox"/> NR |
| SYSTEM | 56 | PAGE OF SHIP NO. | 57 |
| | 58 | RIPOUT NO. | 59 |
| | 60 | REC SEQ NO. | 61 |

| 5 | | REVISION HISTORY | |
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