|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **EPOXY REPAIR RECORD**  QA FORM 17A Planning must fill in blocks identified by a ♦ prior to issuing | | | | | | | | | | | | |  | | | Page | \_\_\_\_ | | of | \_\_\_\_ |
| ◆1. SHIP | HULL NO. | | ◆2. JCN | | | ◆3. LWC/SHOP | | | ◆4. CWP/REC SER NO. | | | 5. SYSTEM/COMPONENT/ROTATABLE POOL SER NO. | | | | ◆6. REFERENCES (COMP DETAIL/ASSY DWG & REV) | | | | |
|  |  | |  | | |  | | |  | | |  | | | | A. | | | | |
| ◆7. EPOXY REPAIRS ARE PER:  UIPI 2560-107  UIPI 6300-905  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | 8. LEGEND FOR EPOXY METHOD (ENTER APPLICABLE SYMBOL(S) IN BLOCK 9) | | | | | | | | | | | B. | | | | |
| SH – SHIM | | | PE – POWDER EPOXY REPAIR | | | | CP –- COLD PATCH | | | ♦OT - OTHER (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B – BUSHING | | | CE – COLD EPOXY COATING | | | | SL – SLEEVE | | | C. | | | | |
| 9. DESCRIPTION OF REPAIR(S) | | | | | 10. REPAIR(S) & TEST ACCOMPLISHED | | | | | | | | | | | | | | | |
|  | | | | | 10A. PRE-EPOXY DIMENSIONS | | | | | | | 10B. EPOXY APPLIED | | | | 10C. REQUIRED TESTS/RESULTS | | | | |
| ◆PART NO./NAME & DESCRIPTION OF DEFECT AREA(S) (USE BLOCK 11 FOR ADDITIONAL INFO, IF REQUIRED) | | ◆REF  DWG  LTR | | ◆ UIPI 2560-107 METHOD OR EPOXY METHOD (See Block 8) | DEPTH OF MACHINING (INCHES) | | DEPTH (INCHES) OF REMAINING DEFECTS | | | SHIM/SLEEVE THICKNESS  (INCHES) & MAT’L USED | | EPOXY MATERIAL & BATCH NO. USED | | | | REQUIRED TEST LEGEND  (Enter number below)  1. TAP  2. PULL  3. SPARK  4. VT CURE  5.OTHER (Specify) | | | | |
| REMAINING WALL THICKNESS (INCHES) | |
|
| A. | |  | |  |  | |  | | |  | |  | | | | ◆ REQUIRED TEST (See Test Legend) | | | | |
|  | |  | | TEST RESULTS  SAT  UNSAT  FINAL SURFACE FINISH MEETS REQUIREMENTS | | | | |
| SIGNATURE/BADGE/DATE | | | | | | | SIGNATURE/BADGE/DATE | | | | SIGNATURE/BADGE/DATE | | | | |
| B. | |  | |  |  | |  | | |  | |  | | | | ◆ REQUIRED TEST (See Test Legend) | | | | |
|  | |  | | TEST RESULTS  SAT  UNSAT  FINAL SURFACE FINISH MEETS REQUIREMENTS | | | | |
| SIGNATURE/BADGE/DATE | | | | | | | SIGNATURE/BADGE/DATE | | | | SIGNATURE/BADGE/DATE | | | | |
| 11. ADDITIONAL INFORMATION/SKETCHES: This block may be used to provide additional information, signatures, and sketches to clarify EPOXY repair area(s). Use the back of the sheet for additional space. (CRAFTSMAN/QAI SUBMIT A DF TO RESOLVE UNSAT DATA) | | | | | | | | | | | | | | | | | | | | |
| 12. QA INSPECTOR/SHOP SUPERVISOR SIGNATURE/BADGE NO. (RECORD REVIEWED FOR FINAL ACCEPTANCE) | | | | | | | | | | | | | | 13. QAS SIGNATURE /BADGE NO. (RECORD HAS BEEN REVIEWED FOR COMPLETENESS) | | | | | | |
|  | | | | | | | | | | | DATE | | |  | | | | DATE | | |