|  |  |  |  |  |
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| **ELECTROPLATING REPAIR RECORD**  | Page |  | of |  |
| **QA FORM 17B**  Planning must fill in blocks identified by a ♦ prior to issuing |  |
| ♦1. SHIP | HULL NO. | ♦2. JCN | ♦3. .LWC/SHOP | ♦4. CWP/ REC SER NO. | ♦5. REFERENCES (COMP DETAIL/ASSY DWG & REV) |
|  |  |  |  |  | A.  |
| 6. SYSTEM/COMPONENT/ROTATABLE POOL SER NO. | ♦7. ELECTROPLATING PROCESSES ARE IAW:[ ]  UIPI 0810-451[ ]  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 8. LEGEND FOR TYPE OF REPAIR, SEE BLOCK 9 D = DYNAMIC SURFACES (CL 3)S = STATIC SURFACES (CL 2)♦OT = OTHER (SPECIFY)(e.g., CL-1, CL-3A, etc.) | B. |
|  | C. |
| ♦9. DESCRIPTION OF DEFECT & TYPE OF REPAIR | 10. MATERIAL VERIFICATION & REPAIR (S) ACCOMPLISHED | ♦11. REQD  TEST (S) | 12. TEST (S) RESULTS |
| ♦ ITEM A. PART NO./ NAME/DESCRIPTION OF DEFECT (S) | ♦ REF DWG LTR |  ♦BASE MATL | ♦TYPE OF REPAIR (SEE BLOCK 8 ABOVE) | ♦PLATING MATL REQD | BASE MATL VERIFIED[ ]  SAT  | APPLIED PLATING THICKNESS WITHIN MAX ALLOWEDOR RANGE[ ]  SAT | ELECTROPLATING HAS BEEN ACCOMPLISHED IN ACCORDANCE WITH REQUIREMENTS(Use Block 13 for clarification)SIGNATURE/BADGE/DATE | 1. ADHESION2. VT3. PT4. THICK5. OTHER (SPECIFY) | 2ND OPERATOR VERIFICATION OF SATISFACTORY TEST ACCOMPLISHEDSIGNATURE/BADGE /DATE |
|  |  |  |  |  | AFTER MACHINING DIMENSIONS: \_\_\_\_\_\_\_\_\_\_\_\_ REMAINING DEFECTSDEPTH\_\_\_\_\_\_\_\_ [ ]  NONE |  |  |  |
|  | ♦EXISTING PLATING MATL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NONE [ ]  | ♦H2 BAKE REQD[ ]  YES[ ]  NO | ♦MAX THICKNESS OR RANGE |  |  |  |
|  | PLATING MATL APPLIED: |  |  |  |
|  |  |  |  |  |
| ♦ ITEM B. PART NO./ NAME/DESCRIPTION OF DEFECT (S) | ♦ REF DWG LTR |  ♦BASE MATL | ♦TYPE OF REPAIR (SEE BLOCK 8 ABOVE) | ♦PLATING MATL REQD | BASE MATL VERIFIED[ ]  SAT | APPLIED PLATING THICKNESS WITHIN MAX ALLOWEDOR RANGE[ ]  SAT | ELECTROPLATING HAS BEEN ACCOMPLISHED IN ACCORDANCE WITH REQUIREMENTS(Use Block 13 for clarification)SIGNATURE/BADGE /DATE | 1.ADHESION2. VT 3. PT4. THICK5. OTHER (SPECIFY) | 2ND OPERATOR VERIFICATION OF SATISFACTORY TEST ACCOMPLISHEDSIGNATURE/BADGE/DATE  |
|  |  |  |  |  | AFTER MACHINING DIMENSIONS: \_\_\_\_\_\_\_\_\_\_\_\_ REMAINING DEFECTSDEPTH\_\_\_\_\_\_\_[ ]  NONE |  |  |  |
|  | ♦EXISTING PLATING MATLNONE [ ]  | ♦H2 BAKE REQD[ ]  YES[ ]  NO | ♦MAX THICKNESS OR RANGE |  |  |  |
| PLATING MATL APPLIED: |  |  |  |
|  |  |  |  |  |
| 13. ADDITIONAL INFORMATION/SKETCHES: USE THE BACK OF THE SHEET FOR ADDITIONAL SPACE TO PROVIDE ADDITIONAL INFORMATION, AND SKETCHES TO CLARIFY ELECTROPLATE REPAIR AREA (S)(CRAFTSMAN/QAI SUBMIT A DF TO RESOLVE UNSAT DATA) |
| 14. QA INSPECTOR/SHOP SUPERVISOR SIGNATURE / BADGE NO. (RECORD REVIEWED FOR FINAL ACCEPTANCE) | 15. QAS SIGNATURE / BADGE NO. (RECORD HAS BEEN REVIEWED FOR COMPLETENESS) |
|  | DATE |  | DATE |