|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 ALLOWED  OR RANGE  SAT | ELECTROPLATING HAS BEEN ACCOMPLISHED IN ACCORDANCE WITH REQUIREMENTS  (Use Block 13 for clarification)  SIGNATURE/BADGE/DATE | | | 1. ADHESION  2. VT  3. PT  4. THICK  5. OTHER (SPECIFY) | 2ND OPERATOR VERIFICATION OF SATISFACTORY TEST ACCOMPLISHED  SIGNATURE/BADGE /DATE | | | | | | |
|  |  |  |  |  | | AFTER MACHINING DIMENSIONS:  \_\_\_\_\_\_\_\_\_\_\_\_ REMAINING DEFECTS  DEPTH\_\_\_\_\_\_\_\_  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 ALLOWED  OR RANGE  SAT | ELECTROPLATING HAS BEEN ACCOMPLISHED IN ACCORDANCE WITH REQUIREMENTS  (Use Block 13 for clarification)  SIGNATURE/BADGE /DATE | | | 1.ADHESION  2. VT  3. PT  4. THICK  5. OTHER (SPECIFY) | 2ND OPERATOR VERIFICATION OF SATISFACTORY TEST ACCOMPLISHED  SIGNATURE/BADGE/DATE | | | | | | |
|  |  |  |  |  | | AFTER MACHINING DIMENSIONS:  \_\_\_\_\_\_\_\_\_\_\_\_ REMAINING DEFECTS  DEPTH\_\_\_\_\_\_\_ NONE | |  | | |  |  | | | | | | |
|  | ♦EXISTING PLATING MATL  NONE | | ♦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 | | | | |