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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPONENT REPAIR RECORD – (MACHINING/MANUFACTURING/MODIFICATIONS) | | | | | | | | | | | | | | | | | | | |  |  |  |  | |
| QA FORM 17C 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 (COMPONENT DETAIL / ASSEMBLY DRAWING AND REV, SPECIFY ASSEMBLY NO. IF APPLICABLE) | | | | | | | | | | | | | | | | | | | | | | | | |
| A. |  | | | | | B. |  | | | | | | | | | | C. |  | | | | | | |
| D. |  | | | | | E. |  | | | | | | | | | | F. |  | | | | | | |
| ♦7. DESCRIPTION OF REPAIR(S) | | | | | | | | | | 8. RESULT OF REPAIR(S) | | | | | | | | | | | | | | |
| LINE NO. | | ♦  PART NO./ DESCRIPTION | ♦  REF DWG  LTR | ♦  QTY | ♦ DESCRIPTION OF MODIFICATION(S) / MANUFACTURING PROCESS / SUPPLEMENTAL INFORMATION / INSTRUCTION | | | ♦  REQUIRED  MINIMUM/ FINAL DIMENSION(S) AND TOLERANCE | | ACTUAL  FINAL DIMENSION(S) | | | | **NEW MATERIAL**  MANUFACTURED/INSTALLED | | | | | ♦  TEST REQ’D | PROCESS IDENTIFIED, MATERIAL AND TEST HAS BEEN SATISFACTORILY ACCOMPLISHED IN ACCORDANCE WITH REQUIREMENTS. **MATERIAL NOT LISTED AS NEW IS EXISTING AND IS ACCEPTABLE FOR RE-USE & IS INSTALLED.** | | | | |
| Describe action or use the following legends:  MM-Minor Machining HW–Hand Working MF– Manufacturing V – Vulcanizing O-rings | | | QTY | LOE | MATERIAL IDENT/ DESCRIPTION | | | CRAFTSMAN SIGNATURE/ BADGE NO. | | | | DATE |
| 1 | |  |  |  |  | | |  | |  | | | |  |  |  | | |  |  | | | |  |
| 2 | |  |  |  |  | | |  | |  | | | |  |  |  | | |  |  | | | |  |
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| 9. ADDITIONAL INFORMATION/SKETCHES: This block can be used to provide additional information, signatures and sketches (if required). Use back of the sheet for additional space. If NDT is required, record satisfactory NDT report number in this block or attach a copy of the report. (CRAFTSMAN/QAI SUBMIT A DF TO RESOLVE UNSAT DATA) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. QA INSPECTOR/SHOP SUPERVISOR SIGNATURE /BADGE NO. | | | | | | | | | | |  | | 11. QAS SIGNATURE/ BADGE NO. (RECORDS HAVE BEEN REVIEWED FOR COMPLETENESS) | | | | | | | | | | | |
| (RECORD REVIEWED FOR FINAL ACCEPTANCE) | | | | | | | | | | | DATE | |  | | | | | | | | | | DATE | |
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