

**DL19-004 Attachment 3 - Homerville NOI and NRC reports.pdf**

|  |                          |
|--|--------------------------|
| <b>Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.</b>                   |                          |
| 24. Additional Factors ( <i>select all that apply</i> ):   |                          |
| - Dent   |                          |
| - Gouge  |                          |
| - Pipe Bend  |                          |
| - Arc Burn   |                          |
| - Crack  |                          |
| - Lack of Fusion   |                          |
| - Lamination   |                          |
| - Buckle   |                          |
| - Wrinkle  |                          |
| - Misalignment   |                          |
| - Burnt Steel  |                          |
| - Other  |                          |
|  | - If Other, Specify:     |
| 25. Was the Incident a result of:  |                          |
| - Construction defect  |                          |
|  | Specify:                 |
| - Material defect  |                          |
|  | Specify:                 |
| - If Other, Specify:   |                          |
| - Design defect  |                          |
| - Previous damage  |                          |
| 26. Has one or more pressure test been conducted since original construction at the point of the Incident? |                          |
| - If Yes:  |                          |
|  | Most recent year tested: |
|  | Test pressure:           |
| <b>G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column</b>        |                          |
| <b>Equipment Failure – Sub-Cause:</b>  |                          |
| <b>- If Malfunction of Control/Relief Equipment:</b>   |                          |
| 1. Specify:  |                          |
| - Control Valve  |                          |
| - Instrumentation  |                          |
| - SCADA  |                          |
| - Communications   |                          |
| - Block Valve  |                          |
| - Check Valve  |                          |
| - Relief Valve   |                          |
| - Power Failure  |                          |
| - Stopple/Control Fitting  |                          |
| - Pressure Regulator   |                          |
| - Other  |                          |
|  | - If Other, Specify:     |
| <b>- If Threaded Connection Failure:</b>   |                          |
| 2. Specify:  |                          |
|  | - If Other, Specify:     |
| <b>- If Non-threaded Connection Failure:</b>   |                          |
| 3. Specify:  |                          |
|  | - If Other, Specify:     |
| <b>- If Valve:</b>   |                          |
| 4. Specify:  |                          |
|  | - If Other, Specify:     |
| 4a. Valve type:  |                          |
| 4b. Manufactured by:   |                          |
| 4c. Year manufactured:   |                          |
| <b>- If Other Equipment Failure:</b>   |                          |
| 5. Describe:   |                          |
| <b>G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column</b>      |                          |
| <b>Incorrect Operation Sub-Cause:</b>  |                          |
| <b>- If Other Incorrect Operation:</b>   |                          |
| 1. Describe:   |                          |