

Duke Energy Company OCONEE NUCLEAR STATION Cold Weather Protection		Procedure No. PT/0/A/0110/017																									
		Revision No. 016																									
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PERFORMANCE																											
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Date(s) Performed 10-6-21	Work Order/Task Number (WO#)																										
COMPLETION																											
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">☒</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">☐</td> <td style="width: 10%;">NA</td> <td>Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?</td> </tr> <tr> <td>☒</td> <td>Yes</td> <td>☐</td> <td>NA</td> <td>Required attachments included?</td> </tr> <tr> <td>☐</td> <td>Yes</td> <td>☐</td> <td>NA</td> <td>Charts, graphs, data sheets, etc. attached, dated, identified, and marked?</td> </tr> <tr> <td>☐</td> <td>Yes</td> <td>☐</td> <td>NA</td> <td>Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?</td> </tr> <tr> <td>☒</td> <td>Yes</td> <td>☐</td> <td>NA</td> <td>Procedure requirements met?</td> </tr> </table>			☒	Yes	☐	NA	Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?	☒	Yes	☐	NA	Required attachments included?	☐	Yes	☐	NA	Charts, graphs, data sheets, etc. attached, dated, identified, and marked?	☐	Yes	☐	NA	Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?	☒	Yes	☐	NA	Procedure requirements met?
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Verified By * Printed Name and Signature <i>Andy Palmer</i>		Date 10-6-21																									
Procedure Completion Approved * Printed Name and Signature <i>Robert Shaw</i>		Date 10/6/21																									
Remarks (attach additional pages, if necessary) ENCLOSURE 13.5 <i>AP Andy Palmer</i>																											

IMPORTANT: Do NOT mark on barcodes.		Printed Date: *10/6/21*
Attachment Number: *PART* 		
Procedure No.: *PT/0/A/0110/017* 	Revision No.: *016* 	

Enclosure 13.5 PT/0/A/0110/017
AWC System Cold Weather Breaker Checklist Page 1 of 1

1. Initial Conditions

AP 1.1 None.

2. Procedure

AP 2.1 Verify breakers in correct position per the following checklist:

COMPONENT NUMBER	COMPONENT NAME	LOCATION	POSITION	INITIAL
EL-SX-AWC3	Alternate Chiller #1 60A Fused Disconnect Switch AWC3	Yard South of Chiller #1	ON	AP
EL-SX-AWC4	Alternate Chiller #2 60A Fused Disconnect Switch AWC4	Yard North of Chiller #2	ON	AP
EL-SX-AWC5	Alternate Chiller #1 & 2 480v Transfer Switch AWC5	Yard West of AWC Chillers	Chiller #1	AP
EL-SX-AWC6	Alternate Chiller #1 & 2 Plant Power 480V Transfer Switch AWC6	Yard West of AWC Chillers	Normal	AP
EL-BK-AWC9	AWC Chiller #1&2 480/240 - 120v Xfmr AWC8 Fdr Bkr	Yard West of AWC Chillers	ON	AP
EL-BK-AWC10	AWC Chiller # 1&2 200A Pwr Pnlbd AWC8 Fdr Bkr	Yard West of AWC Chillers	ON	AP
AWC8-1	AWC Chiller #1 M/U Line Heat Trace	Yard West of AWC Chillers	ON	AP
AWC8-2	AWC Chiller #2 M/U Line Heat Trace	Yard West of AWC Chillers	ON	AP
AWC8-3	AWC Chiller Valve Enclosure Heater	Yard West of AWC Chillers	ON	AP
AWC8-4	AWC Chiller #1 Heated Hose	Yard West of AWC Chillers	ON	AP
AWC8-5	AWC Chiller #2 Heated Hose	Yard West of AWC Chillers	ON	AP