





Duke Energy Company OCONEE NUCLEAR STATION Cold Weather Protection		Procedure No. PT/0/A/0110/017																									
		Revision No. 016																									
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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%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></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><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>NA</td> <td>Required attachments included?</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input checked="" type="checkbox"/></td> <td>NA</td> <td>Charts, graphs, data sheets, etc. attached, dated, identified, and marked?</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input checked="" type="checkbox"/></td> <td>NA</td> <td>Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>NA</td> <td>Procedure requirements met?</td> </tr> </table>			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	NA	Checklists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	NA	Required attachments included?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	NA	Charts, graphs, data sheets, etc. attached, dated, identified, and marked?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	NA	Calibrated Test Equipment, if used, checked out/in and referenced to this procedure?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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 13.3 <div style="text-align: right; margin-top: 20px;"><i>AP. Andy Palmer</i></div>																											

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 13.3
ESV Cold Weather Breaker Checklist

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1. Initial Conditions

- AP 1.1 Refer to OP/1, 2, 3/A/1104/051 (ESV System) Limit and Precaution regarding freeze protection for valves ESV-1 and ESV-2.

2. Procedure

- AP 2.1 Position breakers per the following checklist:

COMPONENT NUMBER	COMPONENT NAME	LOCATION	POSITION	INITIAL
1SKM-1	Heat Trace For Float Vlv 1ESV-1	ESV Bldg	Closed	AP
1SKN-1	Heat Trace For Float Vlv 1ESV-2	ESV Bldg	Closed	AP
2SKM-1	Heat Trace For Float Vlv 2ESV-1	ESV Bldg	Closed	AP
2SKN-1	Heat Trace For Float Vlv 2ESV-2	ESV Bldg	Closed	AP
3SKM-1	Heat Trace For Float Vlv 3ESV-1	ESV Bldg	Closed	AP
3SKN-1	Heat Trace For Float Vlv 3ESV-2	ESV Bldg	Closed	AP

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Jan 27 2023