**Report on readiness**

**REPORT**

**on the readiness to perform activities in the controlled area and in the free access area**

**of Kozloduy NPP**

No. **……………/…………………**\***[[1]](#endnote-1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contractor:** | | *(name of the external organisation)* | | |
| **Contract/procurement No.:** | |  | | |
| **Subcontractor:** | | *(name of the external organisation)* | | |
| **Contract No.:** | |  | | |
| **Subject of the contract:** | | | **The work will be performed in:** | |
| Controlled area  **🞎** | Free access area  **🞎** |
| **1**.  1.1.  1.2. | **Performed preparatory works required for the activity implementation as follows:**  **- On the part of the external organisation (EO)**  (*to be* *described by the EO responsible person*)  **On the part of Kozloduy NPP**  (*to be described by the responsible person(s) for the contract on behalf of NPP*) | | | |
| **2.** | **Technical condition of the equipment prior to commencing work:**  *(The technical condition of the equipment shall be described, and, if required, information on the main indicators shall be included, or the records or other documents which include them shall be referred to.*  *To be filled by the responsible person(s) for the contract on behalf of NPP)* | | | |
| **3**. | **Technical documentation:**  *(the technical documentation necessary for the activity implementation which includes design and detailed documentation, work programmes and schedules as well as other information depending on the specifics of the activity shall be described. To be filled by the responsible person(s) for the contract on behalf of NPP)* | | | |
| **4**. | **Activity acceptance criteria:**  *(the activity acceptance criteria are described which are included in the Terms of Reference , in the design documentation and the regulatory and technical documents in force at the NPP. To be filled in by the responsible person(s) on behalf of NPP)* | | | |
| **5.** | **Inspection of the tools and equipment to be used in the activity by the EO:**  *(this documents that the tools and instruments used have passed metrological verification or the documents where they are specified are cited - these documents are included as attachments)* | | | |
| 5.1. | **Laboratories used for special measurements:**  *(the laboratories and the types of measurements shall be specified, as well as their accreditation, and copies of the certificate of accreditation shall be included in the attachments, this information shall be provided by the EO)* | | | |
|  | **Head of Metrological Assurance Department, Quality Division:**.......................................................  (surname, signature, date) | | | |
| **6**. | **Verification of the personnel readiness for the activity implementation:** | | | |
| 6.1. | **The qualification of the personnel that is required for the implementation of the activity has been verified according to documents**  **The documents on health and safety at work have been verified**  *(the verified documents shall be cited)* | | | |
| **Head of Industrial Safety Section, Quality Division:**...............................................………………….…  (surname, signature, date) | | | |
| 6.2. | **The special qualification of the personnel for the specific activity has been verified**  Copies of documents of personnel with special qualification - welders, crane operators, have been attached (*filled in by the EO*) | | | |
| 6.3. | **Verification of the practical implementation of the welding process/fault inspection** | | | |
| 6.4. | **Verification of the readiness of high risk equipment used in the activities and the specific qualifications of the personnel:** | | | |
| **Manager of Plant Technical Surveillance Section:**....................................................................................  (surname, signature, date) | | | |
| **7.** | **Verification of the readiness for quality assurance in the performance of the activities:**  The following copies have been attached: ISO 9001 certificate; Certificates of accreditation of laboratory for inspection of base metal and welded joints; Certificate of fault inspection specialist/ non-destructive testing personnel, etc. *(the verified documents shall be cited)* | | | |
|  | **Head of Management Systems Audit Section, Quality Division:**.......................................................................  (surname, signature, date) | | | |

**Responsible person for the contract from Kozloduy NPP EAD**: ....................................................

(position, surname, signature, date)

**Responsible person from the external organisation**: ........................................................................

(position, surname, signature, date)

1. The report number shall be assigned by the Contracting Authority! [↑](#endnote-ref-1)