Form B-1: Unit Summary of **Runner** Damage Records

Unit No._____ Record Version:_____ Date:_____

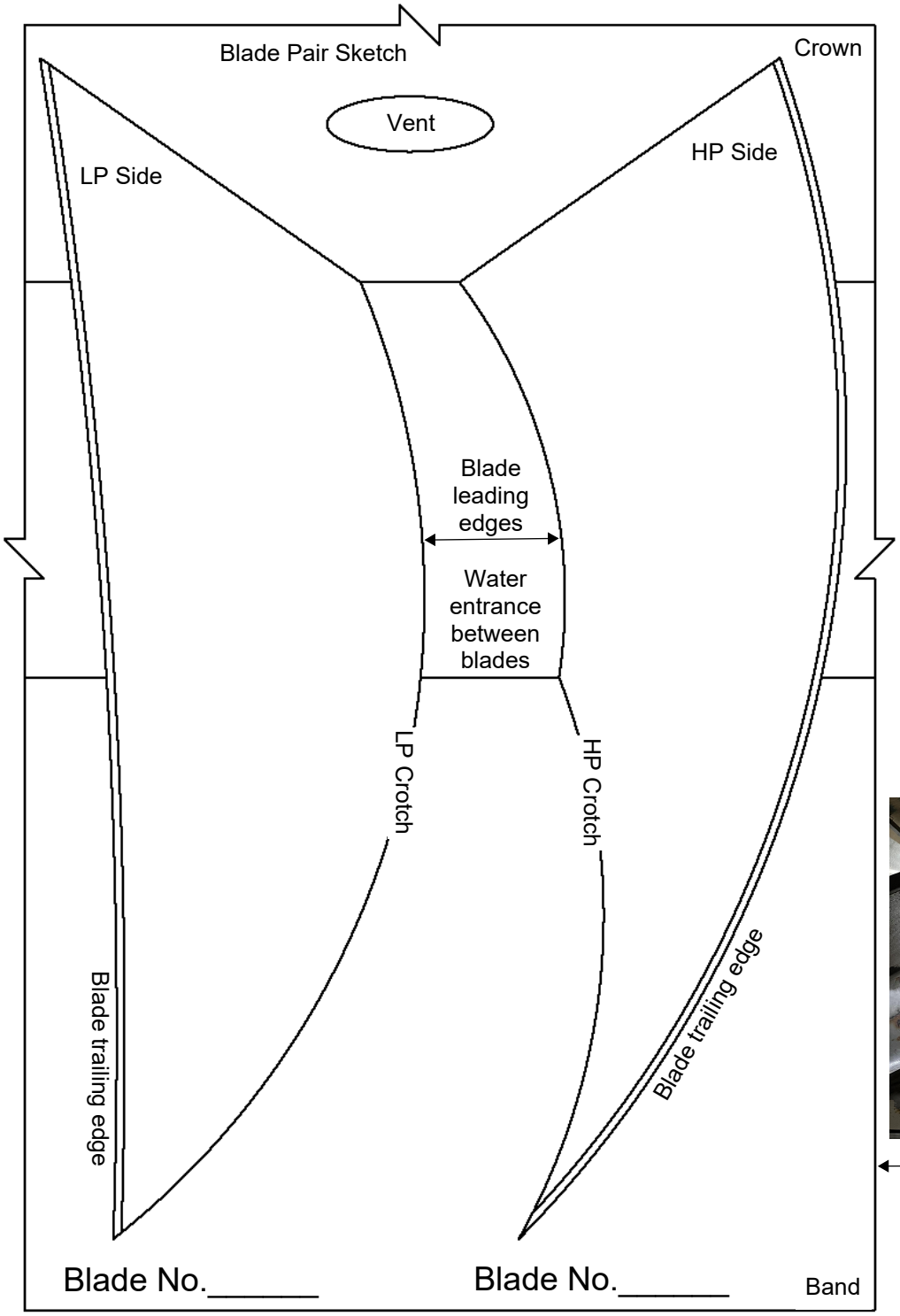
Submitted by:

_____
Printed name

Instructions: Use this form as a cover sheet for submission of runner damage records following assessments. This form shall always be maintained as a unit summary of the total sum of all runner damage following the submission of damage records.

Blade Pair	Number of Damage Record Sheets	Date of Last Submission for Blade Pair	Number of Damage Areas
1 to 2			
2 to 3			
3 to 4			
4 to 5			
5 to 6			
6 to 7			
7 to 8			
8 to 9			
9 to 10			
10 to 11			
11 to 12			
12 to 13			
13 to 1			
Other			
Unit Total:		Unit Total:	

Form B-2: **Runner** Damage Record



Unit No._____

Date:_____

Blade Pair:_____to_____

Damage Record Sheet No.:_____of_____

Type:

☐ Initial Assessment *By GOV*

☐ Secondary Assessment

☐ Other_____

Reported by:

_____
Printed name

View showing a graphical flattening of the crown and band to widen the space between blades as seen from the center of the runner looking outward

Damage Area No.	Dimensions (inches) Length x Width x Depth	Defect Type:	Cavitation Corrosion Crack Other	Priority (High or Low) *By GOV*	Defect Group No. (Start repairs at 1) *By GOV*	Repair Complete *Initial & Date*	Repair Inspection Complete *Initial & Date*
1							
2							
3							
4							
5							

Form B-3: Unit Summary of **Discharge Ring** Damage Records

Unit No._____ Record Version:_____ Date:_____

Submitted by:

_____
Printed name

Instructions: Use this form as a cover sheet for submission of discharge ring damage records following assessments. This form shall always be maintained as a unit summary of the total sum of all discharge ring damage following the submission of damage records.

Zone Below Blade Pair	Number of Discharge Ring Damage Record Sheets	Date of Last Submission for Zone Below Blade Pair	Number of Damage Areas
1 to 2			
2 to 3			
3 to 4			
4 to 5			
5 to 6			
6 to 7			
7 to 8			
8 to 9			
9 to 10			
10 to 11			
11 to 12			
12 to 13			
13 to 1			
Other			
Unit Total:		Unit Total:	

Form B-4: **Discharge Ring** Damage Record

Unit No._____

Date:_____

Blade Pair:_____to_____

Damage
Record
Sheet No.:_____of_____

Type:

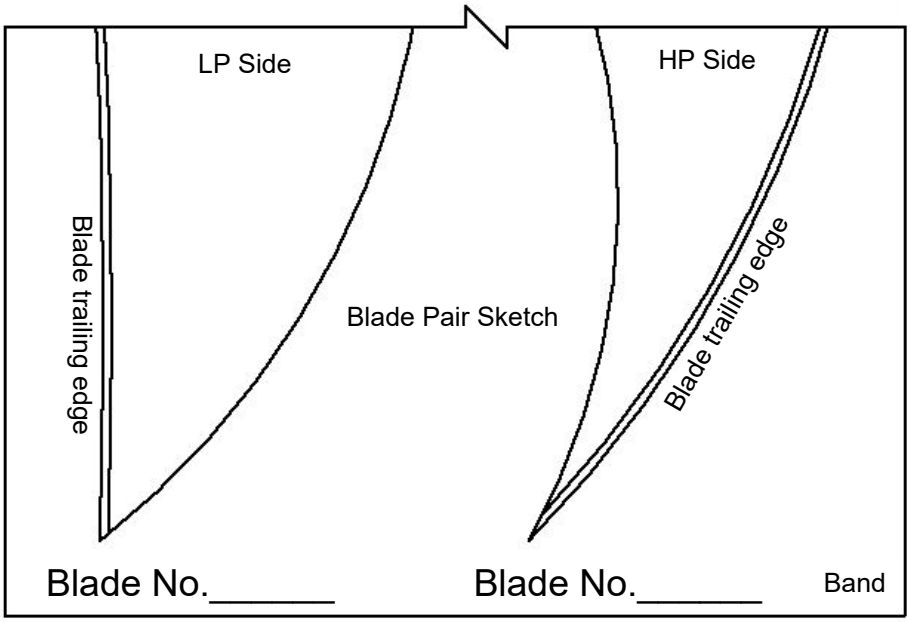
☐ Initial Assessment
By GOV

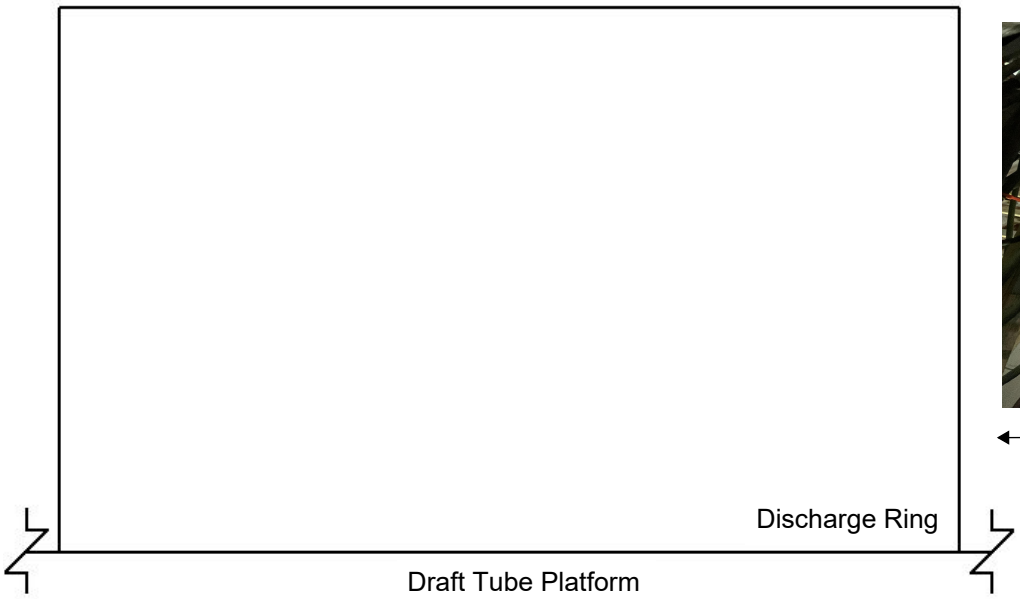
☐ Secondary Assessment

☐ Other_____

Reported by:

_____
Printed name





← Graphical view of the discharge ring zone below a blade pair as seen from the center of the runner looking outward

Damage Area No.	Dimensions (inches) Length x Width x Depth	Defect Type:	Cavitation Corrosion Crack Other	Priority (High or Low) *By GOV*	Defect Group No. (Start repairs at 1) *By GOV*	Repair Complete *Initial & Date*	Repair Inspection Complete *Initial & Date*
1							
2							
3							
4							
5							

Form B-5: Unit Summary of **Stay Vane** Damage Records

Unit No._____ Record Version:_____ Date:_____

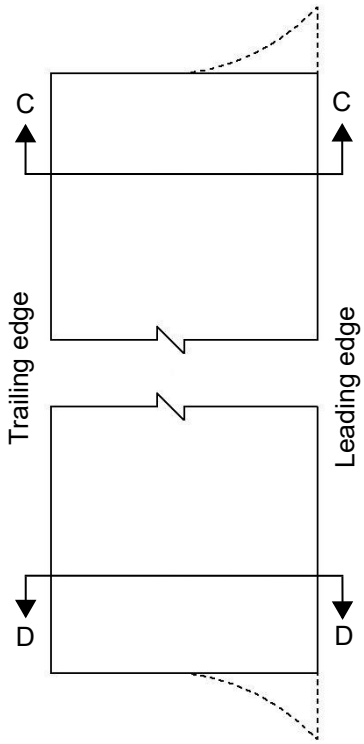
Stay Vane G19-G21: 31 each G22-G24: 24 each	Number of Damage Record Sheets	Date of Last Submission for Stay Vane	Number of Damage Areas
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Other			
Unit Total:		Unit Total:	

Instructions: Use this form as a cover sheet for submission of stay vane damage records following assessments. This form shall always be maintained as a unit summary of the total sum of all stay vane damage following the submission of damage records.

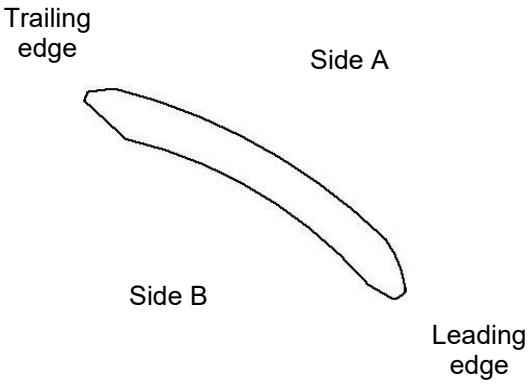
Submitted by:

_____
Printed name

Form B-6: **Stay Vane** Damage Record



Vane Elevation
Side A (Outside)



Section C-C

Unit No._____

Date:_____

Stay Vane No.:_____

Damage
Record
Sheet No.:_____of_____

Type:

☐ Initial Assessment
By GOV

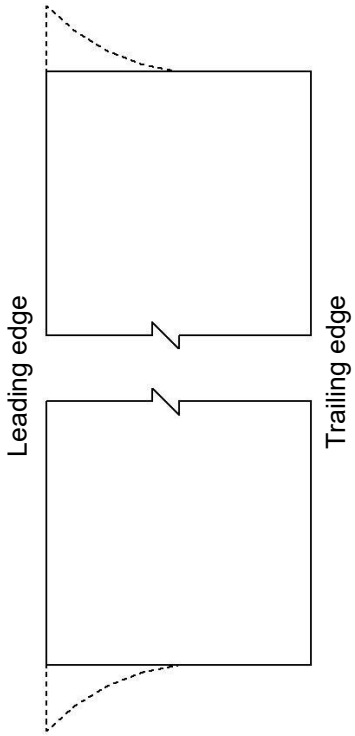
☐ Secondary Assessment

☐ Other_____

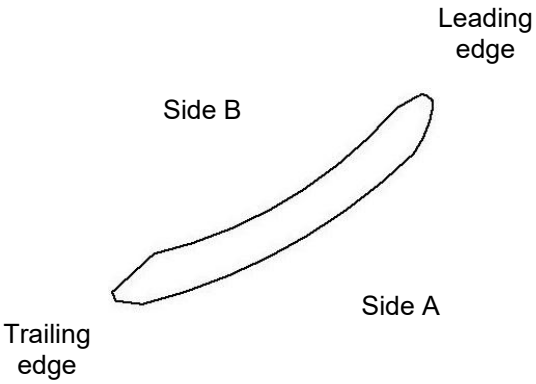
Reported by:

_____
Printed name

← Graphical view of the stay vane with sections to illustrate profile.



Vane Elevation
Side B (Inside)



Section D-D

Damage Area No.	Dimensions (inches) Length x Width x Depth	Defect Type:	Cavitation Corrosion Crack Other	Priority (High or Low) *By GOV*	Defect Group No. (Start repairs at 1) *By GOV*	Repair Complete *Initial & Date*	Repair Inspection Complete *Initial & Date*
1							
2							
3							
4							
5							