



Work Instruction

DIRECTIVE NO. 540-WI-8710.3.1-
EFFECTIVE DATE: 02/03/2005
EXPIRATION DATE: 02/03/2010

APPROVED BY Signature: Original signed by
NAME: Stanley Y. Chan
TITLE: RECERT Manager

COMPLIANCE IS MANDATORY

Responsible Office: 540/RECERT

Title: Certification of New or Modified Ground-Based Pressure Vessels and Pressurized Systems (PV/S)

PREFACE

P.1 PURPOSE

This Work Instruction describes the step-by-step process to be used by the Recertification Program (RECERT) Support Function personnel for the initial Certification of Ground-Based Pressure Vessels and Pressurized Systems (PV/S).

P.2 APPLICABILITY

This Work Instruction is applicable to PV/S Certification activities at Greenbelt, MD. and at the Wallops Flight Facility, VA.

P.3 REFERENCES

GPR 8710.3A, Certification and Recertification of Ground-Based Pressure Vessels and Pressurized Systems.

P.4 CANCELLATION

540-WI-8072.1.3A, Certification of New or Modified Ground-Based Pressure Vessels and Pressurized Systems (PV/S).

P.5 TOOLS, EQUIPMENT, AND MATERIALS

Applicable PV/S certification procedures shall include any special tools, equipment, or materials necessary for certification of PV/S.

P.6 SAFETY PRECAUTIONS AND WARNINGS

Safety, caution and warning notes unique to PV/S certification shall be included in applicable certification procedures.

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P.7 TRAINING

None

P.8 RECORDS

Record Title	Record Custodian	Retention
PV/S Certification and Recertification Records	RECERT Manager	As defined in GPR 8710.3A

P.9 METRICS

None

P.10 DEFINITIONS

None

INSTRUCTIONS

In this document, a requirement is identified by “shall,” a good practice by “should,” permission by “may” or “can,” expectation by “will,” and descriptive material by “is.”

The following STEPS are sequential unless noted otherwise.

ACTION*

- (E) A. Develop a RECERT System Certification Plan (RSCP) to include at least the following:
1. Engineering verification that GPR 8710.3A-required documentation is complete.
 2. Assignment of next sequential RECERT System identification number (“S-xx”).
 3. Definition of PV/S System Boundaries, including identification of System components.
 4. Type and extent of proposed System Certification tests, inspections, and NDT, including acceptance criteria.
 5. Proposed System Recertification in-service inspection (ISI) test, inspection, and NDT methods and intervals, including acceptance criteria.

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- (E) B. Obtain RECERT Manager's approval of proposed RSCP.
- (CSV) C. Enter System data into Certification Status Verification (CSV) System.
- (I) D. Perform System Certification tests, inspections, and NDT.
 1. If acceptable, proceed to STEP E.
 2. If unacceptable, proceed as directed by RECERT Manager.
- (I) E. Apply applicable Certification Tag(s) to each component, as well as a System Certification Tag (see Attachments), and release for service or return to Owner/User.
 1. System/Component ID.
 2. Date tested or inspected.
 3. Due date for Recertification expressed as the last day of the calendar quarter and year (e.g., 3Q/05 = due by September 30, 2005).
- (E) F. Transmit Certification letter with RECERT Manager's approval to Owner/User and file RECERT System Review and Certification Test Reports in RECERT Master Files.
- (CSV) G. Update CSV System to include System ISI baseline dates and intervals.

* LEGEND: (E) – Engineering; (I) – Inspection; (CSV) – Certification Status Verification

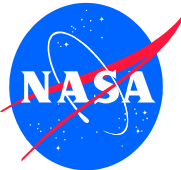
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RECERT PV/S Tags

Note: Typical GSFC Greenbelt tags are shown. WFF tags are similar but include WFF-specific designation and contact information.



**GODDARD SPACE FLIGHT CENTER
 RECERTIFICATION PROGRAM
 CERTIFIED**

In accordance with NASA requirements and GPR 8710.3, in-service inspections have been performed by RECERT Support on _____ to pressure system number: _____

The System is certified in accordance with the following applicable procedures.

_____ NMP-103, External Visual Examination
 _____ NMP-106, Relief Valve Certification
 _____ NMP-105, Pressure Gage Certification
 _____ NMP-107, Relief Valve Lift Test
 _____ NMP-114, Flex Hose Functional Test
 _____ NMP-123, Leak Test

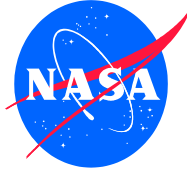
If there is a problem with or a question regarding this vessel, contact RECERT Support at extension: (301) 286-5181.
 Report Number: _____ Due Date: _____

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**GODDARD SPACE FLIGHT CENTER
RECERTIFICATION PROGRAM
CERTIFIED**

In accordance with NASA requirements and GPR 8710.3, in-service inspections have been performed by RECERT Support on _____ to pressure system number: _____

The System is certified in accordance with the following applicable procedures.

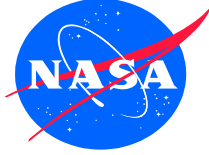
- _____ NMP-101, Magnetic Particle Test
- _____ NMP-102, Liquid Penetrant Test
- _____ NMP-109, Ultrasonic Thickness Test
- _____ NMP-111, Liquid Penetrant Test
- _____ NMP-113, Magnetic Particle Test

If there is a problem with or a question regarding this vessel, contact RECERT Support at extension: (301) 286-5181.
Report Number: _____ Due Date: _____

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RECERTIFICATION PROGRAM
CERTIFIED**

SYSTEM NO: _____

MAC NO: _____

UPV NO: _____

MAWP/MDP: _____ PSI @ _____ ° F

DUE DATE: _____

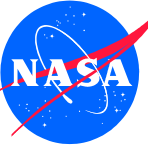
RECERT SUPPORT: (301) 286-5181

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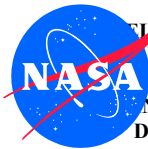
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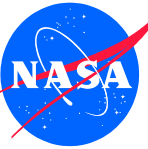
**GODDARD SPACE FLIGHT CENTER
 RECERTIFICATION PROGRAM
 CERTIFIED
 GAGE CALIBRATION TAG**

 I.D. # _____
 MAWP: _____ ACCUR: _____
 INSPECTION DATE: _____
 DUE DATE: _____
 REPORT # _____
 INSPECTOR: _____
 RECERT SUPPORT: (301) 286-5181

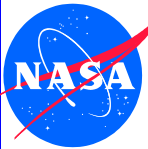
**GODDARD SPACE FLIGHT CENTER
 RECERTIFICATION PROGRAM
 CERTIFIED
 RELIEF VALVE INSPECTION TAG**

 I.D. # _____
 SET PRESSURE: _____
 INSPECTION DATE: _____
 DUE DATE: _____
 REPORT # _____
 INSPECTOR: _____
 RECERT SUPPORT: (301) 286-5181

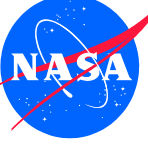
**GODDARD SPACE FLIGHT CENTER
 RECERTIFICATION PROGRAM
 CERTIFIED
 GAGE VT INSPECTION TAG**

 I.D. # _____
 MAWP: _____
 INSPECTION DATE: _____
 DUE DATE: _____
 REPORT # _____
 INSPECTOR: _____
 RECERT SUPPORT: (301) 286-5181

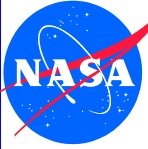
**GODDARD SPACE FLIGHT CENTER
 RECERTIFICATION PROGRAM
 CERTIFIED
 FLEX HOSE INSPECTION TAG**

 I.D. # _____
 MAWP: _____
 INSPECTION DATE: _____
 DUE DATE: _____
 REPORT # _____
 INSPECTOR: _____
 RECERT SUPPORT: (301) 286-5181

**GODDARD SPACE FLIGHT CENTER
 RECERTIFICATION PROGRAM
 CERTIFIED
 FLEX HOSE VT INSPECTION TAG**

 I.D. # _____
 INSPECTION DATE: _____
 DUE DATE: _____
 REPORT # _____
 INSPECTOR: _____
 RECERT SUPPORT: (301) 286-5181

**GODDARD SPACE FLIGHT CENTER
 RECERTIFICATION PROGRAM
 CERTIFIED
 AIR PAD VT INSPECTION TAG**

 I.D. # _____
 MAWP: _____
 INSPECTION DATE: _____
 DUE DATE: _____
 REPORT # _____
 INSPECTOR: _____
 RECERT SUPPORT: (301) 286-5181

CHANGE HISTORY LOG

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Revision	Effective Date	Description of Changes
Baseline	02/03/2005	Initial Release

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