

KEPIC 적용사례 : MH-C-216

(승인일자 : 2020. 5. 13.)

제목 : KEPIC-MHD 시험에 대한 Test Form 사용

질의 :

다음의 KEPIC-MHD 시험에 대해 적용 가능한 Test Form이 있습니까?

1. ACU 하우징 누설시험
2. ACU 하우징 구조적 내압력시험
3. ACU 공기유량 분배시험
4. 공기 에어로졸 혼합 균일성 시험
5. HEPA필터뱅크 현장 누설시험
6. 흡착기뱅크 현장 누설시험

답변 :

다음의 양식으로 사용 가능합니다.

- 붙임
1. ACU 하우징 누설시험 양식
 2. ACU 하우징 구조적 내압력시험 양식
 3. ACU 공기유량 분배시험 양식
 4. 공기 에어로졸 혼합 균일성 시험 양식
 5. HEPA필터뱅크 현장 누설시험 양식
 6. 흡착기뱅크 현장 누설시험 양식

KEPIC CODE CASE : MH-C-216

(Approval Date : 2020. 5. 13.)

Subject : Usage of Test Form related to the Test of KEPIC-MHD

Inquiry :

Are the applicable test form available for the following tests of KEPIC-MHD?

1. ACU Housing Leak Test
2. ACU Housing Structural Capability Test
3. ACU Airflow Distribution Test
4. Air-Aerosol Mixing Uniformity Test
5. HEPA Filter In-place Leak Test
6. Adsorber Bank In-place Leak Test

Reply :

Yes. The following test forms are available.

1. ACU Housing Leak Test Report
2. ACU Housing Structural Capability Test Report
3. ACU Airflow Distribution Test Report
4. Air-Aerosol Mixing Uniformity Test Report
5. HEPA Filter Bank In-place Leak Test Report
6. ACU Carbon In-place Leak Test Report

붙임 1. ACU 하우징 누설시험 양식

ACU HOUSING LEAK TEST FORM						Page of
Customer		Spec. No.		Report No.		
Project No.		Equip. Name				
Procedure No.		Equip. No.		Test Date		
1. Test Conditions						
Design Air Flow Rate	() cmh (cfm)			Housing Volume	m ³	
Max. Operating Pressure (P)	() Pa (in.w.g)				ft ³	
Test Pressure (P × 1.25)	() Pa (in.w.g)					
2. Test Equipment						
No.	Description	Serial No.	Cal. Due Date			
1						
2						
3						
3. Test Data						
Time	Housing Pressure		Housing Temperature		Calculated Housing Leakage Rate	Re
[min]	[Pa]	[]	[°C]	[]	[KEPIC-MHD Appendix TA-III 4200]	-marks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
<div style="display: flex; justify-content: space-between;"> <div> 4. Test Results Acceptance Criteria (Given Leakage Rate × Air Flow) : _____ × _____ = _____ () cmh (cfm) </div> <div> <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable </div> </div>						
Tested by : _____ Date : _____ Checked by : _____ Date : _____ Approved by : _____ Date : _____ Witnessed by : _____ Date : _____						

붙임 2. ACU 하우징 구조적 내압력시험 양식

ACU HOUSING STRUCTURAL CAPABILITY TEST FORM								Page	of
Customer			Spec. No.			Report No.			
Project No.			Equip. Name						
Procedure No.			Equip. No.			Test Date			
1. Test Conditions									
Design Air Flow Rate		() cmh (cfm)				□ Test Duration : Minimum 10 Minutes			
Test Pressure (Max. Design Pressure × 1.25)		() Pa (in.w.g)							
2. Test Equipment									
No.	Description		Serial No.			Cal. Due Date			
1									
2									
3									
3. Test Data									
Time [min]	Housing Pressure		Housing Temperature		Visual Inspection <Any distortion or breach>			Remarks	
	[Pa]	[]	[°C]	[]					
0									
2									
4									
6									
8									
10									
4. Test Results □ Acceptable □ Unacceptable									
Acceptance Criteria : No breach of integrity or Unacceptable distortion									
Remark									
Tested by : _____ Date : _____ Checked by : _____ Date : _____ Approved by : _____ Date : _____ Witnessed by : _____ Date : _____									

붙임 3. ACU 공기유량 분배시험 양식

ACU AIRFLOW DISTRIBUTION TEST FORM																																			
										Page of																									
Customer				Spec. No.				Report No.																											
Project No.				Equip. Name																															
Procedure No.				Equip. No.				Test Date																											
1. Test Conditions																																			
Design Air Flow Rate	() cmh (cfm)				Test Air Flow Rate	() cmh (cfm)																													
2. Test Equipment																																			
No.	Description			Serial No.			Cal. Due Date																												
1																																			
2																																			
3																																			
3. Test Data <input type="checkbox"/> Moist Separator <input type="checkbox"/> Prefilter Bank <input type="checkbox"/> Post HEPA Filter Bank <input type="checkbox"/> Adsorber Bank [UNIT: m/s (fps)]																																			
Row Height	1	2	3	4	5	6	7	8	9	Remark																									
A																																			
B																																			
C																																			
D																																			
E																																			
AVG.																																			
4. Test Results																																			
Acceptance Criteria				Within ± 20 %		Check the door position (√)																													
Velocity	Max.					<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 10px;" type="checkbox"/> <table border="1" style="border-collapse: collapse; text-align: center; width: 150px; height: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <input style="width: 20px; height: 20px; border: 1px solid black; margin-left: 10px;" type="checkbox"/> </div>																													
Min.																																			
Deviation	(Max. Vel. / Avg. Vel.) × 100																																		
	(Min. Vel. / Avg. Vel.) × 100																																		
Test Results : <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable																																			
Remark																																			
Tested by : _____ Date : _____ Checked by : _____ Date : _____ Approved by : _____ Date : _____ Witnessed by : _____ Date : _____																																			

붙임 4. 공기 에어로졸 혼합 균일성시험 양식

AIR-AEROSOL MIXING UNIFORMITY TEST FORM																																			
										Page of																									
Customer		Spec. No.		Report No.																															
Project No.		Equip. Name																																	
Procedure No.		Equip. No.		Test Date																															
1. Test Conditions																																			
Design Air Flow Rate	() cmh (cfm)			Test Air Flow Rate	() cmh (cfm)																														
Bank Differential Pressure (ΔP)	() Pa (in.w.g)			Challenge Aerosol																															
2. Test Equipment																																			
No.	Description			Serial No.			Cal. Due Date																												
1																																			
2																																			
3																																			
3. Test Data <input type="checkbox"/> HEPA Filter Bank <input type="checkbox"/> Post HEPA Filter Bank [UNIT : %]																																			
Row Height	1	2	3	4	5	6	7	8	9	Remark																									
A																																			
B																																			
C																																			
D																																			
E																																			
F																																			
AVG.																																			
4. Test Results																																			
Acceptance Criteria				Within ± 20 %		Check the door position (\checkmark)																													
Concentration	Max.					<div style="display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> <table border="1" style="border-style: dashed; width: 100px; height: 100px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> <input type="checkbox"/> </div>																													
Min.																																			
Deviation	$(\text{Max. Con.} / \text{Avg. Con.}) \times 100$																																		
	$(\text{Min. Con.} / \text{Avg. Con.}) \times 100$																																		
Test Results : <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable																																			
Remark																																			
Tested by : _____ Date : _____ Checked by : _____ Date : _____ Approved by : _____ Date : _____ Witnessed by : _____ Date : _____																																			

붙임 5. HEPA필터 뱅크 현장 누설시험 양식

IN-PLACE LEAK TEST FORM (HEPA FILTER BANK)						Page of
Customer		Spec. No.		Report No.		
Project No.		Equip. Name				
Procedure No.		Equip. No.		Test Date		
1. Test Conditions						
Design Air Flow Rate	() cmh (cfm)		Test Air Flow Rate	() cmh (cfm)		
Bank Differential Pressure (ΔP)	() Pa (in.w.g)		Challenge Aerosol			
Background Concentration	B _u (Upstream)			B _d (Downstream)		
2. Test Equipment						
No.	Description		Serial No.		Cal. Due Date	
1						
2						
3						
3. Test Data <input type="checkbox"/> HEPA Filter Bank <input type="checkbox"/> Post HEPA Filter Bank [UNIT : %]						
No.	Upstream Concentration (C _u)		Downstream Concentration (C _d)		Leakage Rate (%)	Remark
	Reading <Range : _____>		Reading <Range : _____>			
1st	%		%		<div style="text-align: center;"> 감 감 × 겹 겹 .or 감 × 겹 </div> Note : If background value is 0 or background reading is zeroed out.	
2nd	%		%			
3rd	%		%			
4th	%		%			
5th	%		%			
6th	%		%			
AVG.						
4. Test Results <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable						
Acceptance Criteria (Leakage Rate) : $\leq 0.05\%$						
Remark						
Tested by : _____ Date : _____ Checked by : _____ Date : _____ Approved by : _____ Date : _____ Witnessed by : _____ Date : _____						

<div style="display: flex; justify-content: space-between;"> <div> <h1 style="margin: 0;">IN-PLACE LEAK TEST FORM</h1> <h2 style="margin: 0;">(ADSORBER BANK)</h2> </div> <div> <div style="display: flex; justify-content: space-between;"> Page of </div> </div> </div>					
Customer		Spec. No.		Report No.	
Project No.		Equip. Name			
Procedure No.		Equip. No.		Test Date	
1. Test Conditions					
Design Air Flow Rate	() cmh (cfm)		Test Air Flow Rate	() cmh (cfm)	
Bank Differential Pressure (ΔP)	() Pa (in.w.g)		Type of Test	_____ Bank System	
Background Concentration	B _u (Upstream)			B _d (Downstream)	
Challenge Gas					
2. Test Equipment					
No.	Description		Serial No.	Cal. Due Date	
1					
2					
3					
3. Test Data					
Pulse No.	Concentration Readings		Leakage Rate (%)	Remark	
	Upstream (C _u)	Downstream (C _d)			
1st	ppm	ppb	<div style="display: flex; align-items: center;"> <div style="text-align: center;"> $\frac{C_d}{C_u} \times 100$ or $\frac{C_d}{C_u} \times 100$ </div> <div style="margin-left: 10px;"> Note : If background value is 0 or background reading is zeroed out. </div> </div>		
2nd	ppm	ppb			
3rd	ppm	ppb			
4th	ppm	ppb			
5th	ppm	ppb			
AVG.	C _u : ppm	C _d : ppb			
4. Test Results					
<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable					
Acceptance Criteria (Leakage Rate) : $\leq 0.05\%$					
Remark	1. Test Method : <input type="checkbox"/> Pulse <input type="checkbox"/> Continuous 2. Can use automatic log data of other equipment				
Tested by : _____ Date : _____ Checked by : _____ Date : _____ Approved by : _____ Date : _____ Witnessed by : _____ Date : _____					