

CHANGE CONTROL

1.0 Objective

The objective of this surveillance is to evaluate how effectively the laboratory controls changes in the facility. The Facility Representative or Environmental, Safety, and Health Support Specialist reviews recent plant activities to determine if change has been appropriately managed, to verify that DOE requirements have been met, and to examine implementation of best practices.

2.0 References

- 2.1 DOE 4700.1, *Project Management System*
- 2.2 DOE 5700.6C, *Quality Assurance*
- 2.3 10 CFR 835.120, *Quality Assurance Requirements for DOE Nuclear Facilities*
- 2.4 DOE-STD-1073-93, *Guide for Operational Configuration Management*

3.0 Surveillance Activities

This surveillance focuses on evaluating control over permanent changes in the facility. A separate surveillance, CMS 3.4 addresses control of temporary changes to the facility.

In performing this surveillance, The Facility Representative or Environmental, Safety, and Health Support Specialist should evaluate a range of mechanisms that might result in changes to the facility's configuration. The Facility Representative or Environmental, Safety, and Health Support Specialist should supplement the activities identified below as necessary to address the full range of possible change mechanisms at a given facility.

Activity 1 - Review completed maintenance work packages to identify potential changes.

Activity 2 - Review closed nonconformances to identify potential changes.

**Surveillance Guideline
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Surveillance No.: _____

Facility: _____

Date Completed: _____

YES NO N/A

Activity 1 - Review of Closed Maintenance Work Packages

The Facility Representative or Environmental, Safety, and Health Support Specialist selects a sample of three maintenance work packages that have been completed and reviews the packages. This review entails ensuring that appropriate design change documents have been prepared, the necessary changes to design documents have been made and that the work that was completed matches the work described in the work package.

- | | | | | |
|----|---|-------|-------|-------|
| 1. | For work packages that involve modifications to systems structures or components, are supporting design documents approved? | _____ | _____ | _____ |
| 2. | Have all changes to the design documents been incorporated in the maintenance work package? | _____ | _____ | _____ |
| 3. | Does the maintenance work package fully implement the design change package? | _____ | _____ | _____ |
| 4. | Is the maintenance work package fully consistent with the design change package regarding: | | | |
| | a. Materials to be used? | _____ | _____ | _____ |
| | b. Specific components to be used? | _____ | _____ | _____ |
| | c. Electrical connections? | _____ | _____ | _____ |
| | d. Pipe, conduit, or ductwork routing? | _____ | _____ | _____ |
| | e. Pipe, conduit, or ductwork support locations? | _____ | _____ | _____ |
| | f. Equipment locations? | _____ | _____ | _____ |
| | g. Connections to interfacing systems and equipment? | _____ | _____ | _____ |
| 5. | For maintenance work packages that involve troubleshooting or repair, are all replacements of components identical to the component replaced? | _____ | _____ | _____ |

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6.	For maintenance work packages in which components are replaced with similar but different components, does a documented evaluation exist to validate comparability of components?	_____	_____	_____
7.	Does the evaluation of comparability for components address:			
a.	Critical performance characterizations?	_____	_____	_____
b.	Materials compatibility?	_____	_____	_____
c.	Weight?	_____	_____	_____
d.	Quality requirements?	_____	_____	_____
e.	Physical dimensions?	_____	_____	_____
8.	Does the as-installed configuration match requirements established in the maintenance work package?	_____	_____	_____
9.	Are all components installed the same as those specified in the bills of material or other documents that are a part of the maintenance work package?	_____	_____	_____
10.	Have as-built drawings been prepared based on the final installed configuration?	_____	_____	_____
Activity 2 - Review Nonconformance Report Closure				
The Facility Representative or Environmental, Safety, and Health Support Specialist selects a sample of three nonconformance reports that have been dispositioned "Use As Is" and three nonconformance reports dispositioned as "Repair and Replace" for review.				
11.	For nonconformance reports dispositioned "Use As Is", has an adequate documented evaluation been performed to determine that the as-found condition is acceptable?	_____	_____	_____
12.	For nonconformance reports dispositioned "Use As Is", have revisions been initiated in design and safety documents and procedures to accurately reflect the existing conditions?	_____	_____	_____
Surveillance Guideline CHANGE CONTROL		<u>YES</u>	<u>NO</u>	<u>N/A</u>
13.	For nonconformance reports dispositioned "Repair or	R	e	p

lace", has a documented evaluation been performed to ensure the safety of operations with the nonconformance condition pending completion of repair or replacement activities?

14. For nonconformance reports dispositioned "Repair or Replace", is the condition treated as a temporary modification pending completion of repair or replacement activities?

15. Have temporary change notices been issued for drawings and procedures that are affected by nonconformance reports dispositioned "Repair or Replace"?

16. Have modification or design change requests or maintenance work requests been prepared to eliminate nonconforming conditions dispositioned as "Repair or Replace"?

17. Have modifications or maintenance work been scheduled to implement repairs or replacement for nonconformance reports dispositioned as "Repair or Replace"?

OTHER:

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NOTES/COMMENTS:

MAINTENANCE WORK PACKAGES REVIEWED:

NONCONFORMANCE REPORTS REVIEWED:

PERSONNEL CONTACTED: _____

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**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

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OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

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FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

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LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist