

CONTROL OF EQUIPMENT AND SYSTEM STATUS

1.0 Objective

The objective of this surveillance is to verify that the laboratory has established and implemented an effective program to control equipment and system status. The surveillance activities provide a basis for verifying the effectiveness of the laboratory's program as well as compliance with DOE requirements.

2.0 References

- 2.1 DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*
- 2.2 DOE 5480.22, *Technical Safety Requirements*
- 2.3 DOE-STD-1039-93, *Guide to Good Practices for Control of Equipment and System Status*
- 2.4 INPO 85-017 Rev 2, *Guidelines for the Conduct of Operations at Nuclear Power Stations*

3.0 Surveillance Activities

- Activity 1 - The Facility Representative or Environmental, Safety, and Health Support Specialist selects a component, system, or portion of a system that is out of service due to maintenance or testing activities. The Facility Representative or Environmental, Safety, and Health Support Specialist determines whether the status of that component or system has been accurately and consistently reflected in facility logs and status boards. The Facility Representative or Environmental, Safety, and Health Support Specialist determines whether operations personnel are aware of the status of the selected component or system.
- Activity 2 - The Facility Representative or Environmental, Safety, and Health Support Specialist reviews the status of out-of-service alarms in the control area.

Surveillance Guideline

CONTROL OF EQUIPMENT AND SYSTEM STATUS

Surveillance No.: _____

Facility: _____

Date Completed: _____

YES NO N/A

Activity 1 - Review of status of selected component or system

- | | | | | |
|----|--|-------|-------|-------|
| 1. | Did the shift supervisor or appropriate authority approve the removal from service of the component or system? | _____ | _____ | _____ |
| 2. | Did the shift supervisor or appropriate authority sign the work authorization that removed the equipment from service? | _____ | _____ | _____ |
| 3. | Is a signed copy of the work authorization maintained in the control area? | _____ | _____ | _____ |
| 4. | Is the component or system status accurately and consistently reflected in the shift supervisor's log, other operations logs, on equipment and system status boards, on shift turnover documentation, in the equipment deficiency log, in equipment and system alignment checksheets, and in the lockout and tagout log? | _____ | _____ | _____ |
| 5. | When applicable, do logs, status sheets, turnover checklists, and other appropriate documentation reflect entry into limiting conditions of operation and actions that are taken in response to technical safety requirements? | _____ | _____ | _____ |
| 6. | Are operations personnel aware of the status of the affected component or system and the actions being taken to restore the component or system to service? | _____ | _____ | _____ |
| 7. | Are the status of the affected component or system and the actions being taken to restore the component or system to service accurately communicated during shift turnover? | _____ | _____ | _____ |

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Activity 2 - Review of the status of out-of-service alarms in the control area			
8. Are the number of out-of-service alarms minimized? Record the number of out-of-service alarms. _____	_____	_____	_____
9. Are alarms that are partially or totally disabled identified and labeled through the use of the lockout/tagout system, equipment deficiency logs, or other appropriate documentation?	_____	_____	_____
10. Have maintenance work requests or other corrective actions been initiated to restore out-of-service alarms to service?	_____	_____	_____
11. Is the status of the maintenance work requests or other corrective actions periodically reviewed and reprioritized as necessary to restore alarms to service?	_____	_____	_____
12. Are backup instrumentation, measurements, and readings used when alarms are out of service, in accordance with approved procedures?	_____	_____	_____
13. Are operations personnel aware of the status of out-of-service alarms and of the status of corrective actions to restore the alarms to service?	_____	_____	_____
OTHER:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

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

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

OBSERVATIONS:

Observation No.: _____

Description: _____

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Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

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Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist