

## **TECHNICAL SAFETY REQUIREMENTS**

### **1.0 Objective**

The objective of this surveillance is to examine the laboratory's implementation of technical safety requirements. The surveillance does not address the development of these requirements since this activity is programmatic. The surveillance focuses on ensuring that the laboratory has developed and implemented the necessary procedures and administrative controls to ensure that compliance with the Technical Safety Requirements is maintained.

### **2.0 References**

2.1 DOE 5480.22, *Technical Safety Requirements*

### **3.0 Surveillance Activities**

The Facility Representative or Environmental, Safety, and Health Support Specialist completes the following activities to perform this surveillance.

1. Select a technical safety requirement, a safety limit, and an administrative control contained in the Technical Safety Requirements and evaluate implementation of each.
2. Interview operators and supervisors to verify their understanding of safety limits, limiting control settings, limiting conditions for operation, and surveillance.

**Surveillance Guideline**  
**TECHNICAL SAFETY REQUIREMENTS**

Surveillance No.: \_\_\_\_\_

Facility: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Activity 1 - Review of Technical Safety Requirements**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is the facility operating within the safety limit?	_____	_____	_____
2. Do calibration records demonstrate that instruments or alarms are calibrated within the limiting control settings?	_____	_____	_____
3. Have procedures been developed to govern performance of calibrations for limiting control settings?	_____	_____	_____
4. Has a frequency been established for calibrating instruments or alarms used for identifying or implementing limiting control settings?	_____	_____	_____
5. Is the facility operating within the limiting condition of operation?	_____	_____	_____
6. Have procedures been developed to govern performance of the surveillance tests mandated by the limiting conditions for operation?	_____	_____	_____
7. Do the surveillance test procedures provide a valid basis for determining if the system or equipment is operable?	_____	_____	_____
8. Are the surveillance procedures consistent with equipment and instrumentation installed within the facility?	_____	_____	_____
9. Has the surveillance been completed within the required interval?	_____	_____	_____
10. Have the requirements of the selected Administrative Control Requirement been met?	_____	_____	_____

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YES      NO      N/A

**Activity 2 - Interview Operators and Supervisors**

12. Can personnel explain the purpose of the safety limit?

- Operators
- Supervisors

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

13. Can personnel explain what actions should be taken if a safety limit is exceeded?

- Operators
- Supervisors

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

(Required actions include placing the facility in the most stable, safe configuration, notifying DOE, completing a review to identify causes, and not restarting without authorization of the Program Manager)

14. Can personnel explain the purpose of the limiting control settings?

- Operators
- Supervisors

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

15. Can personnel explain what actions are required if the limiting control setting is exceeded?

- Operators
- Supervisors

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

(Required actions include restoring the process variable below the limiting control setting or placing the facility in the most stable and safe conditions, notify DOE and complete a review to identify the cause of the condition)

16. Can personnel explain the basis for the limiting condition for operation?

- Operators
- Supervisors

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_



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YES    NO    N/A

NOTES/COMMENTS:

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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: \_\_\_\_\_

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\_\_\_\_\_

Observation No.: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**FOLLOWUP ITEMS:**

Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_\_

Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Surveillance Guideline**  
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LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative or  
Environmental, Safety, and Health Support Specialist