

TEMPORARY CHANGES

1.0 Objective

The objective of this surveillance is to evaluate the effectiveness of the laboratory's program for controlling temporary changes at the laboratory. Such changes include temporary modifications, temporary procedure changes, and tests or experiments. The Facility Representative or Environmental, Safety, and Health Support Specialist reviews the status of temporary modifications, distribution of temporary procedure changes, and examines tests or experiments.

2.0 References

- 2.1 DOE 5700.6C, *Quality Assurance*
- 2.3 10 CFR 830.120, *Quality Assurance Requirements for DOE Nuclear Facilities*
- 2.3 DOE-STD-1073-93, *Guide for Operational Configuration Management*

3.0 Surveillance Activities

This surveillance focuses on control of temporary changes at the laboratory. Surveillance CMS 3.2, Change Control, addresses control of permanent changes at the laboratory.

In performing this surveillance, the Facility Representative completes the following activities:

- Activity 1 - Review Status of Temporary Modifications.
- Activity 2 - Examine Temporary Procedure Changes.
- Activity 3 - Review Tests or Experiments.

**Surveillance Guideline
 TEMPORARY CHANGES**

Surveillance No.: _____

Facility: _____

Date Completed: _____

YES NO N/A

Activity 1 - Review Temporary Modifications

The Facility Representative or Environmental, Safety, and Health Support Specialist reviews the temporary modification log and selects one temporary modification that is installed and one temporary modification that has been closed out for review. The Facility Representative or Environmental, Safety, and Health Support Specialist should select temporary modifications to systems that are important to facility or worker safety.

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|----|---|-------|-------|-------|
| 1. | Were the temporary modifications reviewed to determine if they involved a potential unreviewed safety question? | _____ | _____ | _____ |
| 2. | For the installed temporary modification, does the as-installed configuration match the temporary modification package? | _____ | _____ | _____ |
| 3. | Have appropriate change documents such as procedure change notices, drawing change notices, etc., been issued to alert personnel to the change? | _____ | _____ | _____ |
| 4. | Have operators been notified regarding the temporary change through training, required reading, or shift orders? | _____ | _____ | _____ |
| 5. | Is the temporary modification periodically reviewed to verify the continuing need for it? | _____ | _____ | _____ |
| 6. | Was the temporary modification package reviewed by all appropriate groups including engineering, safety, radiation protection, and operations? | _____ | _____ | _____ |
| 7. | Are components and materials in the temporary modification identical to the components and materials specified in the temporary modification package? | _____ | _____ | _____ |

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
8. For the temporary modification that has been closed out, has the system configuration been restored to its original state?	_____	_____	_____
9. For the temporary modification that has been closed out, have all document change notices been voided?	_____	_____	_____
10. Have operators been notified that the temporary modification has been removed?	_____	_____	_____

Activity 2 - Examine Temporary Procedure Changes

The Facility Representative or Environmental, Safety, and Health Support Specialist selects two temporary procedure changes for review and verification.

11. Were the temporary procedure changes reviewed to determine if they involved a possible unreviewed safety question?	_____	_____	_____
12. Are the temporary procedure change notices attached to controlled copies of procedures that are located in the control area or at other operations work stations?	_____	_____	_____
13. Does the temporary procedure change notice have a specified expiration date so that it does not become a defacto permanent change?	_____	_____	_____
14. Are copies of the temporary procedure change provided when the Facility Representative requests a controlled copy of the affected procedure?	_____	_____	_____
15. Was the temporary procedure change approved by a responsible manager?	_____	_____	_____

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YES NO N/A

Activity 3 - Review of Tests or Experiments

The Facility Representative or Environmental, Safety, and Health Support Specialist selects a test or experiment that involves a temporary modification of the facility, a change in routine operations, or an unusual alignment of systems and equipment. The Facility Representative or Environmental, Safety, and Health Support Specialist may select a test or experiment that has been performed or may observe a test or experiment.

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|-----|--|-------|-------|-------|
| 16. | Was the test or experiment reviewed to determine if it involved a possible unreviewed safety question? | _____ | _____ | _____ |
| 17. | Was the test or experiment approved by the facility manager? | _____ | _____ | _____ |
| 18. | Were procedures for conducting the test or experiment prepared, reviewed, and approved? | _____ | _____ | _____ |
| 19. | Were facility and/or process operations personnel notified of the test or experiment before it began? | _____ | _____ | _____ |
| 20. | Was the test or experiment reviewed by applicable organizations such as engineering, operations, safety, and radiological control? | _____ | _____ | _____ |
| 21. | Upon completion of the test or experiment, was the facility returned to its normal configuration? | _____ | _____ | _____ |

OTHER:

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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OTHER (Cont.)

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

TEMPORARY MODIFICATION REVIEWED: _____

PROCEDURES REVIEWED: _____

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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