

VERIFICATION OF SYSTEM CONFIGURATION AND OPERATIONS

1.0 Objective

The objective of this surveillance is for the Facility Representative or Environmental, Safety, and Health Support Specialist to verify that the laboratory's configuration and operations are consistent with facility design basis documentation. These surveillance activities provide a basis for evaluating the effectiveness of the laboratory's program for implementing design basis requirements and for ensuring compliance with DOE requirements.

2.0 References

- 2.1 DOE 4700.1, *Project Management System*
- 2.2 DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*
- 2.3 DOE 5480.23, *Safety Analysis Reports*
- 2.4 DOE-STD-1073-93, *Guide for Operational Configuration Management*

3.0 Surveillance Activities

In this surveillance, the Facility Representative or Environmental, Safety, and Health Support Specialist selects a system important to worker, public, or facility safety.

- Activity 1 - The Facility Representative or Environmental, Safety, and Health Support Specialist performs a complete walkdown of all accessible portions of the system and verifies that the as-built configuration matches the most current approved revision of the system drawings and matches the configuration described in the facility safety basis documents (Safety Analysis Reports, Safety Evaluation Reports, Interim Safety Basis Documents, System Descriptions, Process Safety Analyses, Job Hazard Analyses, etc.).
- Activity 2 - The Facility Representative or Environmental, Safety, and Health Support Specialist verifies the system alignment and operating procedures are consistent with the system as-built configuration and with system design and operating parameters as specified in the facility safety basis documents.
- Activity 3 - The Facility Representative or Environmental, Safety, and Health Support Specialist verifies that system training materials are consistent with the system as-built configuration, system design document, and operating procedures.

Surveillance Guideline
VERIFICATION OF SYSTEM CONFIGURATION AND OPERATIONS

Surveillance No.: _____

Facility: _____

Date Completed: _____

YES NO N/A

Activity 1 - System Walkdown

- | | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| 1. | Is each component and portion of the system reflected in system drawings? | _____ | _____ | _____ |
| 2. | Does the facility as-built configuration include all components and portions of the system (major components, piping, valves, instrumentation, dampers, supports, recirculation lines, vents, drains, relays, circuit breakers, motor control centers, panels, etc.) contained in the system design documentation and shown on the system drawings? | _____ | _____ | _____ |
| 3. | Does the location of each component and portion of the system match the system drawing and design documentation? | _____ | _____ | _____ |
| 4. | Does the orientation of each component and portion of the system match the system drawings and design documentation? | _____ | _____ | _____ |
| 5. | Is each component and portion of the system labelled? | _____ | _____ | _____ |
| 6. | Does the nomenclature for system and component labels match the nomenclature and identification on the system drawings? | _____ | _____ | _____ |
| 7. | Are temporary modifications reflected in system drawings or in addenda to applicable controlled documents? | _____ | _____ | _____ |

Activity 2 - Alignment and Operating Procedures

- | | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| 8. | Are the system alignment procedures for normal system operations consistent with the system operating configuration described in the system design documentation? | _____ | _____ | _____ |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
9. Are the system alignment procedures for abnormal system operations consistent with the system operating configuration described in the system safety documentation?	_____	_____	_____
10. Are the system operating parameters (pressures, temperatures, flows, levels, configurations) as reflected in the system operating procedures consistent with the system parameters reflected in the system design documentation?	_____	_____	_____
11. Does the nomenclature on the system alignment and operating procedures match the nomenclature on system tags and labels?	_____	_____	_____
Activity 3 - System Training Materials			
12. Are systems drawings, schematics, and one-line drawings used in the training program consistent with the system as-built configuration?	_____	_____	_____
13. Are the system descriptions used in the training program consistent with the system description in system design basis documents and with the as-built configuration?	_____	_____	_____
14. Are the system operating modes and alignments described in training materials consistent with system alignment and operating procedures?	_____	_____	_____
15. Do training materials reflect recent changes in design or operating practices?	_____	_____	_____

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YES NO N/A

OTHER:

_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

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SYSTEM: _____

PROCEDURES REVIEWED: _____

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

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

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Finding No.: _____

Description: _____

OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

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Observation No.: _____

Description: _____

FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

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Followup Item No.: _____

Description: _____

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist