

TMS 029/2
10/05/90
Revision No.: 0

TECHNICAL & MANAGEMENT SUPPORT SERVICES DOCUMENT TRANSMITTAL/ACKNOWLEDGMENT RECORD

WBS: 1.2.9
QA: QA
Page 1 of 1

TO:
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1717 H STREET N.W.

WASHINGTON, DC 20555-0000

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TRANSMITTAL DATE: 01/09/91

COPY NO.: 223

DOCUMENT TITLE: YUCCA MOUNTAIN PROJECT OFFICE QUALITY MANAGMENT PROCEDURES

DOCUMENT REVISION: 44 DOCUMENT IDENTIFICATION NUMBER: YMPO/88-1

DIRECTIONS

REPLACE: Table of Contents, Rev. 43, dated 10/23/90 with
Table of Contents, Rev. 44, dated 12/28/90

REPLACE: QMP-03-09, Rev. 1, dated 10/25/90 with
QMP-03-09, Rev. 2, dated 01/11/91

**** Destroy or mark obsolete material "Superseded" ****

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NOTE: ALL DOCUMENTS THAT ARE "IN PREPARATION", HAVE BEEN TAKEN OFF OF THE TABLE OF CONTENTS. THIS ACTION DOES NOT AFFECT THEIR STATUS IN THE REVIEW PROCESS.

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QMP-01-01		Organization	2 (10/12/90)
QMP-01-02		Stop Work Order	1 (10/9/90)
QMP-02-01	1		(10/19/90)
QMP-02-01	2		(10/19/90)
QMP-02-01		Qualification, Proficiency, Indoctrination, and Training of Waste Management Project Personnel	1 (9/2/88)
QMP-02-02		Qualification of Quality Assurance Program Audit Personnel	2 (10/10/90)
QMP-02-03		Management Assessment	1 (10/19/90)
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QMP-02-08	2		(7/20/90)
QMP-02-08	3		(7/20/90)
QMP-02-08	4		(8/27/90)
QMP-02-08		Technical Assessment Review	0 (8/8/88)
QMP-02-09		Development and Conduct of Training	1 (10/17/90)
QMP-03-01	1		(7/20/90)
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QMP-03-01	3		(9/17/90)
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QMP-06-04		Project Office Document Development, Review, Approval, and Revision Process	1 (10/17/90)
QMP-07-04	1		(10/24/90)
QMP-07-04		Supplier Evaluation/Qualified Suppliers List	1 (10/19/90)
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QMP-16-01		Corrective Action	0 (12/10/84)
QMP-16-03	1		(10/19/90)
QMP-16-03	2		(10/15/90)
QMP-16-03		Standard Deficiency Reporting System	1 (6/5/89)
QMP-17-01		Records Management: Record Source Implementation	2 (11/1/90)
QMP-18-02	1		(9/27/90)
QMP-18-02		Surveillance	2 (9/27/90)

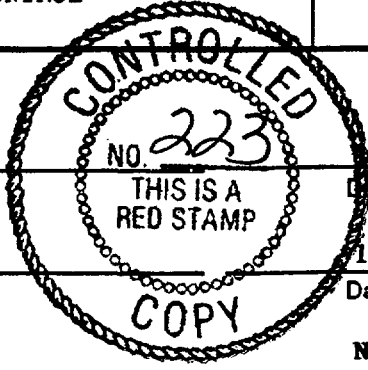
**YUCCA MOUNTAIN PROJECT OFFICE
DOCUMENT APPROVAL SHEET**

Y-AD-002
4/90

Title
QUALITY MANAGEMENT PROCEDURE: PROJECT CHANGE CONTROL
BOARD PROCESS

NO. QMP-03-09
[X] Q
[] Non Q

APPROVAL



PROJECT MANAGER: Original signed Carl Gertz 10/10/90
by Signature Date

DIRECTOR OF QUALITY ASSURANCE: Donald G. Horton 10/11/90
Signature Date

N/A N/A N/A
(OTHER, AS REQUIRED) Signature Date

REVISION 0 EFFECTIVE DATE: 10/17/90

REVISIONS

INITIAL AND DATE

	REVISION 1	REVISION 2	REVISION 3	REVISION 4
PROJECT MANAGER:	<u>Edwin L. Wilmot</u> <u>10/24/90</u>	<u>[Signature]</u> <u>12/20/90</u>	_____	_____
DIRECTOR, QA:	<u>D. G. Horton</u> <u>10/24/90</u>	<u>DGH</u> <u>12/21/90</u>	_____	_____
<u>N/A</u> (OTHER, AS REQUIRED)	<u>N/A</u>	<u>N/A</u>	_____	_____
EFFECTIVE DATE:	<u>10/25/90</u>	<u>1/11/91</u>	_____	_____



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1.0 PURPOSE AND SCOPE

1.1 PURPOSE

This procedure establishes the responsibilities, interfaces, and methods for Yucca Mountain Project Office (Project Office) processing of (1) Change Requests (CRs) received in accordance with AP-3.3Q, (2) Cost/Schedule Change Requests (C/SCRs) received in accordance with AP-3.7, and (3) Program Document Change Proposals (DCPs) and Directives received in accordance with the Office of Civilian Radioactive Waste Management (OCRWM) Program Change Control Procedure (DOE/RW-0223).

1.2 SCOPE

This procedure includes the following:

1. Receipt, tracking, and coordination of CRs and C/SCRs processed in accordance with AP-3.3Q, and Program DCPs and Directives from the Program Change Control Board (PCCB) Executive Secretary.
2. Impact evaluation of change documents in support of Project Change Control Board (CCB) disposition decisions.
3. Preparation and coordination of Change Directives (CDs) that record and communicate the CCB disposition of changes.
4. Preparation of Class 1 changes for submission to the PCCB Executive Secretary.

2.0 APPLICABILITY

This procedure applies to individuals performing activities associated with processing and dispositioning CRs, C/SCRs, DCPs, and Directives.

3.0 DEFINITIONS

NOTE: Terms in this procedure are used as defined in the Project Glossary. The following additional definitions are adopted for the purpose of this procedure.

3.1 CHANGE DOCUMENT

A change document is a document used to request or direct a change. A change document may be a CR or C/SCR issued by the Project or a DCP or Directive issued by the PCCB.

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3.2 CHANGE DOCUMENT PACKAGE

A Change Document Package is the collection of CRs, C/SCRs, DCPs, Directives and associated reviews, assessments, analysis, and supporting documentation related to a change.

4.0 RESPONSIBLE PARTIES

The following Project Office individuals or organizations are responsible for the activities identified in Section 5.0 of this procedure:

1. Project Office Deputy Project Manager (CCB Chairperson)
2. Project Office Division Directors (CCB Members)
3. Site Manager (CCB Member)
4. Project Office Director of Quality Assurance (CCB Member)
5. CCB Secretary

5.0 PROCEDURE

NOTE: A flowchart of the following processes described in this procedure is attached as Figure 1.

<u>RESPONSIBLE PARTY</u>	<u>STEPS</u>	<u>PROCEDURE</u>
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PROCESSING CHANGE REQUESTS

CCB Secretary	1.	Determine type of change document and process in accordance with the following: <ol style="list-style-type: none">a. If it is a Program DCP or Directive, then enter receipt information into the Configuration Information System (CIS) using the identification number assigned by the PCCB Executive Secretary.b. If it is a C/SCR or CR, then assign a tracking number to the change document and enter receipt information into the CIS.
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<u>RESPONSIBLE PARTY</u>	<u>STEPS</u>	<u>PROCEDURE</u>
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c. If it is a modified CR, then

- 1) Assign a change request modification number to the CR form, and record receipt information into the CIS.

The modification number consists of the original CR number, followed by the letter "M," and a sequential number indicating the total number of modifications requested for the CR.

Example: CR # - M1

- 2) Advise the CCB Chairperson of the extent of the modification and obtain a determination of any requirements for further processing.

REVIEWING CHANGE DOCUMENTS

2. Obtain the desired method for Change Document evaluation and impact analysis requirements and the designated review organizations from the CCB Chairperson.

If immediate disposition is directed, then go to Step 9.

3. Request Change Document review, analysis, assessment, and additional studies by affected Participants as directed by the CCB in accordance with the following:
 - a. If the Change Document is a CR, DCP, or Directive, then request review in accordance with AP-3.3Q, as directed.
 - b. If the Change Document is a C/SCR, then request review in accordance with AP-3.7.

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<u>RESPONSIBLE PARTY</u>	<u>STEPS</u>	<u>PROCEDURE</u>
CCB Secretary	4.	<p>Prepare a Change Document Package, and provide a copy to each CCB Member for evaluation.</p> <p>The Change Document Package may include</p> <ul style="list-style-type: none">a. A copy of the Change Document (i.e., CR, C/SCR, DCP, and Directive)b. Copies of all reviews, analyses, assessments, and studies performed by the affected organizations, including supporting documentationc. A copy of Attachment 1, Change Evaluation (CE) Formd. A schedule for completion of the evaluatione. A schedule of review meetings for the CCB

REVIEWING CHANGE DOCUMENT PACKAGES

CCB Members	5.	<p>Evaluate the Change Document Package, and prepare the CE in accordance with Attachment 1 instructions. Consider the following items during the review:</p> <ul style="list-style-type: none">a. Resource conflictsb. Information provided in the Change Impact Checklist (technical, regulatory, quality, management, institutional, budgetary, schedule, and safety)c. Change Classification upgrade requirements
	6.	<p>Return the Change Document Package and CE to the CCB Secretary by the scheduled completion date.</p>

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<u>RESPONSIBLE PARTY</u>	<u>STEPS</u>	<u>PROCEDURE</u>
CCB Secretary	7.	If an additional investigation is required by the CCB, then coordinate the investigation with the affected organizations. Go to Step 2.
	8.	Prepare Attachment 2, Change Evaluation Summary (CES) Form, in accordance with instructions provided. a. Consolidate and summarize information from the CE forms received from each CCB member. b. Document additional investigation activities as directed by the CCB. c. Coordinate and document issues and resolution activities.
	9.	Prepare Attachment 3, CD Form, in accordance with the instructions provided, and present the Change Document Package to the CCB Chairperson for signature. The Change Document Package presented to the CCB Chairperson includes the following as appropriate: a. A copy of the Change Document, including supporting documentation, reviews, analyses, assessments, and studies b. The CE forms prepared by each CCB member c. The CES form prepared by the CCB Secretary d. The CD drafted by the CCB Secretary

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<u>RESPONSIBLE PARTY</u>	<u>STEPS</u>	<u>PROCEDURE</u>
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DISPOSITIONING CHANGE DOCUMENT PACKAGES

- | | | |
|-----------------|-----|---|
| CCB Chairperson | 10. | <p>Review the Change Document Package and disposition the Change Document on the CD Form in accordance with attached instructions.</p> <ul style="list-style-type: none">a. Conduct CCB meeting to discuss and resolve outstanding issues and CD content, if required.b. Consider recommendations of other evaluators as recorded on the CE and CES forms.c. Return the Change Document Package to the CCB Secretary for processing. |
| CCB Secretary | 11. | <p>Process dispositioned Change Document Packages in accordance with the following:</p> <ul style="list-style-type: none">a. If the Change Document is a DCP received from the Associate Director for Geologic Disposal, then<ul style="list-style-type: none">1) Complete Attachment 2 of the OCRWM Program Change Control Procedure, DCP Evaluation Form, in accordance with CCB instructions.2) Return the DCP Evaluation Form to the Associate Director for Geologic Disposal for processing in accordance with the OCRWM Program Change Control Procedure.3) Update the CIS to reflect the current status of the Change Document.b. Otherwise, continue processing Change Directives. |

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RESPONSIBLE PARTY STEPS PROCEDURE

PROCESSING CHANGE DIRECTIVES

CCB Secretary

12. Review the disposition of the Change Directive and process as follows:
 - a. If the Change Directive is disapproved, then distribute copies to the affected Participants.
 - 1) If the Change Document is a CR or C/SCR, then close the document.
 - 2) If the Change Document is a PCCB issued Directive, then close the document in accordance with OCRWM Program Change Control Procedure.
 - 3) Go to Step 16.
 - b. If the Change Directive is approved with conditions, then
 - 1) Notify and coordinate condition resolution with the responsible Participants.
 - 2) Verify entry of condition resolution requirements into the Hold Status System in accordance with AP-5.20Q, if directed by CD.
 - 3) Continue the process for an approved change document.
 - c. If the CD is an approved Class 1 CR or C/SCR, then
 - 1) Complete Attachment 1 of OCRWM Program Change Control Procedure, DCP Form, in accordance with CD.

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<u>RESPONSIBLE PARTY</u>	<u>STEPS</u>	<u>PROCEDURE</u>
		2) Submit the DCP Form to the Associate Director for Geologic Disposal for processing in accordance with OCRWM Program Change Control Procedure.
		3) Go to Step 16.
	d.	If the CD is an approved Class 2 CR or PCCB issued Directive, then transmit the Change Document Package, via transmittal memo, to all affected TPOs/DDs for change implementation in accordance with AP-3.3Q.
	e.	If the change document is an approved Class 2 C/SCR, then transmit the Change Document Package, via transmittal memo, to the PCB/P&CD and affected Participants for change implementation in accordance with AP-3.7.
	13.	Coordinate modification to Project CCB controlled documents.
	14.	Complete Attachment 4, Document Change Notice (DCN), and submit modified CCB controlled documents, including DCN, to the Document Control Center in accordance with AP-1.5Q.
	15.	Update the CIS to reflect the current status of the CD.

CHANGE REQUEST CLOSURE

16. Close change implementation activities upon completion of all activities associated with the change.
 - a. Ensure that written delegation of authority is on file for the change

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<u>RESPONSIBLE PARTY</u>	<u>STEPS</u>	<u>PROCEDURE</u>
		control documentation and is attached to the records package prior to records package turnover.
	b.	Update the Configuration Information System (CIS) to reflect the current status of the change.
	c.	Notify all affected Participants that the change has been closed.
	d.	Prepare and submit the records package to the Local Records Center (LRC) in accordance with QMP-17-01.

6.0 REFERENCES

NOTE: Refer to the latest revision of the documents listed below unless otherwise stated.

6.1 REQUIREMENTS DOCUMENTS

OCRWM Program Change Control Procedure, DOE/RW-0223

Project Glossary, YMP/89-15

6.2 INTERFACE DOCUMENTS

a. Project Wide

AP-1.5Q, Issuance and Maintenance of Controlled Documents

AP-3.3Q, Change Control Process

AP-3.7, Cost and Schedule Baseline Maintenance and Change Control

AP-5.20Q, Hold Control

b. Project Office Internal

QMP-17-01, Records Management: Record Source Implementation

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7.0 FIGURES AND ATTACHMENTS

Figure 1, QMP-03-09 Flowchart

Attachment 1, Change Evaluation Form

Attachment 2, Change Evaluation Summary Form

Attachment 3, Change Directive Form

Attachment 4, Document Change Notice

8.0 RECORDS

The following documents used or generated in the implementation of this procedure have been identified as QA Records and shall be forwarded to the IRC for processing in accordance with QMP-17-01, Records Management: Record Source Implementation:

Approved Change Document Packages affecting quality activities

The Change Document Package may include the following items:

1. CR form and CR Continuation Pages
2. Documents and revisions, including Document Change Notices (DCNs), submitted for entry into the Project CCB Register
3. Supporting documentation, including reviews, assessments, analyses, and studies
4. CE and CES form(s)
5. CD, DCN, and ADN form(s)

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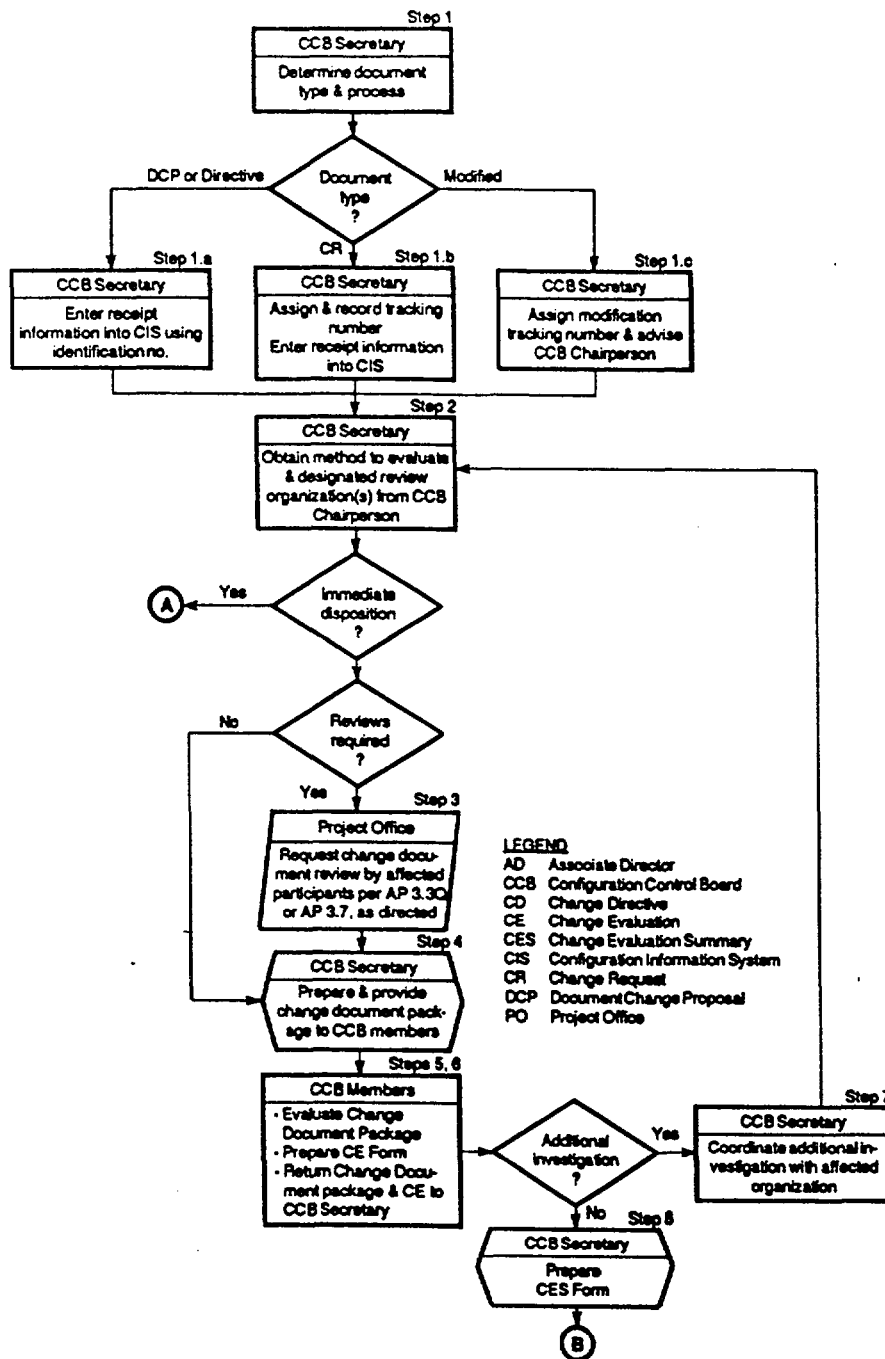


Figure 1 - QMP-03-09 Flowchart

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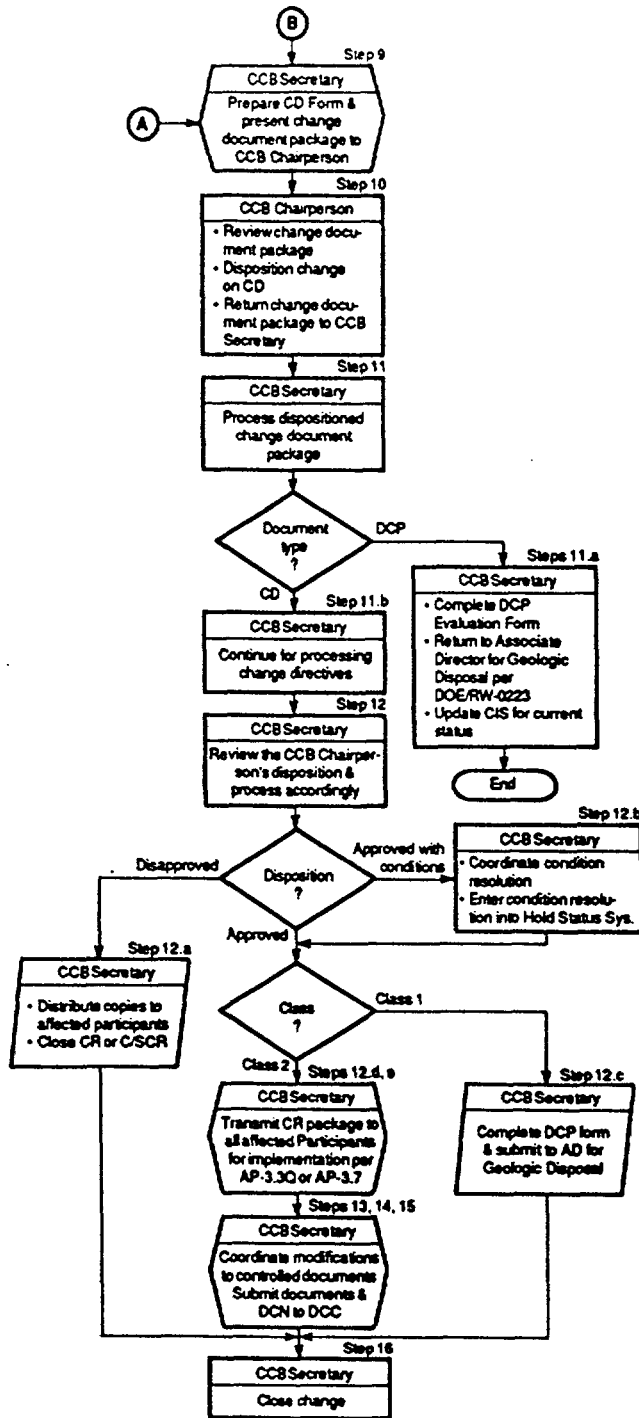


Figure 1 - QMP-03-09 Flowchart (continued)

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Y-AD-056 11-90	YUCCA MOUNTAIN PROJECT CHANGE EVALUATION (CE)	1 CR No. _____ Page ____ of ____
SECTION I. IDENTIFICATION		
2 Title of Change:		
SECTION II. EVALUATION		
3 Evaluation: (Refer to Change Request Impact Checklist where appropriate)		
	Yes	No N/A
a. Has the change been adequately described?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have adequate technical, institutional, quality, safety, cost, and schedule analysis been performed to justify the change? (Quality is defined by an approved Grading Package)	<input type="checkbox"/>	<input type="checkbox"/>
c. Have all functional and physical interfaces been considered and discrepancies resolved?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have impacts on regulatory requirements or licensing issues been adequately considered and documented?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has the Change Request been correctly classified?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have all affected baseline documents been adequately identified and addressed?	<input type="checkbox"/>	<input type="checkbox"/>
g. Have the changes, justification, and analyses been sufficiently documented and necessary supporting information been made available for disposition of this change?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have all controlled documents affected by the change and proposed change actions been identified?	<input type="checkbox"/>	<input type="checkbox"/>
4 Explanation: (if necessary)		
(See Change Documentation Continuation Page __):		
SECTION III. RECOMMENDATION		
5 Recommended Action:		
<input type="checkbox"/> Additional Investigation (Explain Action)	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove (Explain Action)
	<input type="checkbox"/> Approve with Conditions (Explain Below)	<input type="checkbox"/> No Recommendation (Explain Action)
6 Explain: (if necessary)		
(See Change Documentation Continuation Page __):		
7 Evaluated By:		
Name: _____	Title: _____	
(print)	(print)	
Signature: _____	Date: _____	

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**INSTRUCTIONS FOR PREPARATION OF
CHANGE EVALUATION (CE) FORM
Y-AD-056**

The numbered steps correspond to the numbered blocks on the Change Evaluation Form. Use Change Documentation Continuation Page (Y-AD-055) if additional space is required.

SECTION I. IDENTIFICATION

1. Enter the Change Request (CR) number assigned by the CCB secretary (see block 1 of the CR Form).
2. Enter the title of the change as indicated in block 2 of the CR Form.

SECTION II. EVALUATION

3. Mark the boxes as appropriate to answer the questions provided or mark N/A if the question is not applicable. Questions answered "No" shall be explained in block 4.
4. Enter any additional impact analysis or assessment of the proposed change. Include the effect of the proposed change on other configuration items, noting additional cost and schedule impacts.

SECTION III. RECOMMENDED ACTION

5. Mark the box that indicates the evaluator's recommended action.
6. Provide explanation for the evaluator's recommended action for the CR.
7. Enter the name and title of the individual preparing the evaluation, and sign and date the evaluation.

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YUCCA MOUNTAIN PROJECT CHANGE EVALUATION SUMMARY (CES)

¹ CR No. _____
Page ____ of ____

SECTION I. IDENTIFICATION

² Title of Change:

SECTION II. EVALUATION SUMMARY

³ Summary of Recommended Actions:

	PROJECT OFFICE					ADDITIONAL EVALUATORS					
	RAISE DIV	E&D DIV	PA&OC DIV	QA	YMSO	_____	_____	_____	_____	_____	_____
Additional Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve with Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disapprove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁴ Summary of Evaluation Comments:

(see Change Documentation Continuation page _____)

SECTION III. IMPACT ANALYSES

⁵ Impact Analyses:

(see Change Documentation Continuation page _____)

⁶ Prepared BY:

Name: _____ Title: _____
(Print) *(Print)*

Signature: _____ Date: _____

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INSTRUCTIONS FOR PREPARATION OF CHANGE EVALUATION SUMMARY (CES) FORM Y-AD-058

The numbered steps correspond to the numbered blocks on the Change Evaluation Summary Form. Use the Change Documentation Continuation Page (Y-AD-055) if additional space is required.

SECTION I. IDENTIFICATION

1. Enter the Change Request (CR) number assigned by the CCB secretary (see block 1 of the CR Form).
2. Enter the title of the change as indicated in block 2 of the CR Form.

SECTION II. EVALUATION SUMMARY

3. Indicates the recommended action noted on the evaluator's CE Forms. Additional columns are provided for evaluators from other organizations.
4. Enter a summary of the evaluations provided by evaluators on CE Forms and resolution coordinating activities undertaken, including any CCB meeting discussions.

SECTION III. IMPACT ANALYSIS

5. Enter a brief summary of the impact analysis conclusions provided by other evaluators on CE Forms, or additional impact analysis as appropriate.
6. Enter the name, title, and signature of the individual preparing the summary, and the date of the summary.

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Y-AD-057 9/90	YUCCA MOUNTAIN PROJECT CHANGE DIRECTIVE (CD)	¹ CR No. _____ Page ____ of ____
SECTION I. IDENTIFICATION		
² Title of Change:		³ Change Classification: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 2
SECTION II. DISPOSITION		
⁴ CR Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Disapproved		
⁵ Conditions: <i>(if applicable)</i>		
<i>(See Change Documentation Continuation Page ____)</i>		
⁶ Implementation Direction: <i>(if applicable)</i>		
<i>(See Change Documentation Continuation Page ____)</i>		
SECTION III. CONCURRENCE		
⁷ Quality Assurance Organization Concurrence		
Name: _____ <i>(Print)</i>		Org.: _____ <i>(Print)</i>
Signature: _____		Date: _____
⁸ Disposition Authority		⁹ Effective Date:
Name: _____ <i>(Print)</i>		Title: _____ <i>(Print)</i>
Signature: _____		Date: _____

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INSTRUCTIONS FOR PREPARATION OF CHANGE DIRECTIVE (CD) FORM Y-AD-057

The numbered steps correspond to the numbered blocks on the Change Directive Form. Use Change Documentation Continuation Page (Y-AD-055) if additional space is required.

SECTION I. IDENTIFICATION

CCB Secretary

1. Enter the Change Request (CR) number assigned by the CCB secretary (see block 1 of the CR Form).
2. Enter the title of the change as indicated in block 2 of the CR Form.
3. Enter the change classification as indicated on the CR Form.

SECTION II. DISPOSITION

4. Mark the box that indicates the disposition of the proposed change.
5. Explain any conditions that have been specified for approval of the proposed change. Identify the requirement for the establishment of Project HOLDS. Identify delegation of change authority to the Field Change Control Board (FCCB) and technical, cost, and schedule change thresholds if applicable. If the proposed change is not approved, provide the rationale for disapproval.
6. Enter specific guidance and direction to the organization charged with implementing the change or performing additional investigation.

SECTION III. CONCURRENCE

Project Office Director of QA

7. Enter the name, Quality Assurance Organization identification, and sign and date the CD for CRs affecting Quality items or documents.

CCB Chairperson

8. Print name, title, sign and date the CD.
9. Enter the effective date when the revised or new document will become effective for implementation. Establishment of the effective date includes training needs and other technical considerations.

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Y-AD-059 9'90		YUCCA MOUNTAIN PROJECT DOCUMENT CHANGE NOTICE (DCN) RECORD				Page ___ of ___		
1 Document Title:				2 Document No.:				
The document identified in Blocks 1 and 2 has been changed. The changed pages attached to this DCN are identified in Block 7 opposite the latest DCN number in Block 3. The original issue of this document as modified by all applicable DCN's constitutes the current version of the document identified in Blocks 1 and 2.								
3 DCN NO.	4 CR NO.	5 DOCUMENT Rev.1CN #	6 CR TITLE	7 AFFECTED PAGES	CHANGE	ADD	DELETE	8 DATE

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**INSTRUCTIONS FOR PREPARATION OF
DOCUMENT CHANGE NOTICE (DCN) FORM
Y-AD-059**

The numbered steps correspond to the numbered blocks on the Document Change Notice Form.

1. Enter the title of the document being changed.
2. Enter the document identification number.
3. Enter the next applicable DCN number.
4. Enter the number of the CR(s) used to effect the specific change.
5. List the applicable document revision/ICN number.
6. Enter the CR title.
7. List the page numbers for any pages affected and indicate the type of change that has been implemented by checking the appropriate column.
8. Enter the date on which the change becomes effective as indicated in block 9 of the Change Directive. "N/A" if not applicable.