

**TECHNICAL & MANAGEMENT SUPPORT SERVICES
DOCUMENT TRANSMITTAL/ACKNOWLEDGMENT RECORD**

TO:

BELKE W L
NRC
4H-3
1717 H STREET N.W.

WASHINGTON, DC 20555-0000

FROM: Science Applications Int. Corp.
Document Control Center
101 Convention Center Drive
Suite 407, Mail Stop 517 / T-34
Las Vegas, Nevada 89109
FTS 544-7810 or (702)794-7810

TRANSMITTAL DATE: 06/24/91

COPY NO.: 223

DOCUMENT TITLE: PROJECT OFFICE DOCUMENT DEVELOPMENT, REVIEW, APPROVAL AND...

DOCUMENT REVISION: 3 DOCUMENT IDENTIFICATION NUMBER: QMP-06-04

DIRECTIONS

THIS PROCEDURE IS LOCATED WITHIN YOUR QUALITY MANAGEMENT PROCEDURES BINDER.

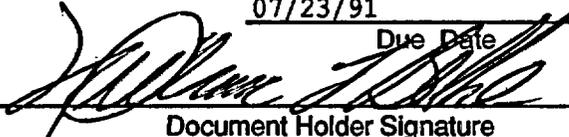
INSERT: ICN #2 to QMP-06-04 directly in front of ICN #1.

** No page replacements accompany this ICN **

cc: S. Fridley

Sent to SAIC 7/2/91

SIGN/DATE IN BLACK INK BELOW TO CONFIRM THAT THE ABOVE DIRECTIONS HAVE BEEN FOLLOWED; AND RETURN THIS TRANSMITTAL RECORD, WITH THE OBSOLETE MATERIAL, AS APPROPRIATE, TO THE ABOVE ADDRESS BY:

07/23/91
Due Date

Document Holder Signature

7/2/91
Date

<<< FOR DOCUMENT CONTROL CENTER USE ONLY >>>

OBSOLETE MATERIAL RECEIVED: _____
DCC Personnel Initials Date

*102.7
WM-11
NH03*

YMP-007-R1
4/22/91

YUCCA MOUNTAIN SITE CHARACTERIZATION PROJECT INTERIM CHANGE NOTICE

ICN No.: 2
Page 1 of 1

Title:
PROJECT OFFICE DOCUMENT DEVELOPMENT, REVIEW,
APPROVAL AND REVISION PROCESSES

Document No.:
QMP-06-04

Rev. No.:
3

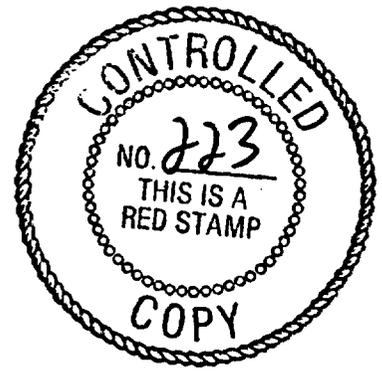
Effective Date:
7/5/91

REQUIRED CHANGE(S): MAJOR MINOR (only PCB Chief approval required)

Page 8 of 35:

Step 10:

First NOTE: Change "should" to "shall" in Line 1.



INSTRUCTIONS TO DOCUMENT HOLDERS:

1. Place ICN #2 Approval Page in front of ICN #1 Approval Page.
2. No page replacements accompany this ICN.

REASON FOR CHANGE (CAR, NCR, SDR, or other deficiency or commitments)

Corrective action to provide training for changes required in ICN #1.

APPROVAL

PROJECT MANAGER	_____ N/A _____ Signature	_____ N/A _____ Date
DIRECTOR OF QUALITY ASSURANCE	_____ N/A _____ Signature	_____ N/A _____ Date
(OTHER, AS REQUIRED)	_____ N/A _____ Signature	_____ N/A _____ Date
PCB CHIEF <i>[Signature]</i> (Minor ICNs only)	<i>[Signature]</i> Signature	<u>6-20-91</u> Date

TRAINING REQUIRED YES N/A

NUMBER OF DAYS REQUIRED FOR TRAINING 10

COMMENTS:

SELF-STUDY FOR
Baselined PERSONNEL

[Signature]
Training Officer/Training Manager 6-20-91
Date