

**UNCLASSIFIED**

**ENCLOSURE 6**

**N-517 Form  
10 CFR 70.72 Change Evaluation Checklist**

**All portions of this enclosure are  
UNCLASSIFIED**

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1. Complete **Section 1** for all SER evaluations and all Change Request (CR) reviews.
2. ☐ Yes ☒ No — Will an IROFS be removed and/or replaced. If Yes, then complete **Section 2** of this form to document the equivalency determination.
3. For CR reviews, forward completed form to Licensing. For SER reviews, attach completed form to N-104.

**SECTION 1**SER / CR No.: 15-037 Phase 1 Description: Construction of New Pickle Facility  
(from SER or CR)

- |   |   |
|---|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 1. Have any new <u>types</u> of accident sequences been created that, unless mitigated or prevented, would exceed the performance requirements of 10 CFR 70.61 and that have not previously been described in the ISA Summary?  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Does the proposed change use new processes, technologies, or control systems for which B&W has no prior experience?  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 3. Does the proposed change remove, <u>without at least</u> an equivalent replacement of the safety function, an Item Relied on for Safety (IROFS) that is listed in the ISA Summary and is necessary for compliance with the performance requirements of 10 CFR 70.61?   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4. Does the proposed change create or alter any <u>sole</u> IROFS?  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5. Is the proposed change otherwise prohibited by License Conditions? If Yes, then check all that apply:<br><input type="checkbox"/> Creates an environmental impact under 10 CFR 51: <ul style="list-style-type: none"><li>• significant change in the types or significant increase in the amounts of any effluents that may be released offsite</li><li>• significant increase in individual or cumulative occupational radiation exposure</li><li>• significant construction impact</li><li>• significant increase in the potential for or consequences from radiological accidents</li></ul> <input type="checkbox"/> Not specifically authorized by Chapter 1 of License Application<br><input type="checkbox"/> Other (Explain): _____ |

**Explanation of Change – Type**Choose from the following list that which best describes the **type** of change:

- ☐ **Change** to IROFS and ISA Summary (SAR)
- ☐ **Change** to ISA Summary (SAR) but no change to IROFS
- ☒ **No change** to IROFS or ISA Summary (SAR)

**SER Required?**Does the change require an SER? ☒ Yes ☐ No  
If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Reason for Change – Justification**Choose from the following list that which best describes the **justification** for the change (check all that apply):

- ☐ Clarity or administrative (e.g., typos, etc.)
- ☐ Process \ Facility improvement for safety and/or efficiency
- ☒ Process \ Facility upgrade for new contract and/or requirement
- ☐ Process \ Facility change to eliminate activity or work station or facility
- ☐ Temporary change
- ☐ Maintenance work
- ☐ Research and/or Development
- ☐ "Like-kind" replacement
- ☐ Other (Explain): \_\_\_\_\_  
\_\_\_\_\_

Evaluator:  Date: 6/9/2016 (LIC)