

Northeast Utilities
Millstone - Unit 3

Independent Corrective Action Verification Program
(ICAVP)

System Review Checklist

CK-MP3-06-10, Rev. 1

Procedure Bases Verification

Prepared by: T. K. Tamlyn
Name

T. K. Tamlyn
Signature

7/25/97
Date

Approved by: R. E. Querio
Name

R. E. Querio
Signature

7/25/97
Date

IMPLEMENTATION

System:		
Verified by:		Date:
Concurrence by:		Date:

Procedure Bases Verification Checklist

CK-MP3-06-10, Rev.1

Sheet 2

Procedure/Document Reviewed: _____

Reference: PI-MP3-06; Sections: 5.4.3 a, 5.5.8 a, 5.6.9.a

ORG		SRG				ORG	
Requirement to Resolve	Section Reference	Resolution Reference Number	Verifier	D.R. Required		D.R. Completed	
				Yes	No	Yes	No
				<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"/>	<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"/>	<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"/>

Submitted to SRG: _____ Date _____ Return to: _____ ORG Verifier _____ Received from SRG: _____ Date _____

Notes:

1. Complete one checklist for each procedure/document reviewed.
2. Attach to this checklist a marked-up copy of the procedure/document containing the requirement that needs to be resolved.

