

### Procedure Development Form - A

I.	DATE: <u>1-15-90</u> PROC. # <u>PCP-001</u> REV. # <u>B</u> CHG. <u>A</u> COMM. # _____ TITLE: <u>Process Control Program for Processing Wet Waste</u> NEW PROC. _____ REVISION _____ CHANGE <input checked="" type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> RESTRICTED _____ FROM _____ TO _____ TWO-YEAR REVIEW _____																																					
	SAFETY RELATED <input checked="" type="checkbox"/> QUALITY RELATED _____ NON SAFETY RELATED _____																																					
II.	DESCRIPTION: (See Section 6.4.3) <u>Added Section 7.0 Revision Summary Per SAP-139.</u>  REASON FOR CHANGE: <u>- NOTED DISCREPANCY from SAP-139.</u>																																					
III.	WILL THIS REVISION/CHANGE/NEW PROCEDURE: <table style="width: 100%;"> <thead> <tr> <th></th> <th>*Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>1. Represent a change to procedures as described in FSAR, FPER or REP? (50.59 review)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Represent a change to the facility as described in the FSAR, FPER or REP? (50.59 review)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Represent a test or experiment not described in FSAR, FPER or REP? (50.59 review)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Require a change to Technical Specifications? (50.59 review)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>5. Result in significant increased personnel radiation exposure? (ALARA review)</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>6. Result in a release of effluents to the Environment?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>7. Degrade the safeguards effectiveness of the Physical Security Plan?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>8. Degrade the safeguards effectiveness of the Safeguards Contingency Plan?</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> SUMMARY JUSTIFICATION: *If any question 1 through 8 is answered "yes," refer to Section 6.4.5 and 6.4.10 of procedure. <u>[Signature]</u> Originator <u>[Signature]</u> (Evaluated by Discipline Supervisor) (DATE) <u>1/15/90</u> FSAR, FPER, REP or TS REFERENCES (See Section 6.4.4): _____			*Yes	No	N/A	1. Represent a change to procedures as described in FSAR, FPER or REP? (50.59 review)	_____	_____	_____	2. Represent a change to the facility as described in the FSAR, FPER or REP? (50.59 review)	_____	_____	_____	3. Represent a test or experiment not described in FSAR, FPER or REP? (50.59 review)	_____	_____	_____	4. Require a change to Technical Specifications? (50.59 review)	_____	_____	_____	5. Result in significant increased personnel radiation exposure? (ALARA review)	_____	_____	_____	6. Result in a release of effluents to the Environment?	_____	_____	_____	7. Degrade the safeguards effectiveness of the Physical Security Plan?	_____	_____	_____	8. Degrade the safeguards effectiveness of the Safeguards Contingency Plan?	_____	_____	_____
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IV.	TEMPORARY APPROVAL QUAL REVIEWER _____ Date _____ FOR SAPs, SPPs, EPPs: TELECON BY _____ GMNPO/MOS _____ DATE _____ SHIFT SUPERVISOR _____ Date _____ FINAL APPROVAL REQUIRED BY DATE _____																																					
V.	REQUIRED REVIEW AND COMMENT  <table style="width: 100%;"> <tr> <td>( ) Ops</td> <td>( ) SM</td> <td>( ) <u>HP</u></td> <td>( ) _____</td> </tr> <tr> <td>( ) Mnt</td> <td>( ) NPS</td> <td>( ) _____</td> <td>( ) _____</td> </tr> <tr> <td>( ) QA</td> <td>( ) GMSS</td> <td>( ) _____</td> <td>( ) _____</td> </tr> <tr> <td>( ) QC</td> <td>( ) GMS&amp;M</td> <td>( ) _____</td> <td>( ) _____</td> </tr> <tr> <td>( ) CHP</td> <td>( ) GMES</td> <td>( ) _____</td> <td>( ) _____</td> </tr> <tr> <td>( ) FA</td> <td>( ) GMNSF</td> <td>( ) _____</td> <td>( ) _____</td> </tr> <tr> <td>( ) RC</td> <td>( ) GMNS</td> <td>( ) _____</td> <td>( ) _____</td> </tr> </table> P/CAP AFFECTED? YES _____ NO <input checked="" type="checkbox"/> COMMENTS RESOLVED: <u>[Signature]</u> Discipline Supervisor <u>1/15/90</u> Date	( ) Ops	( ) SM	( ) <u>HP</u>	( ) _____	( ) Mnt	( ) NPS	( ) _____	( ) _____	( ) QA	( ) GMSS	( ) _____	( ) _____	( ) QC	( ) GMS&M	( ) _____	( ) _____	( ) CHP	( ) GMES	( ) _____	( ) _____	( ) FA	( ) GMNSF	( ) _____	( ) _____	( ) RC	( ) GMNS	( ) _____	( ) _____	VI. RC REVIEW P/CAP ACCEPTABLE C YES _____ NO <u>N/A</u> SUPV/RC _____ Date _____ N YES _____ NO <u>N/A</u> RESP MGR _____ Date _____ VII. FINAL QA REVIEW (As Applicable) <u>N/A</u> Concurrence _____ Date _____ VIII. APPROVAL AUTHORITY: <u>[Signature]</u> Approval/Concurrence <u>1/15/90</u> Date								
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IX.	PSRC REVIEW A. Reviewed By: <u>[Signature]</u> PSRC CHAIRMAN <u>12/12/90</u> DATE Comments: YES _____ NO <input checked="" type="checkbox"/> B. PSRC Comments Resolved: MANAGER _____ DATE _____ PSRC CHAIRMAN _____ DATE _____																																					

*A Note that this procedure was approved + issued prior to PSRC.*

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ATTACHMENTS

- Attachment I - Dewatering Requirements/Acceptance Requirements
- Attachment II - Dewatering Completion Record - Bead-Type Resins and Activated Carbon
- Attachment III - Dewatering Completion Record - Powdex/Ecodex
- Attachment IV - High Integrity Container Exposure Log

- 5.5 Cask/Container/Overpack handling will be performed in accordance with approved vendor's procedures. High Integrity Container sunlight exposure shall be documented using Attachment IV.

NOTE:

The High Integrity Container vendor may require further handling documentation to ensure adherence with the container's Certificate of Compliance. Refer to HPP-716 for additional requirements.

6.0 RECORDS

- 6.1 All records generated in accordance with this procedure and any related vendor-required procedures shall be maintained by Health Physics for subsequent transmittal to documents for retention.

7.0 REVISION SUMMARY

- 7.1 Revised body and attachments to eliminate vendor from procedure. Consolidated redundancies present in original procedure.