DESIGN REVIEW DOCUMENTATION – RESULTS

Title: Review of NCSX ICMP and Procedure 003 **WP#:** _____ (ENG-032)

Type of Review: ☒ **Peer** ☐ **CDR** ☐ **PDR** ☐ **FDR**

Cog Individual: **Bob Simmons** **Date of Review: 12/19/2002**

Review Board Members:	Invited attendees :	Other Attendees:
Chairperson Frank Malinowski	John Schmidt	
Bob Simmons	Hutch Neilson	
Brad Nelson	Wayne Reiersen	
Larry Dudek		

Regulatory Compliance

Items Reviewed:	Sat.	Unsat.	Comments
Appropriate requirements identified	☒	☐	_____
Development plans and schedules	☐	☐	_____
Regulatory compliance including USQD and NEPA	☒	☐	_____
Disposition of CHITS from previous reviews	☐	☐	_____
Cost objectives	☐	☐	_____
Other review objectives addressed	☒	☐	_____
(Attachment 4 of ENG-033)			

SUM ARY OF RESULTS:

_____.

Disposition: [check one]

☐ **Acceptable**

☐ **Acceptable pending resolution of concerns**- CHITS identified above must be resolved prior to finalizing ICMP and

Procedure 003.

☐ **Incomplete** - Additional design work is required prior to another design review.

Chairperson Signature:

Distribution: Review Board Members, NCSX Engineering Web Page, Cognizant Design Engineer, System Engineer(s), Attendees, QA, ES&H

PPPL DESIGN REVIEW CHIT

WP # _____ (ENG-032)

CHIT # ___1___

COMPONENT/SUBSYSTEM/SYSTEM NCSX ICM Plan & Procedure 003	☒ PEER
	☐ CDR
COGNIZANT DESIGN ENGINEER R. Simmons DATE OF REVIEW 12-19-02	☐ PDR
	☐ FDR

SUBJECT: (CHECK AS APPLICABLE)

☐ REQUIREMENTS   ☐ HARDWARE   ☐ SAFETY
☐ ANALYSIS   ☐ CONFIGURATION   ☐ COST/SCHEDULE
☐ PERFORMANCE   ☐ RELIABILITY/MAINTAINABILITY   ☐ QUALITY

COMMENT/CONCERN/RECOMMENDATION

Put current sample Scope Sheet in NCSX-PROC-003 and change bullets in Section A-1 to reflect information desired as reflected in the sample Scope Sheet.

ORIGINATOR ____F. Malinowski____

NAME/ORGANIZATION   QA

REVIEW BOARD COMMENT/RECOMMENDATION
(Address technical, cost, and schedule impacts as appropriate. If CHIT is not adopted, provide technical reason - do not simply state "out-of-scope or N/A" without explaining.)

X CONCUR
0 DISAGREE
0 OTHER   CHAIRPERSON F. Malinowski   DATE: 12/19/02

COGNIZANT DESIGN ENGINEER'S RESPONSE/DISPOSITION:

- NCSX-PROC-003 changed accordingly.

SIGNATURE R. Simmons   DATE: 12-19-02

RESPONSIBLE RLM REVIEW

0   APPROVE COG DISPOSITION
0   DISAPPROVE COG DISPOSITION   SIGNATURE _____ DATE:_____

COGNIZANT DESIGN ENGINEER CLOSE-OUT
Sign when action required by disposition is complete.

SIGNATURE _____ DATE:

PPPL DESIGN REVIEW CHIT

WP # _____ (ENG-032)

CHIT # ___2___

COMPONENT/SUBSYSTEM/SYSTEM NCSX ICM Plan & Procedure 003	☒ PEER
	☐ CDR
COGNIZANT DESIGN ENGINEER R. Simmons DATE OF REVIEW 12-19-02	☐ PDR
	☐ FDR

SUBJECT: (CHECK AS APPLICABLE)

☐ REQUIREMENTS   ☐ HARDWARE   ☐ SAFETY
☐ ANALYSIS   ☐ CONFIGURATION   ☐ COST/SCHEDULE
☐ PERFORMANCE   ☐ RELIABILITY/MAINTAINABILITY   ☐ QUALITY

COMMENT/CONCERN/RECOMMENDATION

Address the process to review ICDs in PROC-003.

ORIGINATOR ____F. Malinowski____

NAME/ORGANIZATION   QA

REVIEW BOARD COMMENT/RECOMMENDATION
(Address technical, cost, and schedule impacts as appropriate. If CHIT is not adopted, provide technical reason - do not simply state "out-of-scope or N/A" without explaining.)

X CONCUR
0 DISAGREE
0 OTHER   CHAIRPERSON F. Malinowski _____ DATE: 12/19/02

COGNIZANT DESIGN ENGINEER'S RESPONSE/DISPOSITION:

- NCSX-PROC-003 revised accordingly to reference NCSX-PROC-002 that describe the NCSX configuration change control process.

SIGNATURE R. Simmons _____ DATE: 12-19-02

RESPONSIBLE RLM REVIEW

0   APPROVE COG DISPOSITION
0   DISAPPROVE COG DISPOSITION   SIGNATURE _____ DATE: _____

COGNIZANT DESIGN ENGINEER CLOSE-OUT
Sign when action required by disposition is complete.

SIGNATURE _____ DATE:

PPPL DESIGN REVIEW CHIT

WP # _____ (ENG-032)

CHIT # ___3___

COMPONENT/SUBSYSTEM/SYSTEM NCSX ICM Plan & Procedure 003

☒ PEER
☐ CDR
☐ PDR
☐ FDR

COGNIZANT DESIGN ENGINEER R. Simmons _____ DATE OF REVIEW 12-19-02

SUBJECT: (CHECK AS APPLICABLE)

☐ REQUIREMENTS ☐ HARDWARE ☐ SAFETY
☐ ANALYSIS ☐ CONFIGURATION ☐ COST/SCHEDULE
☐ PERFORMANCE ☐ RELIABILITY/MAINTAINABILITY ☐ QUALITY

COMMENT/CONCERN/RECOMMENDATION

The cost of implementing the ICM Program due to the large number of potential interfaces may be great if we utilize such a proscriptive form. Suggest streamlining the form to tailor to the particular need => keep the ICD form as simple as possible.

ORIGINATOR ____ H. Neilson

NAME/ORGANIZATION   ADV. PROJECTS

REVIEW BOARD COMMENT/RECOMMENDATION
(Address technical, cost, and schedule impacts as appropriate. If CHIT is not adopted, provide technical reason - do not simply state "out-of-scope or N/A" without explaining.)

X CONCUR

0 DISAGREE

0 OTHER   CHAIRPERSON F. Malinowski _____ DATE: 12/19/02

COGNIZANT DESIGN ENGINEER'S RESPONSE/DISPOSITION:

- NCSX-PROC-003 changed accordingly to simplify the form.

SIGNATURE R. Simmons _____ DATE: 12-19-02

RESPONSIBLE RLM REVIEW

0 APPROVE COG DISPOSITION

0 DISAPPROVE COG DISPOSITION   SIGNATURE _____ DATE: _____

COGNIZANT DESIGN ENGINEER CLOSE-OUT
Sign when action required by disposition is complete.

SIGNATURE _____ DATE: _____

PPPL DESIGN REVIEW CHIT

WP # _____ (ENG-032)

CHIT # ___4___

COMPONENT/SUBSYSTEM/SYSTEM NCSX ICM Plan & Procedure 003	☒ PEER
	☐ CDR
COGNIZANT DESIGN ENGINEER R. Simmons DATE OF REVIEW 12-19-02	☐ PDR
	☐ FDR

SUBJECT: (CHECK AS APPLICABLE)

☐ REQUIREMENTS   ☐ HARDWARE   ☐ SAFETY
☐ ANALYSIS   ☐ CONFIGURATION   ☐ COST/SCHEDULE
☐ PERFORMANCE   ☐ RELIABILITY/MAINTAINABILITY   ☐ QUALITY

COMMENT/CONCERN/RECOMMENDATION

How do we control changes to drawings referenced in an ICD?

ORIGINATOR ____W. Reiersen____

NAME/ORGANIZATION   M.E.D.

REVIEW BOARD COMMENT/RECOMMENDATION
(Address technical, cost, and schedule impacts as appropriate. If CHIT is not adopted, provide technical reason - do not simply state "out-of-scope or N/A" without explaining.)

Need method to identify drawings that are listed on ICDs.

X CONCUR
0 DISAGREE
0 OTHER   CHAIRPERSON F. Malinowski_____   DATE: 12/19/02

COGNIZANT DESIGN ENGINEER'S RESPONSE/DISPOSITION:

- CMP and NCSX-PROC-002 revised to ensure that impacted ICDs are considered when preparing on ECP.

SIGNATURE R. Simmons_____ DATE: 12-19-02

RESPONSIBLE RLM REVIEW

0   APPROVE COG DISPOSITION
0   DISAPPROVE COG DISPOSITION   SIGNATURE _____DATE:_____

COGNIZANT DESIGN ENGINEER CLOSE-OUT
Sign when action required by disposition is complete.

SIGNATURE _____DATE: