

NATIONAL COMPACT STELLARATOR PROJECT

Engineering Change Proposal (ECP)

COVER PAGE

(TO BE COMPLETED BY SYSTEMS ENGINEERING SUPPORT MANAGER)

Originator: Bob Simmons

Date: February 22, 2008

ECP No: 059

ECP Title: Update of VV & Station 1 FPA Requirement Documents

Required Reviewers

Required Reviewers for this ECP: D. Rej, H. Neilson, P. Heitzenroeder, P. Goranson, M. Viola, L. Dudek, J. Malsbury, J. Levine, M. F. Malinowski, W. Reiersen, B. Nelson

ECP Approval Level

Expedited ECP? ☐ Yes ☒ No

Change Level: **3 Project**

Approving Official: **3 Reg ECP - Project Manager**

Actions

(1) Update NCSX-CSPEC-185 (Station 1 Field Period Assembly) by 2/29/2008

APPROVALS

(TO BE COMPLETED BY APPROVING OFFICIALS)

Change Level	Approving Official	Approval?	Signature
3	NCSX Project Manager	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3a (Expedited ECP)	NCSX Engineering Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	NCSX Federal Project Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1	Associate Director OFES	<input type="checkbox"/> Yes <input type="checkbox"/> No	
0	Deputy Secretary of Energy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NATIONAL COMPACT STELLARATOR PROJECT

Engineering Change Proposal (ECP)

PART I **(TO BE COMPLETED BY ORIGINATOR)** **ECP- 059**

Originator: Bob Simmons

Date: February 22, 2008

Overview of Change

Type of ECP: ☐ EXPEDITED ☒ STANDARD

Type of Change: ☒ TECHNICAL ☐ COST ☐ SCHEDULE ☐ EDITORIAL

(Check all that Apply)

Reason for Change:

- (1) Station 1 FPA CSPEC – need to clarify testing requirement relative to normal operating pressure of 300 psig.
- (2) Station 1 FPA Run Procedure - need to clarify testing requirement relative to normal operating pressure of 300 psig..

Impacted WBS Elements: WBS 12 & WBS 18

Impacts of Change (Briefly Describe):

Update both Station 1 CSPEC and Run Procedure to reflect requirement to perform test at 120% of the operating pressure of 300 psig (i.e., 360 psig)

Does this Change Impact Material Already Procured or Parts/Assemblies Already Assembled/Manufactured using this Material: ☐ Yes ☒ No

If “Yes”, what is the recommended disposition of this material/part/assembly? –

Assessment of Other Options: None.

List Attachments, Impacted Documents, etc.

- None.