

ENGINEERING CHANGE NOTICE

1. ECN 661411
 Proj. ECN

2. ECN Category (mark one) Supplemental <input type="checkbox"/> Direct Revision <input checked="" type="checkbox"/> Change ECN <input type="checkbox"/> Temporary <input type="checkbox"/> Standby <input type="checkbox"/> Supersedeure <input type="checkbox"/> Cancel/Void <input type="checkbox"/>	3. Originator's Name, Organization, MSIN, and Telephone No. T. Nuxall, CVDF, R3-86, 372-3739	4. USQ Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Date 7/13/00	
	6. Project Title/No./Work Order No. SNF/W-441 Spent Nuclear Fuel Cold Vacuum Drying	7. Bldg./Sys./Fac. No. CVDF 142-K	8. Approval Designator S ^N Q	
	9. Document Numbers Changed by this ECN (includes sheet no. and rev.) SNF-3879, Rev. 2, SNF-5953, Rev. 0	10. Related ECN No(s). N/A	11. Related PO No. N/A	

12a. Modification Work <input type="checkbox"/> Yes (fill out Blk. 12b) <input checked="" type="checkbox"/> No (NA Blks. 12b, 12c, 12d)	12b. Work Package No. N/A	12c. Modification Work Complete N/A _____ Design Authority/Cog. Engineer Signature & Date	12d. Restored to Original Condition (Temp. or Standby ECN only) N/A _____ Design Authority/Cog. Engineer Signature & Date
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13a. Description of Change

13b. Design Baseline Document? Yes No

HOOD SC

SNF-3879, Revision for clarification of testing requirements.

SNF-5953, Revised wide flange beam, material and structural square tubing, material critical characteristic acceptance criteria from "67-83 Rockwell Hardness B" to "67-83 Rockwell Hardness B or 119-159 Brinnell Hardness".

USQ Number: CVD-00-1268

14a. Justification (mark one)

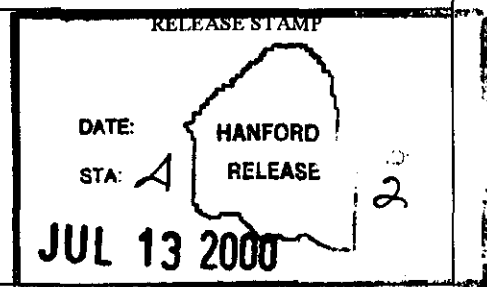
Criteria Change <input type="checkbox"/>	Design Improvement <input checked="" type="checkbox"/>	Environmental <input type="checkbox"/>	Facility Deactivation <input type="checkbox"/>
As-Found <input type="checkbox"/>	Facilitate Const <input type="checkbox"/>	Const. Error/Omission <input type="checkbox"/>	Design Error/Omission <input type="checkbox"/>

14b. Justification Details

Clarification, modification to design criteria.

The design verification method for SC/SS components is by independent review in accordance with EN-6-027-01. Documentation of this review is accomplished by the independent review approval signature provided on page 2 of this ECN.

15. Distribution (include name, MSIN, and no. of copies)
 See distribution sheet.



ENGINEERING CHANGE NOTICE

1. ECN (use no. from pg. 1)

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16. Design Verification Required

Yes
 No

17. Cost Impact

ENGINEERING	CONSTRUCTION
Additional <input type="checkbox"/> \$	Additional <input type="checkbox"/> \$
Savings <input type="checkbox"/> \$	Savings <input type="checkbox"/> \$

18. Schedule Impact (days)

Improvement
Delay

19. Change Impact Review: Indicate the related documents (other than the engineering documents identified on Side 1) that will be affected by the change described in Block 13. Enter the affected document number in Block 20.

SDD/DD	<input type="checkbox"/>	Seismic/Stress Analysis	<input type="checkbox"/>	Tank Calibration Manual	<input type="checkbox"/>
Functional Design Criteria	<input type="checkbox"/>	Stress/Design Report	<input type="checkbox"/>	Health Physics Procedure	<input type="checkbox"/>
Operating Specification	<input type="checkbox"/>	Interface Control Drawing	<input type="checkbox"/>	Spares Multiple Unit Listing	<input type="checkbox"/>
Criticality Specification	<input type="checkbox"/>	Calibration Procedure	<input type="checkbox"/>	Test Procedures/Specification	<input type="checkbox"/>
Conceptual Design Report	<input type="checkbox"/>	Installation Procedure	<input type="checkbox"/>	Component Index	<input type="checkbox"/>
Equipment Spec.	<input type="checkbox"/>	Maintenance Procedure	<input type="checkbox"/>	ASME Coded Item	<input type="checkbox"/>
Const. Spec.	<input type="checkbox"/>	Engineering Procedure	<input type="checkbox"/>	Human Factor Consideration	<input type="checkbox"/>
Procurement Spec.	<input type="checkbox"/>	Operating Instruction	<input type="checkbox"/>	Computer Software	<input type="checkbox"/>
Vendor Information	<input type="checkbox"/>	Operating Procedure	<input type="checkbox"/>	Electric Circuit Schedule	<input type="checkbox"/>
OM Manual	<input type="checkbox"/>	Operational Safety Requirement	<input type="checkbox"/>	ICRS Procedure	<input type="checkbox"/>
FSAR/SAR	<input type="checkbox"/>	IEFD Drawing	<input type="checkbox"/>	Process Control Manual/Plan	<input type="checkbox"/>
Safety Equipment List	<input type="checkbox"/>	Cell Arrangement Drawing	<input type="checkbox"/>	Process Flow Chart	<input type="checkbox"/>
Radiation Work Permit	<input type="checkbox"/>	Essential Material Specification	<input type="checkbox"/>	Purchase Requisition	<input type="checkbox"/>
Environmental Impact Statement	<input type="checkbox"/>	Fac. Proc. Samp. Schedule	<input type="checkbox"/>	Tickler File	<input type="checkbox"/>
Environmental Report	<input type="checkbox"/>	Inspection Plan	<input type="checkbox"/>		<input type="checkbox"/>
Environmental Permit	<input type="checkbox"/>	Inventory Adjustment Request	<input type="checkbox"/>		<input type="checkbox"/>

20. Other Affected Documents: (NOTE: Documents listed below will not be revised by this ECN.) Signatures below

indicate that the signing organization has been notified of other affected documents listed below.

Document Number/Revision	Document Number/Revision	Document Number Revision
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NA

21. Approvals

	Signature	Date		Signature	Date
Design Authority C. Miska	<i>C. Miska</i>	7/12/00	Design Agent		_____
Cog. Mgr. T. Choho	<i>T. Choho</i>	7/12/00	QA		_____
QA R. Ramsgate	<i>R. Ramsgate</i>	7-12-00	Safety		_____
Safety J. Brehm	<i>J. Brehm</i>	7/12/00	Design		_____
Environ. N/A			Environ.		_____
Independent Reviewer	<i>[Signature]</i>	7/12/00	Other		_____
	<i>[Signature]</i>	7/12/2000			_____
* Approval authorizes parallel preparation of USQ screen with implementation of ECN per NS-4-001.			DEPARTMENT OF ENERGY		_____
			Signature or a Control Number that tracks the Approval Signature		_____
			ADDITIONAL		_____

SNF-3879
Revision 3

FISHER-HELIUM PURGE FLOW CONTROL VALVE AND RELAY

Prepared for the U.S. Department of Energy
Assistant Secretary for Environmental Management

Project Hanford Management Contractor for the
U.S. Department of Energy under Contract DE-AC06-96RL13200

Fluor Hanford

P.O. Box 1000

Richland, Washington

SNF-3879
Revision 3

ECN 661411

FISHER-HELIUM PURGE FLOW CONTROL VALVE AND RELAY

Project No: W-441

Document Type: RPT

Division: SNF

C Van Katwijk
FH

Date Published
June 2000

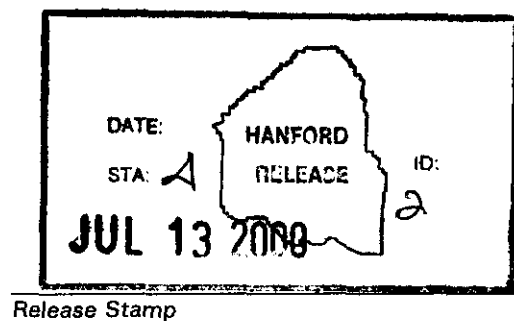
Prepared for the U.S. Department of Energy
Assistant Secretary for Environmental Management

Project Hanford Management Contractor for the
U.S. Department of Energy under Contract DE-AC06-96RL13200

Fluor Hanford

P.O. Box 1000
Richland, Washington


Release Approval Date



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Total Pages: 15

SNF- 3879, rev 3

Commercial Grade Item Upgrade Dedication Form

SNF-3879, Rev. 3

ECN No. **NA** CGI No. **CGI-SNF-D-13-P4-004**
 Title: **FISHER-HELIUM PURGE FLOW CONTROL VALVE AND RELAY**

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Section 1 Part Information

Item No.: NA	Manufacturer:	Supplier:
Mfg. Part/Model No.:	Supplier's P/N:	
Part Description:		
End Use Description:		

Section 2a Component Information

Equipment No.: He-FV-1*20	Specification No.: SNF-5303, Rev. 0 (W-441 P4, Rev. 2)	Manufacturer: Fisher Controls	Past P.O. No.: NA
Procurement and/or Model Number: 1" CP Body; Size 20 System 9000; Type DVC 5040	Equipment Supplier (if different from manufacturer): NA		Equip. Supplier's Part No.: NA

Component Description: **Fisher flow control valve for helium purge flow to the MCO.**

Section 2b Commercial Availability of the Item

1. Is the Item available from a catalogue of a qualified NQA1 supplier? (coordinate with project CGI interface Engineer or BTR)

YES (go to #2 below)

NO (go to procedure step 5.3.2, proceed to dedicate Item.)

If not available from a qualified NQA1 supplier, is it available from an ISO 9000 supplier? (coordinate with project CGI interface Engineer or BTR)

YES (go to #2 below, then go to procedure step 5.3.2, proceed to dedicate Item)

NO (go to procedure step 5.3.2, proceed to dedicate Item.)

2. List of Candidate qualified suppliers or ISO 9000 suppliers

company name & type	contact name	phone
NA		

3. Recommended Procurement Strategy (coordinate with project CGI interface Engineer or BTR):

NA

Section 2c CGI Determination

1. Question #1: Is the Item subject to design or specification requirements that are unique to nuclear facilities or activities?

YES (the Item is not commercial grade)

NO (continue)

2. Question #2: Is the Item used in applications other than nuclear facilities or activities?

NO (the item is not commercial grade)

YES (continue)

3. Question #3: Is the Item ordered from manufacturer/supplier on the basis or specifications set forth in the published product information (e.g., manufacturer's catalog)?

NO (the Item is not commercial grade)

YES (continue)

All three criteria have been satisfied. The Item meets the definition of commercial grade.

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Section 2d Reason for Dedication	
The above described Item is being Dedicated for use in the application cited for the following reason(s):	
<input checked="" type="checkbox"/>	Item is being purchased from a non ESL manufacturer supplier as commercial grade to be used in a Safety Class application.
<input type="checkbox"/>	Item is being purchased from a non ESL manufacturer supplier as commercial grade to be used in a Safety Significant application.
<input type="checkbox"/>	Item was purchased from a non ESL manufacturer supplier as commercial grade to be used in a Safety Class application.
<input type="checkbox"/>	Item was purchased from a non ESL manufacturer supplier as commercial grade to be used in a Safety Significant application.
<input type="checkbox"/>	Other ('like-for-like', similar, substitution, replacement evaluation)
Section 3 Failure Effects Evaluation	
A. Part/Component Safety Function:	
1. Provide Pressure Boundary	
2. Provide 3/1 Protection for Adjacent SC and SS SSCs	
3. Provides Back Pressure to Maintain He Flow Indication	
B. Part/Component Functional Mode:	
Safety Function #1:	
<input type="checkbox"/>	Active – Mechanical or Electrical change of state is required to occur for the component to perform its safety function
<input checked="" type="checkbox"/>	Passive – Change of state is not required for the component to perform its safety function
Safety Function #2:	
<input type="checkbox"/>	Active – Mechanical or Electrical change of state is required to occur for the component to perform its safety function.
<input checked="" type="checkbox"/>	Passive – Change of state is not required for the component to perform its safety function
Safety Function #3:	
<input type="checkbox"/>	Active – Mechanical or Electrical change of state is required to occur for the component to perform its safety function.
<input checked="" type="checkbox"/>	Passive – Change of state is not required for the component to perform its safety function
C. Host Component Safety Function (if applicable): NA	
1.	
D. Failure Mode(s) and the effects on component or system safety function (see Worksheet 1):	
1. FV Flange Connection/Body Break - Inleakage of Air	
2. Back Pressure Not Maintained for He Flow Indicator	

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Section 4 Environmental & Natural Phenomena Hazard Design		
Environmental Qualification Required: Yes [] No [X] Environmental Condition B	If yes: Environmental Qualification Requirements Limiting Environmental Conditions: Required Safety Functions: Qualification Period:	
Natural Phenomena Hazard (NPH) Design Required: Yes [X] No [] HNF-PRO-97, Rev. 0 W-441 P4, Rev. 2	If yes: NPH Design Requirements Performance Category: PC-1 NPH Design Req'ts.: 3/1 Protection for adjacent SC and SS SSCs Required Safety Functions: Boundary/Back pressure for instruments	
Section 5 Component Functional Classification		
<input checked="" type="checkbox"/> Safety Class (SC) <input type="checkbox"/> General Service <input type="checkbox"/> Safety Significant (SS) If part/component classification is different from host component/system, document basis. He-FV-1*20 is Safety Class (SC).		
Section 6 (Reserved)		
Section 7 (Reserved)		
Section 8 References (for Functional Classification)		
National Codes/Standards: He-FV-1*20 - ASME B 31.3	Safety Analysis Report (SAR): HNF-3553, Rev. 0a, Annex B	Drawings: H-1-82161, Rev. 2 HNF-SD-SNF-SEL-002, Rev. 6A
Vendor Manual/Manufacturer/Supplier Information: Fisher Controls		
Other:		

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Section 9 Critical Characteristics				
Critical Characteristics Verification Document: Vendor Specifications; HNF-SD-SNF-SEL-002, Rev. 6A	Acceptance Criteria/Tolerances	Acceptance Method	ID	Function
1. Item Identification Critical Characteristics (necessary for reasonable assurance that the Item delivered is the Item specified)				
Nameplate - Manufacturer	Fisher Controls	1, IN	X	
Component Number- Procurement and/or Model Number	1" CP Body; Size 20 System 9000; Type DVC 5040, (Per Procurement Package W-441-P4, Rev. 2, Section H, Design Data Sheet)	1, IN	X	
Inlet/Outlet Fittings	1" Schedule 40 Pipe, 150# RF Flange	1, IN	X	
Actuator Model Number	System 9000 120	1, IN	X	
2. Physical Critical Characteristics (for reasonable assurance that the Item delivered is the Item specified)				
Body Material	WCC Steel (Note 4)	1, IN 1, T	X	
3. Performance Critical Characteristics (for reasonable assurance that the Item will perform its intended safety function(s))				
Pressure Boundary	Pressure Test at 165 psig (No Bubbles) Note 3	1, T		X
Flow Performance	Nominal 11 scfm with 20 psig supplied to open valve	1, T		X
Environmental	Note 1			
Seismic Condition 3/1 Event	Note 2			
4. Notes and Legend:		Acceptance Method:		
<ol style="list-style-type: none"> This FV has Teflon Packings. The Teflon is not subject to degradation at 40°F and 60% RH or 115°F and 22% RH and is suitable for Condition B Applications. Seismic 3/1 Event is not a critical characteristic for the dedication of the component. Pressure test at 110% of design accident condition pressure of 150 psig. Material verification acceptance method may be by either inspection or test. 		<ol style="list-style-type: none"> Special Test and Inspection 1, IN for Inspection 1, T for Test Commercial Grade Survey Source Verification Vendor/Item History 		
Section 10 Initial Review and Approval				
Approvals: Designated Engineer: <i>Evan H. King 7/12/00</i> Design Authority: <i>James H. King 6/27/00</i> QA Engineer: <i>Michael A. King 6/28/00</i>				

WORKSHEET 1 DETERMINATION OF FAILURE MECHANISMS/MODES SECTION 1		
Typical Failure Mechanisms	Definition	Applicable to Component under Evaluation
Fracture	Separation of a solid accompanied by little or no macroscopic plastic deformation.	Yes [] No [X]; If Yes, indicate failure Mode _____
Corrosion	The gradual deterioration of a material due to chemical or electrochemical reactions, such as oxidation, between the material and its environment.	Yes [] No [X]; If Yes, indicate failure Mode _____
Erosion	Destruction of materials by the abrasive action of moving fluids, usually accelerated by the presence of solid particles carried with the fluid.	Yes [] No [X]; If Yes, indicate failure Mode _____
Open Circuit	An electrical circuit that is unintentionally broken so that there is no complete path for current flow.	Yes [] No [X]; If Yes, indicate failure Mode _____
Short Circuit	An abnormal connection by which an electrical current is connected to ground, or to some conducting body, resulting in excessive current flow.	Yes [] No [X]; If Yes, indicate failure Mode _____
Blockage	Clogging of a filtering medium resulting in the inability to perform its purification function or blockage of flow.	Yes [] No [X]; If Yes, indicate failure Mode _____
Seizure	Binding of a normally moving item through excessive pressure, temperature, friction, jamming.	Yes [] No [X]; If Yes, indicate failure Mode _____
Unacceptable Vibration	Mechanical oscillations produced are beyond the defined permissible limits due to unbalancing, poor support, or rotation at critical speeds.	Yes [] No [X]; If Yes, indicate failure Mode _____
Loss of Properties	A loss of mechanical and physical properties of a material due to exposure to high temperatures, radiation exposure.	Yes [] No [X]; If Yes, indicate failure Mode _____
Excess Strain	Under the action of excessive external forces the material of the part has been deformed or distorted.	Yes [] No [X]; If Yes, indicate failure Mode _____
Mechanical Creep	From prolonged exposure to high temperature and stress, the object will show a slow change in its physical (shape and dimension) and mechanical characteristics.	Yes [] No [X]; If Yes, indicate failure Mode _____
Ductile Fracture	Fracture characterized by tearing of metal accompanied by appreciable gross plastic deformation.	Yes [] No [X]; If Yes, indicate failure Mode _____
Section 2. Additional Failure Modes Applicable to the Component Under Evaluation		
1. Flange Connection/Valve Body Break		

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**CHECKLIST 1
 ACCEPTANCE METHOD 1
 SPECIAL TEST/INSPECTION VERIFICATION**

SECTION 1			
Item Description: Fisher-Helium Purge Flow Control Valve System #: 13	Equip #: He-FV-1*20 Procurement and/or Model #: 1" CP Body; Size 20 System 9000; Type DVC 5040		
Manufacturer (Address/Phone): Fisher Controls P.O. #	Supplier (Address/Phone):		
SECTION 2 CRITICAL CHARACTERISTICS TO BE VERIFIED BY METHOD 1.			
Insp	Test	Post-Test	
[X]	[]	[]	1. Nameplate - Manufacturer
[X]	[]	[]	2. Component Number - Procurement and/or Model Number
[X]	[]	[]	3. Inlet/Outlet Fittings
[X]	[]	[]	4. Actuator Model Number
[X]	[X]	[]	5. Body Material (Verification may be by either inspection or test)
[]	[X]	[]	6. Pressure Boundary
[]	[X]	[]	7. Flow Performance
SECTION 3 BY INSPECTION			
* See Attachment G of Desk Instruction for Sampling Size			
Characteristic: Nameplate - Manufacturer Sample Size*: All Items Acceptance Criteria: Fisher Controls Receipt Inspection Plan / Report #: _____ References (see Section 8): _____			
Characteristic: Component Number-Procurement and/or Model Number Sample Size*: All Items Acceptance Criteria: 1" CP Body; Size 20 System 9000; Type DVC 5040, (Per Procurement Package W-441-P4, Rev. 2, Section H, Design Data Sheet) Receipt Inspection Plan / Report #: _____ References (see Section 8): _____			

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Characteristic: **Inlet/Outlet Fittings**

Sample Size*: **All Items**

Acceptance Criteria: **1" Schedule 40 Pipe, 150# Flange**

Receipt Inspection Plan / Report #: _____

References (see Section 8): _____

Characteristic: **Actuator Model Number**

Sample Size*: **All Items**

Acceptance Criteria: **System 9000 120**

Receipt Inspection Plan / Report #: _____

References (see Section 8): _____

Characteristic: **Body Material**

Sample Size*: **Normal Sampling Size**

Acceptance Criteria: **WCC Steel**

Receipt Inspection Plan / Report #: _____

References (see Section 8): _____

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SECTION 4 BY SPECIAL TEST

* See Attachment G of Desk Instruction for Sampling Size

Test To Be Performed by:

Purchaser

Supplier/Manufacturer**

Other

Number of Items to be Tested:

Test/Inspection Location:

Characteristic for Test: **Pressure Boundary**

Acceptance Criteria: **Pressure Test at 165 psig (No Bubbles)**

Sample Size*: **Normal Sampling Size**

Actual Test Value:

Test Plan and Report #: _____ References (see Section 8): _____

Characteristic for Test: **Flow Performance**

Acceptance Criteria: **Nominal 11 scfm with 20 psig supplied Helium to open valve**

Sample Size*: **Normal Sampling Size**

Actual Test Value:

Test Plan and Report #: _____ References (see Section 8): _____

**If Supplier/Manufacturer or Other, Refer to CGI Checklist-2 for Support Information

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SECTION 5 TEST / INSPECTION SUMMARY (Acceptance Method 1)

1. SUMMARY OF VERIFIED CRITICAL CHARACTERISTICS, THEIR VERIFICATION METHODS, AND RESULTS

ITEM DESCRIPTION:

Critical Characteristics		Verification Results									
Critical Characteristics	Acceptance Criteria/Tolerances	ID	Function	Method T/IN	Procedure or RR#	Check-list ID	Number Tested	Number Failed	Verifying Organization	Printed Name Signature	Date
Nameplate - Manufacturer	Fisher Controls	X									
Component Number- Procurement and/or Model Number	1" CP Body; Size 20 System 9000; Type DVC 5040, (Per Procurement Package W-441-P4, Rev. 2, Section H, Design Data Sheet)	X									
Inlet/Outlet Fittings	1" Schedule 40 Pipe, 150# Flange	X									
Actuator Model Number	System 9000 120	X									
Body Material	WCC Steel	X									
Pressure Boundary	Pressure Test at 165 psig (No Bubbles)		X								
Flow Performance	Nominal 11 scfm with 20 psig supplied Helium to open valve		X								

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2. DISPOSITION OF UNVERIFIED OR FAILED CRITICAL CHARACTERISTICS	
Critical Characteristic	Disposition
<p>3. SIGNATURE INDICATES ALL CRITICAL CHARACTERISTICS VERIFIED SATISFACTORY OR ACCEPTABLY DISPOSITIONED AND COMMERCIAL GRADE DEDICATION IS SATISFACTORY AND COMPLETE.</p>	
Testing Agency Approval: _____ Date _____ Testing Agency QA Engineer: _____ Date _____	BUYER VERIFICATION Design Authority: _____ Date _____ QA Engineer: _____ Date _____

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SECTION 6 CONTACTS/PHONE NUMBERS

Name	Phone
Design Authority	()
QA	()
QC	()
Cog - Engineer	()
CGI Engineer	()
Procurement Engineer	()
Other	()

SECTION 7 SUPPORTING DOCUMENTATION FOR THIS CHECKLIST

Initial Procurement Documents	For Critical Characteristics
<input type="checkbox"/> Drawings:	
<input type="checkbox"/> Manuals (specify type & number):	
<input type="checkbox"/> Design Calculations	
<input type="checkbox"/> Installation Instructions	
<input type="checkbox"/> Operation Instructions	
<input type="checkbox"/> Calibration Instructions	
<input type="checkbox"/> Manufacturer's Recommended Spare Parts List	
<input type="checkbox"/> Other:	
Procurement Documents	
<input type="checkbox"/> Certificate of Conformance/Compliance	
<input type="checkbox"/> Seismic Qualification Certificate	
<input type="checkbox"/> Environmental Qualification Certificate	
<input type="checkbox"/> Test Report (s):	
<input type="checkbox"/> Inspection Report (s):	
<input type="checkbox"/> CMTRs for ASME Pressure Retaining Materials	
<input type="checkbox"/> Valve Seat Leakage Report	
<input type="checkbox"/> Weld Records	
<input type="checkbox"/> Material Traceability Record	
<input type="checkbox"/> Other:	

