

ENGINEERING CHANGE NOTICE

194080

15. Design Verification Required

- Yes
- No

16. Cost Impact ENGINEERING

- Additional \$ _____
- Savings \$ _____

CONSTRUCTION

- Additional \$ _____
- Savings \$ _____

17. Schedule Impact (days)

- Improvement _____
- Delay _____

18. 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 12. Enter the affected document number in Block 19.

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"/>	Call 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"/>	_____ <input type="checkbox"/>
Environmental Report <input type="checkbox"/>	Inspection Plan <input type="checkbox"/>	_____ <input checked="" type="checkbox"/>
Environmental Permit <input type="checkbox"/>	Inventory Adjustment Request <input type="checkbox"/>	_____ <input type="checkbox"/>

19. 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

20. Approvals

Signature	Date	Signature	Date
<u>OPERATIONS AND ENGINEERING</u>		<u>ARCHITECT-ENGINEER</u>	
Cog. Engineer <i>F.W. Lundquist</i>	10/25/94	PE _____	_____
Cog. Mgr. <i>[Signature]</i>	10/25/94	QA _____	_____
QA <i>[Signature]</i>	10/25/94	Safety _____	_____
Safety _____	_____	Design _____	_____
Security _____	_____	Environ. _____	_____
Environ. _____	_____	Other _____	_____
Projects/Programs _____	_____	_____	_____
Tank Waste Remediation System _____	_____	_____	_____
Facilities Operations _____	_____	<u>DEPARTMENT OF ENERGY</u>	
Restoration & Remediation _____	_____	Signature or Letter Number	
Operations & Support Services _____	_____	_____	_____
IRM <i>[Signature]</i>	_____	<u>ADDITIONAL</u>	
Other <i>[Signature]</i>	10/25/94	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____