

Design Approval Form

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DESIGN REVIEW DOCUMENTATION – RESULTS

Title: PF 4/5 Alignment WP#: 3020 SBS # NSTXU 1-1-3-1
 CAT: ☒ A1 ☐ A2 ☐ A3

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

Cognizant Individual: Chris Pagano Date of Review: 8/9/1019

Review Board Members:

Chairperson: M. Viola
 RE (Magnets): M. Kalish
 RE (VVIH): D. Loesser
 CE/TA (Mechanical): R. Ellis
 QA: A. Castaneda
 ESH: W. Slavin
 NSTXU PE: Y. Zhai
 Regulatory Compliance: W. Slavin

Invited Attendees:

R. Hawryluk K. Corrigan
P. Dugan W. Gattoni
S. Gifford A. Khodak
M. Anderson M. Smith
J. Mitchell

Other Attendees:

S. Weidner

Items Reviewed:

Sat. Unsat.

Comments or n/a if not applicable

Appropriate requirements identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Development plans and schedules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reg. compliance incl. USI/USID and NEPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disposition of CHITS from previous reviews	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>There were 20 new chits generated.</u>
Cost objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other review objectives addressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SUMMARY OF RESULTS:

This review was presented as scheduled. All Design review plan items have been completed. All open chits from previous reviews had been resolved. Field location accessibility had been reviewed and determined to be satisfactory. There was discussion about whether rubber sheet existed on the fixed clamps and if it complied with the SRD. A significant change is that the wet layup sequence has been replaced by an epoxy formed layer. Some discussion occurred about the QA and safety review of the installation procedure.

Disposition: [check one]

☐ **Acceptable**

☒ **Acceptable pending resolution of concerns**- CHITS identified above must be resolved prior to installation.

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

☐ **Unsuccessful** – Corrective actions must be taken and another review process must be initiated.

Responsible Engineer (Magnets): _____ Date: _____

Responsible Engineer (VVIH): _____ Date: _____

DRC Concurrence _____ Date: _____

Distribution: Review Board Members, Operations Center, Responsible Engineer, Cognizant Individuals, Project Manager, Project Director, relevant Technical Authorities, Chief Engineer, Fire Protection Engineer, Attendees, QA, ES&H, Security, Requesting & Performing Dept. Head.