1. **General**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of DR | **IO / DA / CON** | Issue Date |  |
| DA/ CON / ref. num. |  |  |
| DR Title |  |
| Item/ Component identification |  |
| Work Activity: |  |
|  | PBS description | PBS number |
| Main PBS  |  |  |
| Quality class (QC) | QC 1: [ ]  QC 2: [ ]  QC 3: [ ]  QC 4: [ ]  |
| Safety self -assessment by RO | PIC/SIC-1  | PIC/SIC-2  | Non-SIC | PIA |
| [ ]  | [ ]  |  [ ]  | [ ]  |
| IO Manufacturer of the Pressure Equipment or Nuclear pressure Equipment | Yes [ ]  No [ ]  | PE [ ]  NPE [ ]  | Pressure Category

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] 0 | [ ] I | [ ] II | [ ] III | [ ] IV |

 | Radioactive level

|  |  |
| --- | --- |
| [ ] Level N2 | [ ] Level N3 |

 |

1. **Description of Deviation**

|  |  |
| --- | --- |
| **Introduction** |  |
| Description of the original requirements (Before) |  |
| Description of the proposed alternative (After) |  |
| Justification (for PIC and PIA, include safety justification) |  |

1. **Impact assessment** (to be filled by initiator)

|  |  |
| --- | --- |
| Other technical impact | [ ]  |
| Cost impact | [ ]  |
| Schedule impact | [ ]  |
| Impact on interface, other impacted PBS, PA, etc. | [ ]  |
| Impacted documents | [ ]  *List impacted document title and Uid + Rev. Num.* |
| Other impacts | [ ]  |
| Follow-up of DR implementation (see note 4\*) | Required [ ]  | Not required [ ]  |

1. **Safety and Environmental** (Assessment by EPNS-DH – see note 2\*)

|  |  |
| --- | --- |
| Assessment result and comments  | [ ]  Escalation required to a EPNS meeting required /[ ]  Accepted (No escalation) [ ]  Rejection unless revised |

1. **System / Design Integration** (Assessment by IO-DIRO – see note 3\*)

|  |  |
| --- | --- |
| Assessment result and comments  | [ ]  Escalation to a PCR required [ ]  Accepted (No escalation to PCR required)  |

1. **Decisions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Signature\*  | Date | Decision |
| Initiator  |  |  |  |  |
| CON RO  |  |  |  |  |
| DA RO |  |  |  |  |
| IO-Approver |  |  |  | [ ]  Approve \*[ ]  Reject \* |

1. **Confirmation of Implementation (if required – see section 3 – impact assessment)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature\*  | Date |
| CON-RO  |  |  |  |
| DA RO  |  |  |  |
| IO-Approver |  |  |  |

1. **List of Attachment**

|  |
| --- |
|  |

Note \*:

1. Signature of DR and confirmation of IO decision (reject/ accepted) are mandatory required. IDM system may be used for DR review and approval signatures (DR shall indicate the reviewers / approver names and date).
2. EPNS-DH (delegated SRO) assessment will be recorded in IDM system – with a clear resolution if DR is rejected/escalated.
3. DIRO assessment will be recorded in IDM system. If escalation to PCR is required then the section 5 of DR shall be mandatory filled.
4. The DR implementation confirmation “is required” typically for the cases when further critical actions are triggered by DR approval and/ or related documentation need to be revised to reflect the deviation implementation.