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.