Emergent Dose Approval / RWP Request

NOP-OP-4107-01 Rev.02

Work Group designated to perform work activity completes this section:

SITE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT \_\_\_\_\_\_\_\_\_\_\_

Order/Notification No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Priority Code: \_\_\_\_\_\_\_\_\_

Date Work to be Performed: \_\_\_\_\_\_\_\_\_\_\_ Cycle\_\_\_\_\_\_\_\_\_Period\_\_\_\_\_\_\_\_Week\_\_\_\_\_\_\_

Dose Estimate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Location / Asset Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Bldg.: \_\_\_\_\_\_\_\_\_\_Elevation:\_\_\_\_\_\_\_\_Room/Cubicle: \_\_\_\_\_\_\_\_Azimuth:\_\_\_\_\_\_\_\_

Description of Work to be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Other Details (i.e. impact to personnel safety, plant reliability, reasons work has to be performed and consequences of not performed, etc.). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergent Dose Due To: (Check all that apply)

Equipment Malfunction Work not scheduled Increased Scope Rework

Dose not scheduled Higher Dose Rates / Dose Reduction

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_

**REQUESTER is responsible for obtaining ALL required approvals**

Department Manager / Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

RP Supervisor/ALARA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

N/A RP Manager / Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

N/A Plant Manager / Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

N/A SASC Signature or Meeting#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

N/A SAC Signature or Meeting #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION REQUIREMENTS**

**≥ 10 mrem (BWR) / ≥ 2 mrem (PWR) - RP Supervisor/ALARA**

**≥ 25 mrem - RP Manager / Designee**

**≥100 mem - Plant Manager / Designee**

**≥250 mrem - SASC**

**≥500 mrem - SAC**

**RP/ALARA Actions:**

Risk Evaluated per NOP-OP-4010 Attachment 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials\_\_\_\_\_\_Date\_\_\_\_\_

Work Assigned to RWP No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rev No\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_