

Appendix B

<p style="text-align: center;"><b>NUCLEAR WASTE MANAGEMENT PROCEDURE</b></p> <p style="font-size: small;">Sandia National Laboratories</p>	<h2 style="margin: 0;">Procedure History and Review/Approval</h2>	<p><b>Form Number: NP 5-1-1</b></p> <p><b>Page 1 of 1</b></p>												
<p>Procedure Number _____ Revision _____ Title _____</p> <p>Revision Description: If this is a new procedure, describe its purpose and scope. If this is a revision, provide a short description of the change and the reason for the change. Reference any commitments addressed by the revision, e.g., deficiency corrective actions, upper-tier requirement changes.</p>														
<p><b>Training Determination:</b></p> <p><input type="checkbox"/> No Training Required (no impact to operations)</p> <p><input type="checkbox"/> Notification to Users Only (minor impact to operations; can be understood by reading the notification)</p> <p><input type="checkbox"/> SP procedure/revision, user must read and sign Form NP 2-1-2 (Author responsibility)</p> <p><input type="checkbox"/> Training Required (significant change to operations; requires detailed instruction)</p> <p style="margin-left: 20px;"><input type="checkbox"/> QA Programmatic Training (QA Department responsibility)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Technical Training (Author responsibility)</p>														
<p><input type="checkbox"/> Mark if this is an editorial change only (Only author and QA approvals are needed for an editorial change.)</p> <p><b>NP and SP Approvals:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Printed Name</th> <th style="width: 25%; text-align: center;">Signature</th> <th style="width: 25%; text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td>Author</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>QA Reviewer</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>				Printed Name	Signature	Date	Author				QA Reviewer			
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<p><b>Additional Customer Required Approvals (leave blank if not applicable):</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 25%;">WIPP MOC Manager of Industrial Safety</td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Other-Title:</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>			WIPP MOC Manager of Industrial Safety				Other-Title:							
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