CP3-OP-0002 FRev. 5	TITLE: Developing and Maintaining Performance Documents	Page 1 of 46

DOCUMENT CATEGORY:	Administrative
LEVEL OF USE:	Information Level
FUNCTIONAL AREA: Document Control and Procedures **SUBJECT MATTER AREA**: Document Control and Procedures	**SUBJECT MATTER EXPERT**: Donna Perry, Procedure Development Supervisor/SME
NUCLEAR SAFETY REVIEW DOCUMENTATION: FRNP-23-0817-S	**APPROVED BY/DATE** (Signature on file): Julie Gilbert, Special Projects/Document Control Manager, 11/15/2023
REQUIRED REVIEW DATE (or expiration date for temporary change): 11/15/2028	**EFFECTIVE DATE**: 11/15/2023

REVISION/CHANGE LOG

Revision/Change Letter	Description of Changes	Pages Affected	Date of Revision/Change
FR0	Bluesheet	ALL	09/04/2017
FR1	Correct, to incorporate bluesheet and add USQ review changes. Add a non-intent revision for bluesheet incorporations.	ALL	11/02/2017
FR1A	Changes to correct the required reviewer list to align with current organizational alignments (AI-0002274); other organizational changes along with corrections and minor enhancements.	4, 8, 10, 13-19, 31-33, 38	02/26/2019
FR1B	Intent change to add a Source Reference to Section 2.2, added new Step 6.10.9, an acronym to Appendix A, and a bullet to Appendix C to include criteria that will require NMC&A review.	5, 18, 26, 31	05/07/2019
FR1C	Intent change to address CA-001877, to CP3-OP-0002-F01 to include specific Yes/No selection for WCO and NMC&A as required reviewers according to Steps 6.10.8 and 6.10.9, and to add Technical Support Procedure as a performance document category.	33-34	07/16/2019
FR1D	Intent changes to Sections 6.14 and 6.16.	23-24	03/31/2020

REVISION/CHANGE LOG (Continued)			
Revision/Change Letter	Description of Changes	Pages Affected	Date of Revision/Change
FR1E	Changes to the performance document process to reflect integration of human performance improvement and human factors identification and mitigation processes into the document development, verification, and review processes. Changes include additions of forms CP3-OP-0002-F08, *Document Verification Checklist*, CP3-OP-0002-F09, *Document Validation Checklist*, changes to CP3-OP-0002-F06, *Performance Document Hold*, and CP3-OP-0002-F10, *Document Periodic Review.* Added action for extension by senior management of the periodic review date for special situations.	6-8, 12, 14-18, 22, 25-27, 28-29, 33, 36-38, 42, 44-49	11/12/2020
FR1F	Process nonintent change to update DSA/TSR commitment stamps.	5, 34	11/16/2020
FR1FTC1	Process temporary change to implement a method to perform periodic reviews and remove the actions to submit issues to Issues Management for extensions and identified changes.	9, 25-28, 49-50	3/18/2021
FR1FTC2	Process temporary change to update the required review cycle options up to 8 years to Section 5.10, bold if/then statement and step/section numbers, and rephrase Section 6.7 for clarity. In accordance with Step 6.13.27, the Temporary change has been extended for 60 days from 7/14/21.	6, 8, 15-16, 19-20, 24, 27-30	4/28/2021
FR2	General revision and inclusion of CAPAs/corrective actions.	All	10/28/2021
FR2TC1	CA-003769 temporary change to put in place compensatory measures for email outages impacting the Sharepoint work flow for performance documents.	All	1/6/2022
FR3	General Revision to include an alternate method for initiating a performance document request in the event electronic workflow process is unavailable. CA-003769/AI-0005919	All	02/28/2022
FR4	General Revision to address CA-003956 (AI-0006626, 6627, 6629) CA-004081 (AI-0006635) CA-004151 (AI-0006571).	All	10/13/2022
FR4A	Process nonintent change to clarify note in Field Change Section 6.4.	20	06/07/2023

REVISION/CHANGE LOG (Continued)			
Revision/Change Letter	Description of Changes	Pages Affected	Date of Revision/Change
FR5	Address placing Holds on past due Periodic Reviews (CA-004691). Define Critical Steps (CA-004503/ AI-0007311). Responsible manager approval of Technical Procedures. Revised CP3-OP-0002-F08 to include Component Labeling (CA-004715, AI-7580)	All	11/15/2023

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1.0 PURPOSE AND SCOPE

TSR 5.5.5.1

1.1 Purpose

This procedure defines processes and responsibilities for developing, revising, changing, approving, deleting, and controlling performance documents for use within the Paducah Site Deactivation Project.

This document implements standards and requirements of the following documents:

- CP1-NS-3000, *Documented Safety Analysis for the U.S. Department of Energy Paducah Site Deactivation Project*,
- CP2-EN-0201, *Configuration Management Program Description at the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP2-HS-1000, *Integrated Safety Management System Description for the Gaseous Diffusion Plant, Paducah, Kentucky*
- CP2-OP-1100, *Conduct of Operations Program, at the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP2-QA-1000, *Quality Assurance Program Description for the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*

1.2 Scope

Deactivation and Remediation contractor personnel and contracted labor support apply the provisions of this procedure for development, revision, change, deletion, approval and control of performance documents.

Any technical procedure approved prior to the effective date of this procedure is considered "grandfathered" and may be used until either the next revision or next required review date, whichever comes first.

EXCLUSIONS:

Performance documents **NOT** covered by this procedure include:

- Documents that are developed for the purpose of gaining regulatory approval of planned work activities according to CP3-EM-1015, *Correspondence and Document Preparation, Review, Approval, Reproduction, and Distribution.*
- Work control documents developed in compliance with CP3-SM-1101, *Work Package Development*.
- Protective force documents developed according to CP3-SS-1001, *Developing and Maintaining Protective Force Documents.*
- Nuclear Safety Basis documents developed according to CP3-NS-2002, *Development and Control of Nuclear Safety Basis Documents*.
- Emergency Management Documents/Emergency Management Technical Planning Basis documents (All-Hazards Survey, Emergency Planning Hazards Assessment and Emergency Action Levels) developed in accordance with CP3-EP-1025, *Preparation/Maintenance of All-Hazards Surveys, Emergency Planning Hazards Assessments, and Emergency Action Levels*.

Activities graded as High Risk/High Complexity (which may include critical steps) are exempted from the performance document process. These activities shall be developed according to CP3-SM-1101, *Work Package Development*.

2.0 REFERENCES

2.1 Use References

- CP2-QA-2500, *Four Rivers Nuclear Partnership, LLC Paducah Deactivation and Remediation Project Nevada National Security Site Waste Acceptance Criteria Implementation Crosswalk (NIC) for the Paducah Gaseous Diffusion Plant Paducah, Kentucky*
- CP3-EM-1015, *Correspondence and Document Preparation, Review, Approval, Reproduction, and Distribution*
- CP3-HS-2004, *Job Hazard Analysis*
- CP3-HS-2009, *Stop/Suspend Work*
- CP3-NS-2001, *Unreviewed Safety Question Reviews*
- CP3-OP-0024, *Forms Control*
- CP3-OP-0025, *Document Control Process*
- CP3-OP-0207, *Use of Procedures*
- CP3-QA-3001, *Issues Management*
- CP3-QA-3002, *Operating Experience/Lessons Learned (OE/LL)*
- CP3-QA-3003, *Standards and Requirements Management*
- CP3-SM-1101, *Work Package Development*
- CP3-TR-0103, *Systematic Approach to Training*
- CP5-EM-1000, *Style Guide for Correspondence and Documents*
- CP5-OP-1000, *Procedure Writer's Guide*
- CP5-QA-3003, *Functional Area Manager/Subject Matter Expert Standards & Requirements Matrix*
- CP5-SM-1008, *Hazard/Control Integration Guide*

2.2 Source References

- CP1-NS-3000, *Documented Safety Analysis for the U.S. Department of Energy Paducah Site Deactivation Project*
- CP2-EN-0201, *Configuration Management Program Description at the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP2-HS-1000*, Integrated Safety Management System Description for the Gaseous Diffusion Plant, Paducah, Kentucky*
- CP2-OP-1100, *Conduct of Operations Program at the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*

- CP2-OP-1102, *Performance Document Program at the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP2-QA-1000, *Quality Assurance Program Description for the Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP2-TR-0100, *Training Program for Paducah Gaseous Diffusion Plant, Paducah, Kentucky*
- CP3-HS-2018, *Process Safety Management of Highly Hazardous Chemicals*
- CP3-TR-0102, *Conduct of Training*

3.0 COMMITMENTS

CP1-NS-3001*, Technical Safety Requirements for the Department of Energy Paducah Site Deactivation and Remediation Project*, Sections **5.5** and **5.7**.

4.0 RESPONSIBILITIES

The following positions are performers in this document:

- Document Review Group (DRG)
- Document Control
- Responsible Manager
- Nuclear Safety
- Procedure Development Supervisor/Subject Matter Expert
- Requestor
- Reviewer
- Subject Matter Expert (SME)
- Training Specialist
- Writer
- Plant Shift Superintendent (PSS)
- User

5.0 GENERAL INFORMATION

5.1 Processing sections within this procedure may be performed concurrently or non-sequentially provided the validation is completed after comment resolution and before Unreviewed Safety Question (USQ) review, as applicable. USQ must be performed on the final draft of the proposed document.

5.2 Performance documents may be placed on hold when conditions are identified that require a document to be removed from use temporarily. Holds are conducted according to Section **6.7**.

5.3 Writers assigned to develop or revise performance documents identified as procedures should follow the guidance provided in CP5-OP-1000, *Procedure Writer's Guide*.

5.4 To support human performance improvement and to minimize opportunity for error by performers, writers assigned to develop or revise procedures shall consider the guidance of Appendix D, *Human Factors* when developing or revising/changing procedures.

5.5 Performance documents remain in the format in which they were developed, but are brought into compliance with formatting guidelines in CP5-OP-1000 or CP5-EM-1000, *Style Guide for Correspondence and Documents*, at the next revision. Changes may be processed without updating the formatting.

5.6 Documents developed concerning a classified subject area are discussed with Derivative Classifier (DC), or the site Classification Officer prior to entering information on an unclassified computer system, and/or transmitting them to uncleared individuals.

5.7 Managers must ensure employees working in classified subject areas are aware of what information is potentially classified to ensure this information is handled, protected and marked accordingly.

5.8 Performance document effective dates shall be coordinated with Responsible Managers of affected documents (for example, Nuclear Criticality Safety Evaluation, training modules, etc.) to ensure that supporting documents and implementation requirements are in place prior to the effective date.

5.9 Administrative procedures are **NOT** intended for use as a stand-alone Activity Level Work Control Document (ALWCD) and may **NOT** contain activity level work steps; however may be used in conjunction with an ALWCD.

5.10 Required review dates (periodic reviews) are based on the date the revised performance document is approved, unless established by DOE directive or other applicable regulation. The designated owning organization monitors performance documents with regard to the following review cycle:

- Operating procedures for chemical processes that are covered by CP3-HS-2018, *Process Safety Management of Highly Hazardous Chemicals* – 1 year
- Plans – 1-5 years based on type of document or Responsible Manager's discretion
- Policies, Programs, all other Procedures, and CP5 Documents – up to 8 years, based on discretion of Responsible Manager

5.11 CP5 documents are Guides that address department, building, or facility specific tasks that include administrative functions, responsibilities, or reporting. They are simple instructions to help staff complete work activities. Format can be determined based on information presented. Examples of activities where CP5 documents could be used are reference material that provide guidance and do **NOT** imply verbatim compliance, but allow room for interpretation and application of best management practices.

5.12 CP5 guides **CANNOT** be developed and used to:

- Perform work that would be governed by work packages and/or technical procedures
- Accomplish safety basis requirements and/or commitments
- Contain or complete forms

5.13 When preparing a new document, a performance document number is requested by email from Document Control according to CP3-OP-0025, *Document Control Process* and the new number and version are entered in the PDDR.

5.14 Programs and plans are CP2 documents and are developed according to formatting in CP3-EM-1015 and CP5-EM-1000. These documents are initiated as performance documents according to CP3-OP-0002, but must be submitted to Document Production after review and concurrence for formatting and technical editing. After technical editing is complete, CP2s will continue to be processed through approval according to CP3-OP-0002.

5.15 CP2 documents identified as deliverables follow this process, but are **NOT** considered approved for posting until an approval letter is received. Approval date is based upon the approval letter date.

5.16 The change process is intended to accelerate review and approval of corrections by limiting the scope of document review to only the change. A document should only be changed by this process three times without initiating a full revision to the document. More than three changes requires approval from Special Projects and Document Control Manager.

5.17 A Temporary Change is considered an intent change for determined period of time.

5.18 For a technical procedure, hazard controls are integrated into the procedure following guidelines in CP5-SM-1008, *Hazard/Control Integration Guide.*

5.19 Technical Procedures are ALWC documents and must be approved by a Work Control Responsible Manager (Work Authorization Manager) who is assigned and granted the responsibilities and accountability to appropriately control fieldwork. A list of those Work Control Responsible Managers who have the authority to approve work control documents is maintained on the FRNP Intranet. The term Responsible Manager refers to the Functional Area Manager **UNLESS** it is stated that it is the Work Control Responsible Manager.

5.20 Forms associated with Technical procedures are included as an attachment to the parent technical procedure.

5.21 Completion of the Training Determination section is required for all requests. Consideration should be given on updating the version and/or reassigning when Required Reading is the method of implementation.

6.0 INSTRUCTIONS

6.1 Initiation of Performance Document Process

NOTE:

Section **6.1** will be the entry point for all development, revision, change or deletion of performance documents. This section is required for work authorization and allocation of resources.

Performance Document Development Request (PDDR) will be utilized to prepopulate some fields depending upon input for each performance document. Required sections will be available in workflow depending upon document category and level of use designations.

Requestor

6.1.1 Initiate a PDDR or other authorizing document.

6.1.2 Include a detailed description of the new document, revision, change or deletion including any of the following that may apply:

- Issue,
- Lessons learned,
- Management directive, or
- Feedback

6.1.3 **If** change or revision is associated with an issue or corrective action, **then** list associated issue or corrective action number with due date in the designated field in Section 1.

6.1.4 Submit PDDR to the Responsible Manager for review and approval or rejection.

Responsible Manager

6.1.5 Ensure all form fields in Sections 1 and 2 are complete or have NA entered.

6.1.6 **If** needed, **then** add **or** correct information in the PDDR.

6.1.7 Accept **or** reject the PDDR.

6.1.8 **If** rejected, **then** document justification for rejection in the PDDR Comments/Rationale section, send a copy to requestor, **and** exit procedure.

6.1.9 **If** accepted, approve by signing, **then** confirm the performance document category according to CP3-OP-0207, *Use of Procedures*, **and** document in the PDDR.

- Administrative
- Technical includes Alarm Response, Emergency Operating, Off Normal, American Society for Testing and Materials (ASTM)
- Technical Support
- Guide
- Policy

- Program
- Plan

6.1.10 Determine level of use for the document category according to CP3-OP-0207 **and** document in the PDDR.

NOTES:

A technical procedure will be Reference Level of Use or Continuous Use Level of Use. (CP3 or CP4)

An administrative procedure will be Information Level of Use. (CP3 or CP4)

A technical support procedure will be Reference Level of Use. (CP3 or CP4)

Programs and Plans will be Information Level of Use. (CP2)

Policy will be Information Level of Use. (CP1)

Guide Documents will be Information Level of Use. (CP5)

Appendix A, *Definitions*, can be referenced for additional information on determinations for document category and level of use.

- Information Level of Use is selected for activities, usually administrative in nature that do **NOT** involve direct contact with plant equipment, are performed frequently, have **NO** immediate consequences if performed improperly, and are within the knowledge and skills of experienced individuals. (Administrative)
- Reference Level of Use is selected for those procedures which each step is followed as written, **UNLESS** deviation is allowed by procedure. Steps are performed from memory or procedure is taken to job site for reference. User is to suspend use if step by step compliance is **NOT** achievable. (Technical or Technical Support)
- Continuous Level of Use (In Hand) is selected for complex or infrequent work activities for which the consequences of an improper action could have an immediate, possibly irreversible adverse impact on safety, production, or reliability. (Technical)

6.1.11 **If** a Technical Procedure, **then** determine level of risk and complexity, according to CP3-SM-1101 Appendix C, *Work Planning Rigor Based on Performance Risk and Complexity*.

6.1.12 Document results on CP3-SM-1101-F01, *Work Screening Worksheet*.

6.1.13 **If** graded as High Risk, **then** exit this procedure **and** develop as a work package according to CP3-SM-1101, *Work Package Development*.

6.1.14 **If** a category or level of use is incorrect for an existing document, **then** contact the Procedures Development Supervisor and/or SME for corrections.

6.1.15 Perform the following for an accepted PDDR:

A. Select type of action based upon Appendix A:

- New performance document (Process according to Section **6.2**)
- Intent Change (Process according to Section **6.2**)

- Revision (Process according to Section **6.2**)
- Non-intent Change (Process according to Section **6.3**)
- Temporary Change (Process according to Section **6.5**)
- Deletion (Process according to Section **6.6**)

NOTE:

Actions to implement at next revision will be stored in a pending file.

B. Determine if the action to change or revise will be processed currently or at next revision.

C. Select priority based on date needed.

D. Indicate charge code(s) for processing performance document.

E. **When** writer is assigned, **then** ensure writer is approved for use of charge code.

F. Select required reviewers on PDDR for type of action using Appendix B, *Selection of Reviewers*.

G. Ensure a reviewer representative for each performer in the performance document is included.

NOTE:

CP5-QA-3003, *FAM SME Standards Requirements Matrix* is a guide for listing of SMEs and is utilized to determine the SME and functional area for listed performance documents.

Responsible Manager is responsible for the identification of the SME and functional area. The Responsible Manager may designate a different SME from what is listed in the guide or identify SMEs for documents **NOT** listed.

6.1.16 Refer to CP5-QA-3003 to determine the SME according to CP3-QA-3003, *Functional Area Manager-Subject Matter Expert Standards & Requirements Matrix.*

6.1.17 **If** the SME or performance document is **NOT** listed in the guide, **then** designate the SME.

6.1.18 Assign an SME and writer (To Be Determined may be entered for writer.) to develop, change, revise, or delete the performance document.

6.1.19 Submit the PDDR to Training for associated training materials.

Training Specialist

6.1.20 Review PDDR for associated training materials.

6.1.21 Attach any identified materials to determine training implementation requirements by the SME.

Responsible Manager

6.1.22 **When** processing for new revision, changes or deletions, **then** submit the approved PDDR to Document Control.

Document Control

6.1.23 **When** processing for changes or revisions, **then** attach controlled Word versions of document and associated forms to the PDDR.

Procedure Development Supervisor

6.1.24 Review PDDR for document category, level of use and action to be taken for accuracy **and if** necessary, **then** suggest corrections.

6.1.25 **When** "To Be Determined" is entered for writer, **then** assign writer.

6.1.26 Create a folder.

6.1.27 Submit PDDR to writer and/or SME.

6.2 Developing, Revising or Making Intent Changes to a Performance Document

Writer or Subject Matter Expert

NOTES:

Actions for development, revision, intent change, or deletion are intent in nature and must be processed according to this section.

The change process is intended to accelerate review and approval of corrections by limiting the scope of document review to only the change. A document should only be changed by this process three times without initiating a full revision to the document. More than three changes requires approval from Special Projects/Document Control Manager.

6.2.1 Enter the proposed revision or change in the PDDR.

6.2.2 **If** category and level of use are incorrect or changed, **then** notify the Procedure Development Supervisor and/or SME.

6.2.3 **If** changing the procedure number on an existing procedure, **then** ensure the following:

A. New number is obtained from Document Control.

B. Old procedure is deleted concurrently with the new procedure.

C. Cross-reference the affected procedure numbers in the affected documents section of the PDDR.

Procedure Development Supervisor (Subject Matter Expert)

6.2.4 **If** required, **then** make corrections to document category and/or level of use on the PDDR, **and** notify SME and/or Responsible Manager.

Writer or Subject Matter Expert

6.2.5 **If** developing a new document, **then** obtain the appropriate performance document template based upon the document category and level of use.

NOTE:

Additional information may be attached to the PDDR for reference.

Subject Matter Expert

6.2.6 Research applicable standards and requirements, pending PDDRs and other guidance documents associated with the action(s) specified on the PDDR.

6.2.7 Include information associated with internal and external commitments, including issues or corrective actions (CP3-QA-3001, *Issues Management*).

6.2.8 Search operating experience/lessons learned (OE/LL) according to CP3-QA-3002, *Operating Experience/Lessons Learned (OE/LL),* **and** attach any applicable OE/LL to PDDR for inclusion in the performance document.

Subject Matter Expert or Writer

NOTE:

ONLY CP3 and CP4 level documents can parent forms. New forms and forms undergoing revision will be processed according to the guidelines in this procedure and CP3-OP-0024, *Forms Control*.

6.2.9 **If** forms are generated or revised in the performance document, **then** process the forms with the following guidelines:

A. List forms, titles, and actions on the PDDR with action (new, revision, deletion)

B. Forms associated with Technical procedures are included as an attachment to the parent Technical procedure.

C. Forms are numbered with the parent document number, such as CP#-##-####-F0# FR#.

D. Include recordkeeping requirements for forms in the parent document.

6.2.10 **If** performance document activity affects another document, **then** ensure other affected documents are identified in "Affected Document Impact" section of the PDDR **and** notify Responsible Manager of affected documents to determine the following:

- **If** an immediate modification or hold is needed for those documents
- **If** documents need to be effective concurrently.

NOTES:

Worker involvement and feedback processes are intended to be collaborative. An appropriate mix of knowledge and experience in the selection of participants improves the Hazard Control Determination and Assignment process.

Selection of craft personnel for Hazard Control Determination and Assignment is made based on craft classification requirements and knowledge of, or experience with, the process, or similar processes.

Policies, Programs, Plans, Administrative or Technical Support performance documents are **NOT** Activity Level Work Control Documents and do **NOT** require Hazard Control Determination and Assignment.

Non-intent changes do **NOT** require a Hazard Control Determination and Assignment.

Responsible Manager or Subject Matter Expert

6.2.11 **If** the performance document is **NOT** a Technical Procedure, **then** perform the following:

A. Check **NO** on the PDDR under Hazard Control Determination and Assignment for Technical Procedure.

B. Check **NO** on the PDDR under Hazard Control Determination and Assignment for CP3-HS-2004-F01, *Hazard Identification Checklist (HIC)*, complete.

C. Enter NA on the PDDR in the JHA field.

6.2.12 **If** the request is for intent changes, revisions, or new development to a Technical Procedure (Activity Level Work Control Document), **then** perform the following:

A. Check **YES** on the PDDR under Hazard Control Determination and Assignment for Technical Procedure.

B. Review or complete Hazard Control Determination and Assignment according to CP3-HS-2004, *Job Hazard Analysis.*

C. **If** there is an existing HIC, **then** review for changes to HIC/JHA.

D. Check **YES** for HIC complete on the PDDR.

6.2.13 **If** the intent change or revision is for a current Technical Procedure with an existing Job Hazard Analysis (JHA), and **NO** new hazards and/or controls are identified from the Hazard Control Determination and Assignment, **then** inform writer **NO** changes are required to existing JHA.

6.2.14 **If** new hazards and/or controls are identified for Technical Procedures from the Hazard Controls, **then** perform the following:

A. Assist in developing a new or revising an existing JHA according to CP3-HS-2004 and the HIC, as applicable.

B. Enter the applicable JHA number on the PDDR.

C. Check **YES** on PDDR for copy of CP3-HS-2004-F01 being included in history package.

Subject Matter Expert or Writer

6.2.15 **If** Technical Procedure, **then** ensure hazard controls identified in the JHA are incorporated into the procedure following the guidelines of CP5-SM-1008, *Hazard Control Integration Guide.*

6.2.16 Create a redlined draft of the document.

Subject Matter Expert

6.2.17 **If** a writer is assigned, **then** submit the redlined draft, HIC, and updated PDDR to the writer.

Writer

6.2.18 **If** the document is categorized as a procedure (new or revision), **then** provide the draft document to the Responsible Manager to complete the verification review.

Responsible Manager

NOTES:

The Responsible Manager may elect to self-perform the verification instead of designating an SME.

The Responsible Manager or SME may be the designated user of the document if they are a performer defined in the work steps of the draft document.

6.2.19 Designate an SME and/or a qualified user of the draft document to complete a verification review of the draft document.

Responsible Manager or Subject Matter Expert or User

6.2.20 Perform the verification **and** document the results.

6.2.21 **If** issues are identified during the verification, **then** resolve **or** correct identified issues with the writer.

Subject Matter Expert

6.2.22 Complete Training Determination.

Subject Matter Expert or Writer

6.2.23 Submit PDDR and draft document to Training for concurrence.

6.2.24 **If** training needs are identified, **then** assist with development of training materials.

Training Specialist

NOTE:

Deletions, new development, revisions and changes require a Training Determination. Intent changes should be considered for reassignment of training.

6.2.25 Review Training Determination for concurrence.

6.2.26 Resolve any issues with SME.

6.2.27 Develop identified training with input from SME according to CP3-TR-0103, *Systematic Approach to Training*.

6.2.28 Assist in determining training implementation requirements.

Responsible Manager and/or Subject Matter Expert

6.2.29 **If** training is required before the performance document can be implemented, **then** allot sufficient time for the development of the training prior to document effective date.

Writer

NOTES:

A five working-day review and concurrence period is typical; however, exceptions for expedited reviews will be handled on a case by case basis.

Although special reviewers are identified in the workflow for existing documents, new documents should be evaluated for impact to programs such Waste Certification, Nuclear Materials Control and Accountability, etc.

6.2.30 Ensure required reviewers selected in the PDDR include those listed in Appendix B.

6.2.31 **If** special reviews such as Waste Certification Official (WCO) or Nuclear Material Control and Accountability (NMC&A) are identified or **if** document is new, **then** ensure WCO and NMC&A are reviewers.

6.2.32 Provide draft performance document, including forms where applicable, to reviewers.

Reviewer

6.2.33 Review the document and forms.

6.2.34 Evaluate the document for impact on current related processes and work in progress.

6.2.35 Evaluate form content and functionality, where applicable.

6.2.36 Submit comments relating to area of expertise as well as those related to safety.

6.2.37 Submit comments relating to the following:

- A conflict with Quality Program or regulatory requirements.
- A proposed change to or removal of content associated with an internal or regulatory Commitment which, if left as proposed, renders the performance document incapable of ensuring continued Commitment compliance.
- Information in the performance document which is inaccurate.
- Processes or procedural steps which **CANNOT** be used as written.
- A conflict with other processes.

6.2.38 Ensure comments are clear and objective **and** conduct deliberate review to identify critical steps that may warrant hold point steps. Examples may include:

- Quality review new technical procedures for critical step (QC Hold Point) to identify a step where proceeding past would impact acceptance and written QC approval is required prior to proceeding (QC inspection for acceptance of QL-2 work), if any.
- Radiological Controls (RADCON) review new technical procedure for critical step (RADCON Hold Point) to identify a step where proceeding past will constitute a significant change in radiological conditions and RADCON written approval is required to proceed, if any.

6.2.39 **If NO** comments, **then** indicate **NO** comments **and** submit to writer.

6.2.40 Submit comments and concurrence to the writer by the required response date.

6.2.41 Annotate comments requiring resolution on CP3-OP-0002-F05, *Request for Review and Concurrence*, or provide comments and concurrence by email.

Writer

6.2.42 Contact delinquent reviewers, as necessary, for expedited return of comments.

6.2.43 With the assistance of the SME, resolve reviewer comments.

6.2.44 **If** the reviewer remains unresponsive, **then** perform the following:

- **If** the unresponsive reviewer is a required reviewer**, then** escalate to next level of management.
- **If** the reviewer is **NOT** a required reviewer, **then** indicate **NO** response received.

6.2.45 Coordinate with the reviewers to obtain acceptance of comment resolutions.

NOTE:

The SME and Responsible Manager are the primary interpretive authority for technical requirements defined in the performance document.

6.2.46 **If** comments **CANNOT** be resolved to the satisfaction of the reviewer, **then** refer to the SME or Responsible Manager for resolution.

Responsible Manager or Subject Matter Expert

6.2.47 **When** comments **CANNOT** be resolved, **then** make a decision on path forward.

Writer

6.2.48 Incorporate resolutions into document, where applicable.

6.2.49 **If** intent changes were made during comment resolution, **then** return to Step **6.2.28 and** repeat the process.

6.2.50 **If** the document is a CP2, **then** submit to Document Production for technical editing.

6.2.51 **When** Document Production returns the document, **then** review the redlined markup of changes.

NOTES:

Validation applies to new, revised, and intent changes to technical procedures and is documented on CP3-OP-0002-F09, *Document Validation Checklist*. Validation is only required for Technical procedures.

Selection of validation personnel is made based on knowledge of or experience with the process or similar process.

The Responsible Manager may also elect to self-perform the validation instead of designating an SME.

6.2.52 **If** a technical procedure, **then** provide to Responsible Manager for assignment for validation.

6.2.53 Work with SME and Responsible Manager to identify a validation team for the document.

Responsible Manager or Subject Matter Expert

NOTE:

Determine appropriate validation method. For technical procedures, walkdown validation is required unless the particular process or system is unavailable, walkdown would violate regulatory requirements, or it would be unsafe to perform the walk down. In this case, a tabletop validation may be performed.

First Use Validation may be selected for approved, **NOT** effective Technical Procedures as a method of implementation. Section **6.14** may be referenced for direction.

6.2.54 Document type of validation method used on CP3-OP-0002-F09, *Document Validation Checklist.*

- Tabletop
- Walkdown
- First Use

6.2.55 Provide justification when walkdown is **NOT** selected for Technical Procedures.

6.2.56 Assist selected personnel as necessary to complete validation.

6.2.57 **If** problems are discovered during validation that **CANNOT** be immediately resolved or there are "**NO**" answers, **then** list step numbers and comments, resolve comments **and** document comment resolution.

Writer

6.2.58 **If** changes were identified, **then** incorporate the needed changes.

6.2.59 **If** intent changes were made during validation, **then** return to Step **6.2.28 and** repeat the process.

6.2.60 **When** validation is complete, **then** submit completed CP3-OP-0002-F09.

6.2.61 Perform Sections **6.10** through **6.16** (Section **6.14** applies only if First Use Validation is utilized).

6.3 Processing Non-Intent Changes

NOTES:

Appendix A should be referenced for non-intent change qualifications.

The change process is intended to accelerate review and approval of corrections by limiting the scope of document review to only the change. A document should only be changed by this process three times without initiating a full revision to the document. More than three changes requires approval from Special Projects/Document Control Manager.

Hazard Control Determination and Assignment is **NOT** required for non-intent changes and this section will be NAed.

Writer or Subject Matter Expert

6.3.1 Enter the proposed change on the PDDR.

6.3.2 Document Category and Level of Use on the PDDR.

6.3.3 **If** incorrect category or level of use, **then** notify Procedure Development Supervisor/SME to make changes as specified on the PDDR.

Procedure Development Supervisor (Subject Matter Expert)

6.3.4 Make corrections to PDDR for category and/or level of use **and** determine if the scope of PDDR has changed.

6.3.5 **If** change remains non-intent, **then** obtain an SME review of the change.

6.3.6 For special reviewers identified in Appendix B, submit, **and** obtain review.

Responsible Manager and/or Subject Matter Expert

6.3.7 Complete Training Determination **and** submit to Training for concurrence.

6.3.8 **If** training needs are identified, **then** switch document change type from non-intent to intent.

6.3.9 **If** at any time the type of action changes from non-intent to intent, **then** modify the PDDR and process according to Section **6.2**.

Training Specialist

NOTE:

Deletions, new development, revisions and changes require a Training Determination.

6.3.10 Review Training Determination for concurrence.

6.3.11 Resolve any issues with SME.

6.3.12 Assist in determining training implementation requirements.

6.4 Making Field Changes

NOTE:

A Field Change is a time-critical intent change to Technical Procedures to support the following:

- continued operations, **OR**
- work during the off-shift.

This may be completed as a handwritten change (pen and ink). Changes are identified in the procedure and the Revision/Change Log as FC1, FC2, FC3, etc.

Field changes processed outside of PDDR process are processed through initiation of PDDR the next working day.

User

6.4.1 **When** performance document use or review in the field requires a time-critical change to correct error(s), **then** initiate a field change.

6.4.2 Forward changes to Responsible Manager.

Responsible Manager

6.4.3 Review suggested change(s) **and** ensure change(s) qualify as a time-critical change.

6.4.4 Make the pen and ink change(s) on the verified current version of performance document being used.

6.4.5 Initial, date each change on the verified current version of performance document, **and** include a change bar and field change number.

6.4.6 Initiate CP3-OP-0002-F07, *Field Change Checklist*.

6.4.7 Forward changed performance document and completed CP3-OP-0002-F07 to Plant Shift Superintendent (PSS) for review and approval.

Plant Shift Superintendent

6.4.8 Review suggested change(s).

6.4.9 Evaluate change for impact to Hazard Control Determination and Assignment to determine if the JHA is impacted by the change.

6.4.10 Update the cover page with new Change letter and update the Revision/Change Log with the Change information.

6.4.11 Refer to Appendix B to determine required reviewers.

6.4.12 Obtain review and concurrence of the change.

6.4.13 Contact on-call Nuclear Safety representative for USQ review **and** document review on CP3-OP-0002-F07.

NOTE:

Signatures and dates of previous revision or change can be lined through on cover page.

6.4.14 Approve suggested change(s) by signing and dating cover page.

6.4.15 Establish effective date.

6.4.16 Perform expedited distribution according to CP3-OP-0025, *Document Control Process*.

6.4.17 Initiate PDDR to process field change according to Section **6.1 and** attach field change package to the PDDR.

Writer

6.4.18 Incorporate field change the next normal plant work day according to Section **6.2** of this procedure.

6.4.19 Include in the Revision/Change Log a description of the incorporation of field change.

6.4.20 Evaluate field change package to determine if any additional reviews are required.

6.4.21 **If** additional reviews are required, **then** process according to Section **6.2**.

6.4.22 Perform Sections **6.10** through **6.16** (Section **6.14** will **NOT** apply to Field Changes).

6.5 Making Temporary Changes

Responsible Manager

NOTE:

A temporary change is a time critical change for a defined duration that is limited to:

1.) Changes required to continue work in progress;

2.) Support temporary modifications; or

3.) For critical activities as identified by the Responsible Manager.

A temporary change **CANNOT** be used to change Emergency Operating Procedures, to approve total rewrites of any procedure, or to approve new procedures.

Changes are identified in the procedure and Revision/Change Log as TC1, TC2, TC3, etc.

Temporary changes shall be subject to the same approval as permanent procedures and are effective for the period for which the temporary condition exists. The review or comment period should be one (1) working day.

6.5.1 **When** temporary condition(s) exists that requires a temporary change to a performance document, **then** initiate a temporary change PDDR by performing Section **6.1**.

6.5.2 Perform Section **6.2.**

6.5.3 Forward completed CP3-OP-0002-F09 to the writer as required.

6.5.4 Perform Sections **6.10** through **6.16** (Section **6.14** applies only if First Use Validation is utilized).

NOTE:

The approved temporary change will be removed and replaced by Document Control with the previous version on the expiration date unless date has been extended.

6.5.5 **If** temporary procedure changes are needed past expiration date, **then** assess the need for extending temporary change.

- **If** determined to extend temporary change, **then** ensure expiration date is updated and performance document is submitted to Document Control according to CP3-OP-0025.
- **If** temporary change is to be made permanent, **then** begin at Section **6.1** to process change continuing with Section **6.2**.

6.5.6 **If** a decision is made to cancel or **NOT** to extend the temporary change, **then** notify document control to delete temporary change.

Document Control

6.5.7 **When** notified to delete a temporary change, **then** replace document with previous version **and** file temporary change version in history file in Document Control.

6.6 Deleting Performance Documents

NOTE:

Documents may be deleted if they are **NO** longer needed or applicable and the determination is confirmed with the review process. Numbers for documents and forms are **NOT** re-used.

Requestor or Responsible Manager

6.6.1 Perform Section **6.1**.

Writer or Subject Matter Expert

6.6.2 Search the Controlled Documents site to determine if a document which is being deleted or superseded has been referenced in other performance document**s**.

6.6.3 **If** the document has been referenced, **then** initiate a PDDR with suggested change(s) **and** send to document's Responsible Manager.

6.6.4 Distribute document and associated forms proposed for deletion for review and concurrence according to Step **6.2.28 and** repeat the process.

6.6.5 Complete the training determination to evaluate if training requirements are **NO** longer applicable.

6.6.6 Obtain concurrence from Training.

6.6.7 Perform Sections **6.10** through **6.16** (Section **6.14** will **NOT** apply to deleted performance documents)**.**

6.7 Placing a Performance Document on Hold

NOTE:

Placing a document on hold is processed outside of the PDDR process.

Responsible Manager

6.7.1 Complete Part A of CP3-OP-0002-F06, *Performance Document Hold,* **and** include an evaluation to determine the ramifications of placing document on hold (such as programmatic impact to NNSS Waste Certification, NMCA, Quality programs, regulatory requirements, etc.).

6.7.2 List any associated forms impacted by placing a performance document on hold.

6.7.3 Before placing the document on hold, notify impacted parties.

6.7.4 Forward CP3-OP-0002-F06 to Document Control for controlled distribution according to CP3-OP-0025, *Document Control Process*.

Document Control

6.7.5 **When** a responsible manager submits CP3-OP-0002-F06 to place a document on hold, **then** manage controlled distribution according to CP3-OP-0025.

6.8 Releasing Performance Document Hold

NOTE:

Releasing a document on hold is processed outside of the PDDR process.

Responsible Manager

6.8.1 Complete Part B of CP3-OP-0002-F06, *Performance Document Hold*.

6.8.2 Forward CP3-OP-0002-F06 to Document Control for controlled distribution according to CP3-OP-0025, *Document Control Process*.

6.9 Periodic Reviews

NOTES:

A performance document's Required Review Date is established based on the document approval date. The Periodic Review requirement is satisfied and the date is reset when a Periodic Review is conducted or the document undergoes a revision, **NOT** a change. Step **5.10** may be referenced for assigning periodic review dates.

Periodic Reviews may be conducted earlier than the Required Review Date if specified by the Responsible Manager.

Unavoidable circumstances (such as external approvals, project upgrades) may warrant the extension of the review date and the Responsible Manager may grant permission to extend the date for 90 days. Extension of the review date beyond 90 days requires documented director approval.

Additional reviewers listed in Appendix B are **NOT** required for non-intent changes made during periodic review, such as, review date reset, changing SME, updating revision log, changing Responsible Manager, and/or updating pages for version.

Document Control

6.9.1 At the beginning of each calendar month, identify **and** create a list of performance documents reaching the end of the review cycle within the next 120 days.

6.9.2 Send list **and** CP3-OP-0002-F10, *Document Periodic Review*, to affected Responsible Managers and/or Directors with notification of upcoming Periodic Review due dates.

Responsible Manager or Subject Matter Expert

6.9.3 Perform or assign a Reviewer to perform the Periodic Review at least 60 days prior to the required review due date.

Responsible Manager, Subject Matter Expert or Reviewer

6.9.4 Evaluate the document against the review criteria on CP3-OP-0002-F10, *Document Periodic Review*, utilizing additional information in Appendix D, *Human Factors*, **and** identify any issues that must be resolved on page 2 of CP3-OP-0002-F10.

NOTE:

Non-intent changes on the cover page (such as corrections to subject matter expert and/or functional area identified during the periodic review) may be noted on the form and corrected by Document Control without initiating a PDDR.

6.9.5 Review the document, including the cover page, for accuracy **and** document changes on page 2 of the periodic review form.

6.9.6 **If** issues are identified that require changes, revisions, or deletion of the document, **then** initiate a PDDR according to Section **6.1**.

6.9.7 Complete **and** return the periodic review form and associated PDDR to Document Control.

6.9.8 **If** the review indicates the need to pause work due to a technical or safety issue, **then** issue a work pause for the affected processes according to CP3-HS-2009, *Stop/Suspend Work*, **and** place the procedure on hold according to Section **6.7.**

Responsible Manager

6.9.9 **If** unavoidable circumstances (such as external approvals, project upgrades) warrant the extension of the review date, **then** grant permission to extend the date for up to 90 days **and** notify Document Control of the extension by email.

6.9.10 **If** extensions are required beyond 90 days, **then** obtain director approval **and** notify Document Control by email of repeat extension.

Document Control

6.9.11 **If** extensions are requested, **then** update the Controlled Documents List (CDL) according to CP3-OP-0025.

6.9.12 Review completed CP3-OP-0002-F10 for documents with completed periodic reviews indicating **NO** changes required or non-intent changes to the cover page.

A. Retrieve native Word file from native Word file repository.

B. Update the Revision/Change Log and Required Review Date with the next change letter and date the periodic review was performed, as documented on the completed CP3-OP-0002-F10.

C. **If** updated cover page information is included on page 2 of CP3-OP-0002-F10, **then** correct information on cover page.

D. Create PDF of updated file **and** replace file in Controlled Documents with updated PDF.

E. Update the CDL.

F. Return updated native Word file to native Word file repository.

G. Email document package to owner for submittal to Records.

6.9.13 **If** the review identifies changes are required, **BUT** can be used “as is” with only cover sheet changes during the document change, **then** review the of CP3-OP-0002-F10 for completeness **and** perform the following:

A. Retrieve native Word file from native Word file repository.

B. Update the Revision/Change Log and Required Review Date with the next change letter and date the periodic review was performed, as documented on the completed CP3-OP-0002-F10.

C. Return with the updated native Word file to the Responsible Manager and/or SME for processing.

D. Create PDF of updated file **and** replace file in Controlled Documents with updated PDF.

E. Update the CDL.

F. Return updated native Word file to native Word file repository.

G. Email document package to owner for submittal to Records.

6.9.14 **If** the PDDR is initiated for a deletion, **then** check for accuracy **and** return for processing according to Section **6.1** and **6.6**.

6.9.15 **If** a document is past its period review date and extensions allowed by the Approving Manager have been exhausted (90 days), **then** contact the Director of the Functional Area/Approving Manager to determine the following:

A. The document will be extended another 90 days, OR

B. The document will be put on Hold, OR

C. A CAPA will be entered to track the Past Due Document Review (CAPA will be assigned to FAM/Approving Manager)

6.9.16 Email document package to owner for submittal to Records.

6.10 Conducting Performance Document Review

Writer

NOTE:

All performance documents require Document Review Group (DRG) review.

CP2s will only be reviewed for documentation and history package. Formatting and editing for these documents is performed by the Technical Editor.

6.10.1 Attach documentation accumulated during the development, revision, change, or deletion process as a history package to the workflow including the following, if applicable:

- Final draft electronic clean Word copy of the document
- Associated forms
- Completed CP3-OP-0002 forms
- E-mails documenting decisions made
- Redlined draft

6.10.2 Submit draft and history package to DRG for review.

Document Review Group or Writer

6.10.3 Review the draft document and workflow process for the following:

- Quality and format
- Identify any non-intent spelling, typographical, and format changes

6.10.4 Review the history package for the following:

- Performers represented in review and concurrence process
- Forms completion
- Supporting documentation

6.10.5 **If** document issues are found to be intent, **then** notify writer for Responsible Manager and/or SME to address these issues **and** return to Step **6.2.28** and repeat the process.

6.10.6 Return document to writer and copy Responsible Manager with any issues or concerns **and** determine if concurrence is required.

Writer

6.10.7 **If** intent changes are identified, **then** reroute draft for review and concurrence according to Step **6.2.28 and** include special reviewers listed in Appendix B.

6.10.8 **If** non-intent changes beyond basic punctuation and grammar were identified during the DRG review, **then** return to WCO for concurrence on non-intent changes for procedures listed on CP2-QA-2500, *Four Rivers Nuclear Partnership, LLC Paducah Deactivation and Remediation Project Nevada National Security Site Waste Acceptance Criteria Implementation Crosswalk (NIC) for the Paducah Gaseous Diffusion Plant Paducah, Kentucky*.

6.10.9 **When** non-intent changes beyond basic punctuation and grammar are identified during the DRG review for procedures listed on CP2-QA-2500, **then** obtain WCO concurrence.

6.10.10 Attach documentation of WCO concurrence for the final draft to the history package.

6.10.11 Accept any non-intent changes made, as necessary **and** prepare a final copy of the document ensuring that headers, table of contents, etc. are correct.

6.10.12 **If** requested for resolution of comments, **then** obtain concurrence from DRG.

Document Review Group or Writer

6.10.13 **When** required, **then** conduct final history package check, review of documents, concur, **and** return the document to the writer and Responsible Manager.

Writer

6.10.14 Attach documentation from DRG review in history package.

6.11 Unreviewed Safety Question

NOTES:

All actions for performance documents require Unreviewed Safety Question (USQ). Once the review has been completed, intent changes shall **NOT** be made without the proper reviews. Nuclear Safety must review the final version of the document for intent and non-intent changes made after the USQ determination.

Exemptions from the USQ process that existed upon issuance of this performance document will remain effective until revised or cancelled.

Writer

6.11.1 Submit the final draft document for changes, revisions, deletions, or new development to Nuclear Safety for USQ evaluation.

Nuclear Safety

6.11.2 Process the document for USQ, according to CP3-NS-2001, *Unreviewed Safety Question Reviews*.

6.11.3 Return the USQ documentation to the writer.

Writer or Subject Matter Expert

6.11.4 Work with the USQ Preparer to resolve any issues identified during the USQ review.

6.11.5 **If** intent changes were made during USQ review, **then** return to Step **6.2.28** to restart review and concurrence according to Appendix B, including special reviewers.

6.11.6 **If** non-intent changes beyond basic punctuation and grammar were identified during the USQ review, **then** return to WCO for concurrence on non-intent changes for procedures listed on CP2-QA-2500.

6.11.7 Attach documentation for WCO concurrence for the final draft to the history package.

6.11.8 Accept non-intent changes **and** return to Nuclear Safety for concurrence for non-intent changes.

6.11.9 Attach a copy of the completed USQ and any relevant emails in the document history package for retention.

6.11.10 Prepare a final copy of the document ensuring that headers, table of contents, etc. are correct.

6.12 Document Approval

NOTE:

All Technical Procedures must be approved by a Work Control Responsible Manager (Work Control Authorizing Manager).

Writer

6.12.1 Assemble the approval package of final copy of the document and related forms.

6.12.2 Ensure all referenced documents are effective **or** coordinate effective dates with other document Responsible Managers.

6.12.3 Complete "Document Approval" section of the PDDR.

6.12.4 Refer to Appendix C, *Performance Document Responsibility Matrix,* for approval authority.

6.12.5 Submit the final approval package to Responsible Manager for signature.

6.12.6 Name file with the document number, such as CP#-XX-#### FR#.

Responsible Manager

6.12.7 Review package, sign **and** date PDDR to approve performance document.

NOTE:

Training requirements are documented in the training determination.

Periodic review dates may be assigned based upon the document type. Process Safety procedures must be reviewed annually.

6.12.8 Establish effective date ensuring implementation requirements (including training) are met by target effective date.

6.12.9 Assign a review date based upon document category and approval date. See Step **5.10.**

6.12.10 Submit the approval package to the writer.

Writer

6.12.11 Review approval package to ensure all required documentation is included, signed and legible.

6.13 Updating Performance Document Cover Page

Writer

6.13.1 Ensure cover page is updated with the following:

- SME and approver information
- Date of revision or change in Revision/Change Log (approval date)
- Effective date
- Expiration for temporary change, if applicable

NOTE:

The Revision/Change Log is used to record the history of the document. The Revision/Change Log should be concise and complete.

6.13.2 Update the Revision/Change Log entry with an accurate description to reflect the edits made to the document including, but **NOT** limited to the following:

- Issue Numbers and corrective action(s)
- Forms updated, deleted or added
- Change of number or category
- Description of type of change
- Lessons Learned inclusion
- Feedback
- Management Directive
- Implementation of DOE Orders or Regulations

6.13.3 Update the Nuclear Safety Review Documentation section.

6.13.4 **If** the performance document did **NOT** require a USQ review, **then** ensure the Nuclear Safety Review Documentation section includes NA and the justification for the NA.

6.13.5 **If** a temporary change, **then** apply a deadline for the temporary change to expire.

6.13.6 **If** First Use Validation is being performed, **then** go to Section **6.14**, *Effective for First-Use Validation*.

6.14 Effective for First-Use Validation

NOTE:

First-Use Validation may be used as a form of implementation during the period between approval and effective date. Any changes identified during First Use Validation may be processed as "in process' changes provided all reviews are conducted including USQ. The final document will require re-approval.

Writer

6.14.1 **If** procedure development activity is being validated by first-use method, **then** make a working copy of the approved procedure.

Responsible Manager

6.14.2 Establish date for first-use validation only **AND** ensure title page of working copy is marked on the effective date line "first-use only" and the date is recorded in the Validation on the CP3-OP-0002-F09.

6.14.3 Check the box for First Use Validation on CP3-OP-0002-F09.

6.14.4 Limit distribution to the SME and/or user for validation with the procedure package held by the writer.

6.14.5 **If** training is required before performance, **then** ensure personnel receive training before beginning the validation.

Responsible Manager or Subject Matter Expert

6.14.6 Conduct a pre-job briefing of the procedure with the validators placing emphasis on the following:

- Critical steps are identified.
- Stabilizing steps to take if unexpected results occur.
- The STOP, THINK, ACT, REVIEW (STAR) method. SME and/or user, as the validator with an approved "working copy" of the procedure.

6.14.7 Before beginning, notify Facility Manager of the intent to perform a "first-use validation" on an identified task or system.

6.14.8 Perform task using "working copy" in an in-hand, step-by-step manner ensuring procedure accuracy, that there are **NO** human factors issues, and procedure can be performed as written.

6.14.9 Utilize placekeeping to mark each step as completed.

6.14.10 **If** issues or corrections are required, **then** record comments on Page 2 of CP3-OP-0002-F09 and markup the working copy with changes.

6.15 Submittal to Document Control

Writer or Subject Matter Expert

6.15.1 Submit electronic file(s) of controlled document and PDDR to Document Control according to CP3-OP-0025, *Document Control Process,* **and** copy Training on the email to Document Control.

6.15.2 **If** document number or title was changed or deleted **and** all documents that reference the old number or title were **NOT** able to be updated concurrently, **then** request Document Control insert a superseded document place holder for user direction.

Training Specialist

6.15.3 Finalize training modules, assign appropriate training, required reading, **and** make appropriate notifications, as applicable.

6.16 Records Submittal

Writer

6.16.1 Compile performance document final history package including documentation to support the development process.

6.16.2 Submit history package to owning organization.

Owning Organization

6.16.3 Submit final history package to Records Management through Records Custodian.

6.17 Posting to Controlled Documents

Document Control

6.17.1 Review submittal package for accuracy and completeness.

6.17.2 Post document and associated forms on effective date.

6.17.3 Place superseded documents and any associated forms in history file maintained by Document Control.

6.17.4 Update Controlled Document List (CDL).

6.17.5 Notify organizations of newly effective documents, forms, and/or deletions.

7.0 RECORDS

7.1 Records Generated

The following records may be generated by this procedure:

- CP3-OP-0002-F01, *Performance Document Development Request*
- CP3-OP-0002-F05, *Request for Review and Concurrence*
- CP3-OP-0002-F06, *Performance Document Hold*
- CP3-OP-0002-F07, *Field Change Checklist*
- CP3-OP-0002-F08, *Document Verification Checklist*
- CP3-OP-0002-F09, *Document Validation Checklist*
- CP3-OP-0002-F10, *Document Periodic Review*
- Performance Document Final History Package

Forms are to be completed according to CP3-OP-0024, *Forms Control*.

7.2 Records Disposition

The records are to be maintained according to CP3-RD-0010, *Records Management Process*.

Appendix A – Acronyms/Definitions

ACRONYMS

ALWCD – Activity Level Work Control Document

ASTM – American Society for Testing and Materials (ASTM)

CDL – Controlled Document List

DC – Derivative Classifier

DOE – U.S. Department of Energy

DRG - Document Review Group

HIC – Hazard Identification Checklist

JHA – Job Hazard Analysis

NCS – Nuclear Criticality Safety

NIC - Nevada National Security Site Waste Acceptance Criteria Implementation Crosswalk

NMC&A – Nuclear Materials Control and Accountability

NNSS – Nevada National Security Site

OE/LL – Operating Experience/Lessons Learned

PDDR – Performance Document Development Request

PSS – Plant Shift Superintendent

RADCON – Radiological Controls

SME – Subject Matter Expert

TSR – Technical Safety Requirements

USQ – Unreviewed Safety Question

WCO – Waste Certification Official

DEFINITIONS

Activity Level Work – Any task, process, or work step performed where hazards are present; are introduced by the work; or are introduced by the work environment (regardless of who is performing the work or the organization with which they are affiliated). The hazards involved could be potentially adverse to worker health and safety, the public, the environment, or safeguards or security.

Activity Level Work Control Document - A document that records, at a minimum, the scope of an activity, the Responsible Manager (RM), location, a list of activities or tasks, and the hazards and controls associated with the activity This is the work document that is used in the field to execute activity-level work. This may include technical procedures, work packages, test plans, and work instructions for use by contractor personnel to perform activities.

Appendix A – Acronyms/Definitions (Continued)

Administrative Procedure – Defines processes to ensure implementation of requirements established in driver documents. Specifies the requirements and actions necessary to implement a program or process, or outline steps for administrative systems. These procedures are **NOT** technical in content, do **NOT** contain hazard controls and are **NOT** intended for use as a stand-alone ALWCD; however may be used in conjunction with an ALWCD. These procedures shall **NOT** contain Warnings or Cautions.

Appendix – Supplemental information added at the end of a performance document, other than a procedure, providing useful information to the user in support of implementation of document requirements.

Approval Date – The date that a performance document is approved by the Responsible Manager as described in Appendix C, *Performance Document Responsibility Matrix.*

Continuous Use Level of Use – Use of a procedure or work instruction is required for complex or infrequent work activities for which the consequences of an improper action could have an immediate, possibly irreversible adverse impact on safety, production, or reliability. The performer applies the following when using a continuous use procedure or instruction:

- Review and understand the document before performing any steps, including the precautions, limitations, and prerequisite sections.
- Have a copy or applicable pages in direct or immediate possession or be in direct communication with someone who has a copy in hand.
- A placekeeping method is used.
- Read and understand each step before performing it.
- Complete each step before starting the next step.
- Review and placekeep each step after completion to ensure the step was performed correctly.
- Perform the step as written in the sequence specified, except when an approved process specifically allows deviation.

Critical Steps – Work steps or a series of work steps that if performed improperly will cause irreversible harm to plant equipment or personnel or will significantly affect facility operations.

Discipline Manager – Manager directly reporting to the Functional Area Manager of the "Owning Organization."

Driver Document – A document, including the Prime Contract, which defines regulation, requirements or DOE performance requirements or expectations which must be implemented by performance documents including management policy, contractual requirements, regulation directives, and CP2 level documents.

Effective Date – The calendar date on which a draft document, or document change or revision becomes effective for use as a performance document. Once a document is approved, the effective date should be established far enough in the future to allow all implementation requirements (training, transitional requirements, etc) to be completed prior to the date established.

Error – Something that is **NOT** correct, a wrong action or statement, a mistake, or inaccuracy.

Field Change – A time critical change to correct error(s) to a document in order to support continued operations or work during the off-shift.

Appendix A – Acronyms/Definitions (Continued)

Form – A fixed arrangement of captioned spaces or fields designed to collect information. However special information collected, such as some computer generated data sheets, would **NOT** be considered a form.

Guide – Address department, building, or facility specific tasks that include administrative functions, responsibilities, and reporting. They are simple instructions to help staff complete work activities.

Hazard - Any source of danger (such as material, energy source, or operation) with the potential to cause illness, injury, or death to a person (workers or the public), or damage to a facility, or to the environment (without regard to the likelihood or credibility of accident scenarios or consequence mitigation). Evaluation and analysis of hazard for work can be divided into two primary components, general JHA, which defines hazards and controls based on the work location and environment, and activity-specific JHA, which defines hazards and controls based on the work steps that must be performed to complete the task.

Hazard Controls - Specifically tailored or identified controls that are established, or verified to be in place, to eliminate, or mitigate a hazard associated with ALW. Hazard controls may be passive or active and may include engineering or administrative controls, or, if necessary, the use of personal protective equipment.

Hold – A temporary administrative action taken by the Responsible Manager to suspend use of a performance document.

Information Level of Use - Information use of a procedure or instruction is allowed for activities--usually administrative in name that do **NOT** involve direct contact with plant equipment, are performed frequently, have **NO** immediate consequences if performed improperly, and are within the knowledge and skills of experienced individuals. For information use procedures and instructions, the following apply:

- The performer reviews the procedure as needed before using it to perform the task.
- The user may complete the task from memory. However, the user is responsible for performing the activity according to the procedure.
- Information use documents that contain a specific process order are performed in the given order unless otherwise specified within the document.

Intent Change – An intent change is any change to a performance document that, if approved, would result in any of the following. NQA-1 recognizes this type of change as a major change.

- Addition, deletion, or modification of requirements including requirement(s) from a source reference contained in the document;
- Addition, deletion, or modification of the purpose or scope;
- Change in the sequence of steps in a procedure, instruction, or other guidance provided;
- Deletion or modification of existing clarifications, prerequisites and notes;
- Addition or modification of roles and responsibilities;
- Addition, deletion, or modification acceptance criteria or limits for safety or regulatory items; or
- Any other change that does **NOT** meet the definition of a non-intent change.

Job Hazard Analysis (JHA) – A documented analysis for specific activity-level work; identifies health and safety hazards specific to a process, work step or work environment and/or location and defines controls to eliminate or mitigate hazards to protect personnel and the environment.

Appendix A – Acronyms/Definitions (Continued)

New – A performance document developed with a unique number and intent in nature requiring a full review including special reviews listed in Appendix B.

Non-Intent Change – Any of the following changes to a performance document:

- Correcting grammar or spelling, without changing the meaning;
- Updating organizational titles without changing assigned responsibilities;
- Updating numbers or titles of other documents referenced in the document (does **NOT** include changing to a different referenced document);
- Updating contact information;
- Renumbering sections or appendices;
- Changing or reformatting forms, providing the original intent of the form has **NOT** been altered;
- Changes to appendices marked "Example," "Sample," or exhibits that are clearly intended to be representative only; or
- Minor clarification changes ("clarification" **CANNOT** add or delete steps, change the step-by-step process of the work, or change the scope or applicability of any steps)

Owning Organization – The functional organization that is responsible to establish performance document requirements and assess performance against requirements established in a given performance document.

Performance Document – The collection of policies, program documents, plans, procedures, guides and work control documents that define the management systems, programs, and processes used to conduct work activities.

Policy – A performance document that defines performance expectations based on corporate values, management philosophy, or commitments made by management to the DOE, stakeholders, or employees.

Procedure – A performance document that provides a defined and user-friendly process, including all necessary work steps, with sufficient detail to allow the user to safely and compliantly achieve an anticipated end-state or other pre-established goal or result.

Process Safety – The process using Process Hazard Analysis (PHA) directed toward analyzing any activity processing Highly Hazardous Chemical (HHC), potential causes and consequences of fires, explosions, releases of toxic or flammable chemicals and major spills of the hazardous chemicals. The PHA focuses on equipment, instrumentation, utilities, human actions (routine and non-routine), and external factors that might impact the process. These considerations assist in determining the hazards and potential failure points or failure modes in a process.

Appendix A – Acronyms/Definitions (Continued)

Reference Level of Use – Use of procedure is allowed for activities for which the consequences of an improper action are **NOT** immediate and are **NOT** irreversible. The following apply for reference use:

- Review and understand the procedure before performing any steps, including the prerequisite section.
- Have a copy or applicable pages and/or sections open at the work site.
- Placekeeping method may be used.
- If any portion of the document is performed from memory, do so in the sequence specified.
- Perform each step as written, except when an approved process specifically allows deviation.
- Refer to the procedure or instruction at least once and as often as required to complete the task according to the requirements.
- Review the document at the completion of the task to verify that all appropriate steps are performed and documented.

Revision – A new version of an existing performance document that updates the entire document based on current formatting and style requirements and incorporates all changes made to the document since initial issue or the previous change. Reviews for revisions are **NOT** limited to specific changes or sections but include a review of the entire document. A revision to a document is reviewed, approved, and implemented in a manner similar to the original issue of the document. Implementation of modifications or changes to processes, controls, or requirements may also require document revision to implement the change, and ensure applicable configuration control is maintained.

Safety Procedure – Implements requirements associated with one of the Functional Areas of the DOE-approved Worker Health and Safety Program as defined by 10CFR851 Appendix A. These areas consist of construction safety, fire protection, explosives safety, pressure safety, firearms safety, industrial hygiene, biological safety, occupational medicine, electrical safety, nanotechnology safety, and workplace violence prevention. Safety Procedures must be reviewed by the Labor Relations and the Collective Bargaining Unit's Safety & Health Representative in addition to other reviewers.

Subject Matter Area (SMA) - A domain of technical knowledge that can be succinctly defined and described in relation to Contract applicable standards and requirements.

Subject Matter Expert (SME) - An individual with verifiable, comprehensive, intensive knowledge of a subject matter area sufficient to provide interpretation or policy guidance that is consistent with defined standards and requirements of the Contract. SME expertise can be established by education, professional certification, examination, training, and/or experience in a defined subject matter area. SMEs should be differentiated from System Experts who have knowledge or operational knowledge of specific facility equipment or systems. The SME is responsible for ensuring the identification and incorporation of contractually defined standards and requirements into FRNP work standards, processes, procedures, and training for their assigned subject matter areas.

Technical Procedure – Prescribe how to accomplish the various technical tasks associated with activity level work, as well as those documents that confirm technical safety requirements. These procedures specify fixed tasks and define activities in a way that ensures operations are safe, efficient, and practiced within the appropriate margins of safety.

Technical Support Procedure – Conveys requirements such as regulatory requirements to be utilized in conjunction with Activity Level Work Documents, for example Lockout/Tagout.

Appendix A – Acronyms/Definitions (Continued)

Temporary Change – A temporary change is a time critical change for a defined duration that is limited to changes required to continue work in progress, support temporary modifications or for critical activities as identified by the Responsible Manager.

Validation – The act of reviewing a procedure to determine usability and correctness. This review evaluates whether the procedure provides sufficient and understandable direction to the worker and is compatible with the equipment or system being maintained. This generally entails a walk down or talk through review. A walk down validation is stepping through the procedure, and imitating the performance of each action pointing to, or touching, applicable components either in the field or on a simulator or mock-up. A talk through validation is reading or talking through the procedure, ensuring the action steps follow the flow of the process and that any applicable forms can be completed as intended.

Verification – The act of reviewing a new or revised procedure to determine whether it is technically accurate and in the proper format. The review ensures the work activity is adequately described, all hazards are analyzed and controls are established, and that human factors principles and appropriate administrative policies are incorporated.

Work Control Responsible Manager – The line manager responsible for Work Control.

Appendix B – Selection of Reviewers

NOTES:

Nuclear Safety involvement as a reviewer is separate and distinct from performing USQ Review of the final document.

Training as a reviewer is separate and distinct from the Training Determination.

Additional reviewers including special reviewers such as, WCO, are **NOT** required for non-intent changes made during periodic reviews, including resetting the review date, changing SME, updating revision log, changing Responsible Manager, and/or updating pages for version.

Non-intent changes require the SME review and Responsible Manager, **UNLESS** listed on CP2-QA-2500. A review is required by Waste Certification Official for the following:

- Revisions
- Intent changes
- Non-intent changes (processed outside the periodic review process)
- Deletions impacting CP2-QA-2500

The WCO must concur on the final draft.

Required reviewers of non-intent changes of documents include at a minimum:

- SME
- Responsible Manger
- For performance documents listed on CP2-QA-2500, include WCO as a reviewer

Required reviewers of new documents, revisions, intent changes and deletions of documents include at a minimum:

- SME
- A reviewer from each affected organization (project or function) that is listed as a performer in the document
- For Technical Procedures, Operational Programs Manager or Work Planning & Control Manager is a required reviewer.

Additional reviewers are selected with the following criteria:

- For any changes to one-line diagrams, add the system engineer
- For performance documents associated with safety significant systems, add cognizant system engineer
- For Quality and Conduct of Operations performance documents **and** CP1 or CP2 level documents add a reviewer from Quality;
- For documents that implement Nuclear Criticality Safety (NCS) requirements or could impact a fissile material operation, add a reviewer from NCS
- For documents that implement DSA and/or TSR requirements or could impact the Safety Basis, add a reviewer from Nuclear Safety
- For documents that implement environmental regulatory requirements, add a reviewer from Environmental Stewardship and/or Regulatory Compliance
- For any documents required by the TSR, add the respective Facility Manager(s) or Nuclear Facility Manager

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Appendix B – Selection of Reviewers (Continued)

- For any documents identified in CP2-QA-2500, *FRNP NNSS Waste Acceptance Criteria Implementation Crosswalk (NIC)* **OR** new documents add the WCO as a reviewer
- For performance documents identified in CP3-NM-3005 *Measurements*, Appendix B, *Procedures Requiring NMC&A Review and Concurrence*, new documents, and any other performance documents utilized in the determination of NMC&A measurement of nuclear material or related characterization values **OR** new documents add NMC&A as a reviewer
- For Safety Procedures, as defined below, add Labor Relations and a Safety Representative from the Collective Bargaining Unit

  Safety procedures consist of construction safety, fire protection, explosives safety, pressure safety, firearms safety, industrial hygiene, biological safety, occupational medicine, electrical safety, nanotechnology safety, and workplace violence prevention.
- For the Worker Safety & Health Program, include craft personnel and their elected representatives

Appendix C – Performance Document Responsibility Matrix

Responsible Organization	Document Type	Discipline Review and Approval	Approved by
Business Services Environmental Services Health, Safety, Support & Quality Planning and Optimization Stabilization and Deactivation Technical Services Technical Programs Waste Management	Policies (CP1)	Organization Director	Program Manager or delegated authority
	Program Level Documents (CP2)	Organization Functional Area Manager	* Director Level
	Site Use Procedures (CP3)	Organization Discipline Manager	Organization Functional Area Manager
			Work Control Responsible Manager approves Technical Procedures
	Functional Organization Procedures (CP4)	Organization Discipline Manager	Organization Functional Area Manager
			Work Control Responsible Manager approves Technical Procedures
	CP5 Guides	Organization Discipline Manager	Organization Functional Area Manager
* Exception: Unless Contract Deliverable or Regulatory Driver Requires Program Manager Approval			

Appendix D – Human Factors

Procedure Professionals Association document PPA AP-907-001, *Procedure Process Description*, is the accepted DOE consensus standard for the procedure process. Attachment 2 of the standard defines a list of 18 "error traps" that have been shown by operating experience to adversely affect procedure use. Minimizing these traps during the procedure development, review, and verification processes, along with use of human performance improvement tools when performing work activities and processes, will substantially reduce the opportunity for human error to impact rule-based performance of documented processes.

	Error Trap Description	Mitigation
1	In-field decisions identified in procedures should establish clear decision-making guidance. *Terms such as "**IF** necessary" and "**IF** applicable" shift the worker to the knowledge-based performance mode and a higher error rate.*	Provide sufficient detail in the document to support consistently good decisions and avoid ambiguity. Clearly identify the decision-making performer.
2	The number of in-field decisions identified in the procedure should **NOT** be excessive. *Too many decisions, even well written ones, can fatigue and confuse the worker, resulting in error. This is usually the result of too much job scope or poor document design.*	Minimize the number of "IF-THEN" work steps in procedure. Evaluate when it may be better to have performers stop and regroup rather than continuing based on in-field decision making. Consider whether the decision-maker/performer identified is qualified to make in-field decisions.
3	Decision work steps should provide clear conditional step structure. *Atypical or inconsistently written conditional steps can inhibit proper decision-making.*	Use clear conditional structures (e.g., IF…THEN, WHEN…THEN) when including a work step with a decision. Provide clear process decision-making guidance for decision steps. When collecting information for decision-making, ensure the appropriate units and, if applicable, the range of acceptable values are provided. Include any actions required for values outside the acceptable range.
4	Procedures should **NOT** contain vague steps or steps missing critical detail. *Vague steps or inadequate detail can put the worker in knowledge-based performance mode with its corresponding high error rate.*	The level of detail must be suitable for an inexperienced, qualified performer with **NO** direct supervision, including the necessary detail to successfully implement steps that are contrary to normal convention (e.g., left-handed threads).
5	Work steps should **NOT** include multiple actions unless those steps are functionally related and must be performed simultaneously to obtain a single result. *Including more than one action in the same step increases the probability that the worker will miss the additional action(s).* *Steps with one action verb and two objects affecting configuration are also an error trap.*	**NO** unrelated actions should ever be included in the same step. Actions performed by different performers are **NOT** included in the same work step or in sub-steps.
6	Atypical Action Steps or sentence structures should be avoided in procedure process steps. *Action steps **NOT** written as short active voice imperative sentences can be difficult to understand and consistently implement.* *The performer is always the subject of an action step, the verb is the action performed and the object is what is acted upon.*	Use of the passive voice should be minimized in procedure work steps. Include the action and the object of the action (in that order) in each work step Split any step with the use of "and" to separate action verbs.
7	Negative statements should **NOT** be used in procedure process steps. *Negative statements in action steps and conditional logic can be difficult to understand and implement.* *Double negatives are especially problematic. They can result in knowledge-based errors when a worker attempts to determine the possible positive responses.*	Reword any negative (or double negative) work step. Place prohibitions in procedures as precautions, or prohibitions, and included in clarifying notes, or, if appropriate, as cautions or warnings, **NOT** in steps. If unavoidable, ensure the step is worded so that the intent of the work step, and the specific negative action, are clear to the performer.

Appendix D– Human Factors (continued)

	Error Trap Description	Mitigation
8	Defense in depth requirements and appropriate termination criteria should be provided for processes or steps that include the risk of failure or unacceptable consequences. *Ensure risk is understood and appropriate defenses are established. Plan for both success and possible failure – what if the desired results are **NOT** obtained?*	Specific attention is given to work steps or actions that include the risk of unrecoverable or unacceptable consequences if performed incorrectly or missed. If a specific response is expected from an action, communicate the expected response and any actions to be taken if an unanticipated result occurs. Steps that have the potential to adversely affect quality if performed incorrectly, **NOT** properly documented, or missed (for example, hold points), are identified.
9	Actions or acceptance criteria should **NOT** be defined in precautions, limitations, notes, cautions, or warnings. *Embedding actions or acceptance criteria in content **NOT** normally having this information increases the probability of actions being missed. Precautions, limitations, notes, cautions, and warnings NEVER contain actions, explicit or implicit.*	Actions or acceptance criteria should **NOT** be defined in precautions, limitations, notes, cautions, or warnings. Review all notes, precautions, limitations, cautions and warnings and reword any that include actions. If an action is appropriate, include the action as a work step.
10	Work steps and processes with branching or referencing should be avoided when possible. *Branching and referencing is an administrative burden for the performer since it requires the availability of additional documents and introduces potential place keeping errors.*	When used, branching requirements and references are detailed and specific enough to be easily understood by the least experienced trained performer. Do **NOT** branch or reference documents unless they are known to be available to the performer.
11	Inappropriate uses of verification steps should be avoided. *Excessive use of verifications can dilute the meaning and importance of the more important ones.*	There should be a regulatory, risk, or other performance based reason for every verification step.
12	Complex calculation steps should include verification requirements. *Experience has shown that complex calculations should be separately verified by a second person so that any errors are caught before they affect the intended outcome.*	Calculations that involve multiple mathematical operations (i.e., addition, subtraction, multiplication, division) should include a second person verifier to identify any errors. Engineering and waste management calculations must be developed and verified by procedure when applicable. Include units when performing calculations.
13	Work steps and processes should **NOT** include physical or ergonomic challenges that are **NOT** practical for the performer. *The selected components or sequence of steps selected by the writer may **NOT** be the most convenient or practical for the worker. What looks good on a diagram or at a desk may **NOT** work well at the job site.*	Incorporate solutions feedback and ergonomic challenges identified in process walk downs and other available knowledge of work locations and systems. Consider the work location and any activities that must be performed at multiple locations or with a remote controlling station. Ensure steps for verifying communications are identified when a document requires steps be performed at multiple or remote locations.
14	When required by level of use, place keeping methods, formal or informal, should be clearly defined in the document. *A consistently applied place keeping standard should be used for both Continuous Use and Reference Use documents requiring steps be performed in sequence.*	The document must be designed to support the chosen place keeping standard, including the choice to use initial blanks or checkboxes when appropriate.
15	Time constrained or time critical work steps should be included only when required to ensure intended consequences are achieved. *Some words used could unnecessarily cause perceived time pressure. If time is of the essence (for example, regulatory limit, time critical operator action), clearly communicate both the reason for the time constraint and the method for meeting it.*	The method of performance specified in the document supports achievement of time limitations.

Appendix D – Human Factors (continued)

	Error Trap Description	Mitigation
16	Atypical terms, slang, or terms with more than one potential meaning should **NOT** be used in work steps. *Using slang, uncommon words, or two different words to mean the same thing can make the document harder to understand, which can lead to error. Consistency in writing and terminology reduces misinterpretation.*	Avoid use of jargon, uncommon terms, and slang in procedures. Terminology should be consistent with the training and qualification of the performers. When using forms and collecting data, specify units on the form or data sheet.
17	The procedure should be written in a consistent format, layout, and writing style throughout the document. *Inconsistent format, layout, or writing style is a user and writer burden and a precursor for error. In particular, a proper and consistent use of attributes such as fonts, emphasis, step numbering, association, abbreviations, acronyms, numbers, and action verbs have been proven to reduce error.*	Procedures are developed consistent with a documented and approved writers guide and with defined formats based on the use of the document. Deviations should be minimized and, when identified, corrected.
18	Information that is **NOT** "value-added" should **NOT** be included in precautions, prerequisites, notes, cautions, warnings, or work steps. *The cumulative effect of including boilerplate and redundant technical and administrative information in a document results in what is called bloat. Workers tend to just skim this information and can miss important task-specific details. A better, more sustainable solution is to use worker pre-job checklists.*	Procedure work steps include only information needed to safely and compliantly complete the activity or process defined without additional unessential verbiage.
In addition to the 18 "Error Traps" there are 6 general statements regarding the level of detail appropriate to procedure documents. These statements are found in the guidance of PPA AP-907-005, *Procedure Writers' Manual*		
1	Level of detail should account for the experience and qualification level of the user.	*An appropriate level of detail is necessary in order for the inexperienced, qualified user to successfully complete the task with **NO** direct supervision.*
2	Level of detail should account for the skill of the craft.	*Overly detailed instructions are **NOT** needed for work steps that are determined to be skill of the craft for the discipline that will be performing the step. Take advantage of skill-based performance where the necessary competencies are known to exist.*
3	Level of detail should account for the complexity of the task.	*As task complexity increases, the level of detail in the instruction increases. Individual instructions should remain as simple as practical.*
4	Level of detail should account for the frequency of task performance.	*As task frequency increases, the level of detail may decrease.*
5	Level of detail should account for the consistency of task performance.	*The level of detail varies directly with the degree of standardization desired. Increasing the level of detail provides for more standardization and produces a more consistent result.*
6	Level of detail should account for the consequence of error.	*The level of detail should increase as the risk of personal injury, equipment damage, reduction in effectiveness of safety related systems, and potential regulatory challenge increases.*