

UNREVIEWED SAFETY ISSUE DETERMINATION (USID) FORM

Title of USID: _____

Description of Proposed Activity: _____

Does the proposed activity or discovered condition affect information in the [Fermilab SAD](#) regarding safety analyses, administrative controls, or credited controls? If so specify the relevant sections. _____

Does the proposed activity or discovered condition affect any of the requirements in the [Fermilab ASE](#)? If so specify the relevant sections. _____

USI Determination Criteria:

- Yes No Could the change significantly increase the probability of occurrence of an accident previously evaluated in the SAD?
- Yes No Could the change significantly increase the consequence of an accident previously evaluated in the SAD?
- Yes No Could the change significantly increase the probability of occurrence of a malfunction of equipment important to safety previously evaluated in the SAD?
- Yes No Could the change significantly increase the consequence of a malfunction of equipment important to safety previously evaluated in the SAD?
- Yes No Could the change create the possibility of a different type of accident than previously evaluated in the SAD that would have a potentially significant safety consequence?
- Yes No Could the change increase the possibility of a different type of malfunction of equipment important to safety than any previously evaluated in the SAD?

Justification: (use attachment if necessary) _____

USI Determination: A USI is determined to exist if the answer to any of the 6 questions above is “Yes”. If the answer to all 6 questions is “No”, then no USI exists.

- No Proposed activity may be implemented following the applicable FESHM or FRCM chapter requirements.
- Yes Director’s approval is required prior to implementation.

For a positive USI Determination, does the ASE require changes?

- No Proposed activity may be implemented following the applicable FESHM or FRCM chapter requirements. Attach a copy of this USI Determination after Director’s approval to the applicable SAD Chapter.
- Yes DOE-FSO Manager’s approval is required prior to operation.

Check documents requiring creation or modification

- PHAR/PHAD Shielding Assessment
- SAD ASE

Preparer _____ Date _____

Senior Radiation Safety Officer _____ Date _____

Approval:

Chief Safety Officer _____ Date _____

Director (for positive USIDs) _____ Date _____

Note: Contact your Division Safety Officer with any questions regarding this form.

MTA PRIMARY BEAMLINER RECONFIGURATION

New Components

Ion Pump
Pion Beamline Target Housing
(No Target yet)
Gate Valve (BV03)

Moved Components

MW112B - Moved Upstream Approx 8
feet
BPM (UHPQ12/UVPQ12) - Moved
Downstream Approx. 12 feet

