

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.