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| 1. **Asoftware change REQUEST INFORMATIOn (Completed by requestor)**
 |
| 1.1 Software Name/Version:  |  | 1.2 Request Date: | Click here to enter a date. | 1.3 Requested By Date: | Click here to enter a date. |
| 1.4 Requestor: (Name, Z Number if applicable, Organization) |  |
| 1.5 Software Owner (SO): (Name, Z Number if applicable, Organization): |  |
| 1.6 Software Change Request Title:  |  |
| 1.7 TA No.:  |  | 1.8 Facility No(s):  |  | 1.9 Facility Name(s):  |  |
| 1.10 Type of Reason for Change: | [ ]  Defect | [ ]  Requirement Change |
| 1.11 Describe Change or Defect and Initiating Source; Provide Rationale for Change: |
|  |
| **2.0 swcp DEVELOPMENT (Completed by SE)** |
| 2.1 Associated SSC hardware modification (number[s], title[s]): |  |
| 2.2 Facility Hazard Category (HC):  |  | 2.3 PID No. |  |
| 2.4 System ID Acronym:  |  | 2.5 System Title:  |  |
| 2.6 SWID No.: |  | 2.7 Assoc. Management Level (ML) (SWCP Not Mandatory for ML4): | Select from drop down menu  |
| 2.8 Type of Change: | [ ]  Major | [ ]  Minor | [ ]  NA |
| 2.9 Software Developer: |  | 2.10 SWBL to be Changed (Number, revision): |  |
| 2.11 Change Description Summary: |
|  |
| 2.12 Software Change Impact/Risk Description: |
|  |
| 2.13 Software Baseline Document Changes |
| Document No. (including revision) | Document Title | Document Change Description |
|  |  |  |
|  |  |  |
| 2.14 Software Baseline Computer Program (Including Database and Configuration File as Applicable) Changes |
| Computer Program File Name (Including revision) | Computer Program Change Description |
|  |   |
|  |  |
| 2.15 Planned Type of Verification and Validation (V&V) for the Change  |
| [ ]  Simulated Environment Testing [ ]  Operating Environment (Acceptance) Testing [ ]  Alternate Calculation(s) [ ]  CGD [ ]  Review(s)  |
| **3.0 swcp REVIEW AND APPROVAL for further development (completed by fdar with support from se AND SI-dc)** |
| 3.1 Interim Review Comments and Dispositions | [ ]  NA [ ]  See Attachment |
| 3.2 Will this software change require Safety Basis (SB) review/processing per the following SB procedures? | [ ]  SBP 114-9 [ ]  SBP 112-3 (USQ)[ ]  SBP 113-3 (USI) [ ]  NA [ ]  Other \_\_\_\_\_\_\_ |
| 3.3 FDAR Review and Approval |  [ ]  Approved  |  [ ]  Rejected  |
| If “Rejected” is indicated, then provide comments or justification below: |
|  |
| 3.4 FDAR : (Name, Z Number, Organization, Signature, and Date) |
|  |
| **4.0 make computer program changes and V&V (implement) (completed by SE with SD, SI-DC, and reviewer support)** |
| 4.1 **Computer program** changes made by: *(Name, Z Number if applicable, Organization, Date):* |  |
| 4.2 Acceptable SWCP testing completed and attached: | NA |
| 4.3 Review | Review Required? (Check all that apply) | Reviewer Name | Reviewer Z No. | Reviewer Signature and Date |
| DC/RO | [ ]  |  |  |  |
| Safety Basis per SB 114-9 | [ ]  |  |  |  |
| SE | [ ]  |  |  |  |
| FDAR | [ ]  |  |  |  |
| Operations | [ ]  |  |  |  |
| Original Design Org. | [ ]  |  |  |  |
| Alternate Design Org. | [ ]  |  |  |  |
| Other (e.g., IQPA; specify) | [ ]  |  |  |  |
| Other (specify) | [ ]  |  |  |  |
| **5.0 usq/usi processing (completed by se with support from safety basis)** |
| 5.1 USQ/USI Number/Rev./Title: |  | 5.2 USQ/USI Date: | Click here to enter a date. |
| **6.0 approval for release to work authorization organization (completed by SE with si-dc and reviewer support)** |
| The SWCP has been developed and successfully V&V’d per Chapter 21 or approved software plan, including acceptable disposition of review comments. The SWCP is approved for release to the work authorization organization for work authorization development and implementation in the facility-operating environment.  |
| 6.1 SE:(Name, Z Number if applicable, Organization, Signature, and Date) |
|  |
| 6.2 Verifier:(Name, Z Number if applicable, Organization, Signature, and Date) |
|  |
| 6.3 FDAR:(Name, Z Number if applicable, Organization, Signature, and Date) |
|  |
| 6.4 Cancelation Information: |
| SWCP Canceled? | Cancelation Date: | Reason for Cancelation: |
| Select from drop down menu  | Click here to enter a date. |  |
| **7.0 Implement and acceptance test in the facility operating environment (completed by sE with support from others)** |
| 7.1 Installer Name, Z number, Organization and Date of Installation in the Facility Operating Environment: |  |
| 7.2 The SWCP has been successfully implemented and tested in the facility operating environment per Chapter 21 (or approved software plan) and work authorization documents. I (a) approve the SWCP and attest that the; (b) acceptance testing in the facility operating environment and approval for use requirements of Chapter 21 or approved software plan have been satisfied; and, (c) software is ready for use as intended in the facility operating environment. |
| SE: *(Name, Z Number if applicable, Organization, Signature, and Date)* |
|  |
| 7.3 Approved for Use (Released) Computer Program Version: |  |
| 7.4 Approved for Use SWBL No. and Revision: |  |
| **8.0 ATTACHMENTS (COMPLETED BY SE)** |
| 8.1 Att. No. | 8.2 Attachment Title |
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| **9.0 Revisions (COMPLETED BY SE WITH SUPPORT FROM OTHERS)** |
| 9.1 Rev. No. | 9.2 Summary Revision Description and Reason for Revision | 9.3 (Release) Date |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
| **10.0 SWCP CLOSURE (COMPLETED BY SE WITH SUPPORT FROM FDAR AND SI-DC)** |
| 10.1 SWCP changes have been incorporated into the documents listed in the SWBL. | SWBL No./Rev.: | Date:  |
|  | Click here to enter a date. |
| 10.2 Associated documents and/or actions have been processed to acceptable completion per the process shown: |
| Associated Document: | Applicable? | Doc. No./Rev.: | Closure Date: |
| Yes | No |
| Technical Baseline per AP-341-405/AP-341-616  | [ ]   | [ ]   |  | Click here to enter a date. |
| Nonconformance Reports (NCR)s per P330-6 | [ ]   | [ ]   |  | Click here to enter a date. |
| Issues per P322-4 | [ ]   | [ ]   |  | Click here to enter a date. |
| Safety Basis documents per SBP 114-5 | [ ]   | [ ]   |  | Click here to enter a date. |
| Maintenance procedures per facility document control procedure | [ ]   | [ ]   |  | Click here to enter a date. |
| Operational procedures per facility document control procedure | [ ]   | [ ]   |  | Click here to enter a date. |
| Training and associated training documentation per facility training procedures | [ ]   | [ ]   |  | Click here to enter a date. |
| 10.3 SE: (Name, Z Number, Organization, Signature, and Date) |
|  |
| 10.4 FDAR (N/A when Minor Change): (Name, Z Number, Organization, Signature, and Date) |
|  |