

**TA-53**  
**UNREVIEWED SAFETY ISSUE SCREENING AND DETERMINATION PROCESS**  
**TRAINING WORKSHEET**

TRAINEE

NAME: \_\_\_\_\_ Z NUMBER: \_\_\_\_\_ GROUP: \_\_\_\_\_

**PURPOSE AND SCOPE:** This worksheet is used to document completion of the USI Reviewer / Approver requirements, per SBP113-3, *Unreviewed Safety Issue Process*, and SBP113-4, *USI Evaluator Qualification Standard*.

**PROCESS:** To be considered trained, trainee must first complete the LANL Unreviewed Safety Question (USQ) - Initial training, course # 50141; perform 4 USI Determinations (USIDs) under supervision; and submit this completed form to the TA-53 Training Office for course credit. Upon completion of each of these elements, the trainee will be considered trained to perform USIDs independently.

	Yes	No
1. Have you taken the LANL USQ – Initial training and passed the test?		
2. Have you performed 4 USIDs under supervision?		
3. Are you knowledgeable of the accelerator facility for which you will be preparing or approving USIDs? (Your supervisor or manager can assist with this determination.)		
4. Are you knowledgeable of the Authorization Basis for the accelerator facility for which you will be preparing or approving USIDs?		
5. Do you understand the requirements of the current version SBP113-3, <i>Unreviewed Safety Issue Process</i> ?		
If you answered “No” to any of the above-referenced questions, you do not qualify to perform, or approve USI Screens and Determinations.		
If you answered “Yes” to all of the above-referenced questions, please continue to the back of this worksheet.		

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Place an "X" next to your assigned responsibility(ies).		
X	Position	Responsibilities
	Facility Manager	<ul style="list-style-type: none"> <li>• Approve positive USIDs and Submit positive USIDs and changes in the MCS or approved authorization basis to LANL OAB for coordination of NNSA approval.</li> <li>• Maintain records of USIDs and screens.</li> <li>• Submit changes to safety envelopes or approved authorization basis documents to LANL OAB for coordination of DOE approval.</li> <li>• Notify, in accordance with LANL reporting requirements, the NNSA Facility Representative of potentially discrepant conditions and violations of the Master Control Set.</li> <li>• Perform a quarterly review of selected completed USIDs to assess the effectiveness of the USID process.</li> <li>• Coordinate review by a Derivative Classifier (DC) as required.</li> <li>• Retain USI documentation for the life of the facility.</li> </ul>
	Line Manager owning the system or facility	<ul style="list-style-type: none"> <li>• Approve USI screens and determinations.</li> <li>• Submit originals of USIDs and screens to Facility Operations Director's office for retention.</li> <li>• Notify the Facility Operations Director as soon as possible of potentially discrepant conditions or a potential violation of a Master Control Set.</li> <li>• Determine facility-specific knowledge requirements and designate personnel to perform USI screens and determinations.</li> <li>• Ensure that personnel are trained and qualified to prepare screens and USIDs.</li> <li>• Determine if a USI screen or determination requires DC review.</li> </ul>
	USID Preparers & Approvers	<ul style="list-style-type: none"> <li>• Perform USI screening and/or determination if a USI exists.</li> <li>• Maintain a thorough knowledge of this FIR and the authorization basis for the facility to which you are assigned.</li> <li>• Qualify and Maintain proficiency on the USID process for your assigned facility.</li> </ul>

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**EMPLOYEE**

Do you understand all of the responsibilities for the position(s) you checked above? **Yes No**

If "Yes" sign below, date and forward to your Line Manager for verification. If "No" please review these responsibilities with your supervisor for additional clarification. Your signature on this document certifies that you have provided correct and verifiable information regarding this training and that you understand and assume responsibility for the tasks listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LINE MANAGER**

I have determined that the individual named above meets facility-specific knowledge requirements. I verify that the individual has the requisite qualifications to perform or approve USI screens and determinations.

\_\_\_\_\_  
Line Manager Signature

\_\_\_\_\_  
Date

TA-53 TRAINING OFFICE	
COURSE #	SESSION #
11761	