

ATTACHMENT 5, PERMANENT LABEL REQUEST FORM

REQUEST # _____

ORIGINATOR'S NAME _____	TEL EXT. _____														
MAILING ADDRESS _____	ACCOUNT # _____														
IS THIS FOR A COMMITMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMMITMENT NUMBER _____															
DATE NEEDED TO SUPPORT THIS COMMITMENT _____															
REASON FOR REQUEST: <input type="checkbox"/> NEW <input type="checkbox"/> INCORRECT <input type="checkbox"/> DETERIORATED <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER _____															
ADDITIONAL INFORMATION _____															
APPLICABLE TO UNIT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> C <input type="checkbox"/> SIM <input type="checkbox"/> OTHER _____															
LABEL LOCATION _____															
ATTACHMENT SHOWING LOCATION OF LABEL <input type="checkbox"/> YES <input type="checkbox"/> NO															
TYPE OF LABEL: <input type="checkbox"/> GENERAL <input type="checkbox"/> CONTROL PANEL <input type="checkbox"/> EQUIP <input type="checkbox"/> CONTAINMENT <input type="checkbox"/> OPERATOR INFO <input type="checkbox"/> SAFETY / CAUTION <input type="checkbox"/> OTHER															
BACKGROUND COLOR _____ LETTER COLOR _____ COLOR STRIP <input type="checkbox"/> YES <input type="checkbox"/> NO															
NUMBER OF LABELS REQUIRED _____ BACKING: <input type="checkbox"/> MAGNETIC <input type="checkbox"/> STICKY <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____:															
LABEL SIZE _____" WIDE X _____" HIGH	LABEL FORM _____														
COMPLETE THE "CONTENT" BOX BELOW OR ATTACH ADDITIONAL SHEETS SHOWING INFORMATION	JUSTIFY L/C/R														
<table border="1" style="width: 100%; height: 150px;"> <tr><td style="width: 20px; text-align: center;">C</td><td style="border: none;">_____</td></tr> <tr><td style="text-align: center;">O</td><td style="border: none;">_____</td></tr> <tr><td style="text-align: center;">N</td><td style="border: none;">_____</td></tr> <tr><td style="text-align: center;">T</td><td style="border: none;">_____</td></tr> <tr><td style="text-align: center;">E</td><td style="border: none;">_____</td></tr> <tr><td style="text-align: center;">N</td><td style="border: none;">_____</td></tr> <tr><td style="text-align: center;">T</td><td style="border: none;">_____</td></tr> </table>	C	_____	O	_____	N	_____	T	_____	E	_____	N	_____	T	_____	LETTER SIZE
C	_____														
O	_____														
N	_____														
T	_____														
E	_____														
N	_____														
T	_____														
SEND COMPLETED LABEL TO _____															
MAILING ADDRESS _____	TEL EXT. _____														
<p>CONTINUE ON TO SECTION II TO OBTAIN THE REQUIRED APPROVALS. AFTER ALL OF THE NECESSARY APPROVALS ARE OBTAINED, FORWARD THIS FORM TO THE LABEL COORDINATOR FOR PROCESSING.</p>															

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II. Reviews and Approvals

1. Will this label serve as a safety/caution sign? **[B0652]** Yes No
If yes, Safety Services must review and sign the request.

Safety Services Reviewer

Date

2. Is this label for office use only, and not intended for use in any equipment/operating area of the Plant? Yes No

(Examples include personal name plates, binder labels, and office area enhancements which have no commitments associated with them.)

If yes, the Originator's supervisor must review and sign the request. Steps 3 through 5 should not be completed for office labels.

Originator's Supervisor

Date

NOTE

- ◆ Area labels will be signed by the area supervisor designated per NO-1-107.
- ◆ Equipment labels will be signed by the System Engineer (PES) or SRO.
- ◆ Modification labels will be signed by the Project Manager.

3. A supervisor responsible for the equipment/area where the label will be placed must review and sign the label request. See NOTE above.

Resp. Supr./Sys. Engr/SRO/Proj. Mgr.

Date

4. Will the label be located in the Control Room or on the Auxiliary Safe Shutdown Panels (1/2C43)? Yes No

Control Panel Item Number

ESP Number

Human Factors Engineering Reviewer

Date

Simulator Support Reviewer (for applicability)
Operations Training Unit

Date

5. Will the label require a change to Chemistry procedures? Yes No
If Yes, list those procedures requiring change.

Chemistry Reviewer

Date

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6. Will the label require a change to Radiation Control procedures? Yes No
If Yes, list those procedures requiring change.

Radiation Control Reviewer

Date

7. **OPERATIONS PD&MAU SHALL ANSWER THE NEXT QUESTION**

Will the label require a change to an operating procedure such as OIs, EOPs, or AOPs? Yes No

List those procedures requiring change or N/A if none.

Operations PD&MAU Reviewer

Date

8. The originator shall forward the label request to the Label Coordinator for processing.

III. Label Form Processing

Appropriate reviews/approvals obtained? Yes No

Date request received _____

Request Number Assigned _____ (copy to Page 1 of request form)

Sufficient material on hand to perform the job? Yes No

If no, date material ordered _____ and request # _____

Delivery Dates: Estimated _____ Actual _____

Copy of the label request form sent to Operations PD&MAU? Yes No

Copy of the label request form sent to Chemistry? Yes No

Copy of the label request form sent to Radiation Control? Yes No

IV. Label Installation

If a procedure change is required in section II the label installer shall complete this section and send the completed form to PD&MAU, Chemistry or Radiation Control as soon as possible after label installation.

Labels Installed _____
Installer

Date