The only official copy of this file is the one on-line in the NSLS Quality Assurance website. Before using a printed copy, verify that it is the most current version by checking the document effective date on the NSLS QA website.

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Revision Log

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Help

1.0 PURPOSE

To provide instructions for the use and preparation of NSLS or NSLS II controlled documents.

2.0 SCOPE

This department specific procedure is supplemental to the Document Control subject area in SBMS. It applies to NSLS or NSLS II staff who develop new or modify controlled documents, such as **policies, manuals, and procedures**. In addition, there are special controlled documents such **as EMS/OHSAS support documents, operator aids, and forms** that need to be controlled. **These types of controlled documents have different levels of control requirements and are identified in the steps below as well as in Appendix B**. This procedure does not apply to software codes, drawings, plans, specifications, and temporary procedures. Documents of external origin identified as necessary for the planning and operations of the Light Sources Directorate Occupational, Health, Safety, and Environmental management systems are to be controlled in accordance with the SBMS subject for controlled documents. The NSLS and NSLS II QA manuals contain separate procedures that address drawings, specifications, and temporary procedures. The SBMS addresses plans and software code.

3.0 POLICY

3.1 Technical and operating procedures are tools to instruct how to perform a task. They are also used to manage risks and hazards associated with conducting research, operational, and maintenance activities. They are also used to ensure that appropriate quality

assurance and other requirements are integrated with work. In addition, some ESH program documents defining requirements or describing program implementation require periodic review and approval and should be treated as controlled documents. NSLS or NSLS II staff should develop formal controlled documents as described in this procedure whenever one of the following criteria applies:

- Technical, Operating, Occupational, Health, Safety, and Security, or Environmental processes are required to be documented (e.g., by DOE, BNL, EMS, OHSAS, etc.).
- Policies/program documents are needed to define requirements or to ensure quality, reproducibility, or consistency of a process or design because of safety or programmatic needs.

3.2 When new or modified formalized procedures, policies, or other documents are deemed necessary, these documents must contain the elements stated within this procedure. Unless specified otherwise in this procedure, formalized documents must contain a header that includes a document number, revision letter or number, subject or document title, page numbering (excludes HTML docs), effective date, and name(s) of individual(s) who prepared and authorized the document.

3.3 The original controlled document must reside with the NSLS Quality Control Coordinator (QCC) or the NSLS II Documents and Records Administrator (DRA) except when specified otherwise within this procedure. The NSLS Quality Manager (QM) or NSLS II Configuration Manager & NSLS QCC or NSLS II DRA will maintain the document control database for tracking and monitoring controlled documents within the system. The NSLS QCC or NSLS II DRA will also generate monthly reports to help notify responsible individuals in advance of upcoming periodic reviews.

3.4 **Controlled Document Use**: Obsolete documents shall be removed from circulation and discarded or marked as "reference only" to prevent unintended use. Paper controlled documents should be marked accordingly (e.g. Controlled, Uncontrolled, Reference, Obsolete, etc.). When controlled paper copies are needed in the field, complete a Controlled Document Distribution List (QF-051) form and submit to the NSLS Quality Control Coordinator (QCC) or the NSLS II Documents and Records Administrator (DRA). Web based documents should contain the disclaimer indicated in section 6.1.2, as applicable. Users that print web-based documents must verify that it is the most current version by checking the document effective date on the NSLS website prior to use.

4.0 REFERENCES

4.1 Guidelines For Developing Procedures, BNL SBMS exhibit

4.2 Document Control BNL SBMS subject area

4.3 Forms & Templates:

- Light Sources Directorate Document Approval Form (DL-QAF-036);
- Revision Log (QF-037) for paper/PDF documents;
- Revision Log (QF-038) for html documents;
- Periodic Document Review Form (QF-055);
- Light Sources Directorate Document Header template for paper/PDF documents;
- Light Sources Directorate Document Header template for html documents.
- Controlled Document Distribution List (QF-051) for requesting paper copies of controlled documents.

5.0 DEFINITIONS

5.1 **Active document** - A document currently in use and in circulation.

5.2 **HTML** - Hypertext Markup Language

5.3 **Periodic Document Review** - Active controlled documents are required to be reviewed periodically to verify their accuracy. The frequency of the review depends on occupational, health, safety, environmental, or programmatic risk associated with the document. A successful periodic review will reveal the existing document is current, correct, and does not require any revision/change. Refer to section 6.1.5b for further details.

5.4 **PDF** - Adobe portable document files

5.5 **QCC** - Quality Control Coordinator

5.6 **DRA** – Documents and Records Administrator

5.7 **Procedure** - A document used to describe a particular series of steps to accomplish a specified manufacturing, inspection, or test operation, process, or activity.

5.8 **SBMS** - Standards Based Management System

6.0 PROCEDURE

6.1 PREPARING A NEW DOCUMENT

1. **Add Elements to Document;**
2. **Add disclaimer (for web-based documents);**
3. **Review Document;**
4. **Approve Document;**
5. **Complete Revision Log;**
6. **Submit Document;**

6.1.1 Add Elements for the following types of Controlled Documents:

6.1.1.a Policies, manuals, procedures, and requirements:

Prepare a controlled document using one of the header formats listed in Appendix A or equivalent and mark the document "DRAFT". Regardless of the style of header used, each controlled document must contain the following ***Standard Elements***:

- subject or document title;
- effective date;
- page numbers (excludes HTML docs);
- revision letter or number;
- document number (obtain from NSLS QCC or NSLS II DRA);
- names of individual(s) who prepared and authorized (approved) document.

6.1.1.b Plans, EMS, and OHSAS Support Document:

All EMS and OHSAS procedures and manuals as well as JRAs and FRAs must contain the control elements within 6.1.1.a in this procedure. All plans and other applicable EMS and OHSAS support documents must have the following elements:

- subject or document title
- revision date

- revision letter or number (optional);
- page numbers (excludes HTML docs)
- name of individual(s) who authorized document (excludes forms and checklists)

6.1.1.c **Forms:**

All forms require at a minimum, a revision date.

6.1.1.d **Operator Aids:**

Line supervisors determine if an operator aid is necessary based on the risk, importance, and critical nature of the equipment or operation. The operator aid must contain the name or signature of the person who approved it and the effective date.

Note: Guidance for preparing procedures is available in the "Guidelines for Developing Procedures" SBMS exhibit.

6.1.2 **Add document disclaimer** (for web-based documents):

Include a document control disclaimer at the beginning of each web-based document that addresses the need to verify printed copies are current prior to use. An example of such a disclaimer is "*The only official copy of this file is the one on-line in the NSLS Quality Assurance website. Before using a printed copy, verify that it is the most current version by checking the document effective date on the NSLS QA website*". (See message at the beginning of this document for a disclaimer example).

6.1.3 **Review Document:**

Distribute the draft procedure for review to appropriate individuals. When several individuals will be reviewing the document, some form of tracking mechanism should be used.

Determine if a procedure is Safety Significant (A1/A2 ESH&Q risk level) by utilizing the Screening Matrix for ESH&Q Risk Levels. All Safety Significant Documents must be sent to the appropriate NSLS or NSLS II ESH staff member for review. The NSLS Quality Representative or the NSLS II ES&H Coordinator can assist in determining if the document is safety significant. Some examples of safety significant documents but not limited to, are energy control procedures, working with chemicals, interlock testing, and fall protection.

Guidance: If the document only affects workers within a group, then the reviews can usually reside with the individuals of that group, the group supervisor, and/or the section head. If the document affects workers within and/or outside of the

group developing the document, the review needs to extend to responsible individuals affected and/or higher level management. *In either situation, an NSLS or NSLS II ESH staff member needs to review the document if it has been determined Safety Significant.*

6.1.4 Approve Document:

Upon completion/concurrence of review, obtain approval signatures from appropriate individuals.

- Remove the "DRAFT" marking from the document.
- The preparer and authorized individual(s) must provide their approval signature on a Light Sources Directorate Document Approval Form (DL-QAF-036).
    - The graded approach should be used when determining who should authorize documents. At a minimum, the person that prepared the document and responsible manager/supervisor must provide approval signatures. NSLS Section Heads or NSLS II Division Directors can determine if further signatures are required.

If document is Safety Significant, an NSLS or NSLS II ESH staff member must sign the approval form under the Safety Review section.

Guidance: If the controlled document only applies to workers within a group, the group supervisor and/or NSLS Section Heads or NSLS II Division Directors should sign-off on documents. If the controlled document applies to workers in multiple groups, section heads and/or higher level management should sign-off on documents.

Note:

Signature approvals for support documents, forms, and operator aids, should reside on the copy on file. Approval of forms may be included with the form's master document/procedure.

6.1.5 Complete a "Revision Log" and determine a "Review Frequency".

- Paper/PDF documents - attach/include a "Revision Log" (QF-037) at the end of each document.
- HTML documents - include/link a "Revision Log" (QF-038) file (see the header of this procedure for example).
- EMS/OHSAS Support Documents:

Specific EMS and OHSAS support documents identified in Appendix B require a

revision log. For those documents listed in Appendix B that do not require a revision log, changes to a document should be recorded in the NSLS or NSLS II Assessment Tracking System (ATS) history field.

- Forms - Refer to Appendix B for stand-alone forms requiring a revision log. If a form is correlated with a controlled document (e.g. procedure, policy, etc.) utilize that document's revision log to capture any changes to the form.

- Operator aids: Revision log is not required.

6.1.5.a Include the following information in the ***Revision Log***:

1. Complete the Revision log by including:
   - subject /document title;
   - document number;
   - revision letter or number;
   - description of key changes (Example wording for first revision include "Initial Release", First Release", or "Original Release")
   - describe "Why" a step was added or changes were made if related to Occupational, Health, and Safety or significant environmental aspect. In addition reference source events, when applicable (e.g. Step added or changed due to safety incident or Nonconformance Report # LS-NC-2005-XXXX).

6.1.5.b Determine the required ***Document Review Frequency***[1] (time period) and enter this value in the designated location on the form.

[1] Controlled documents must be periodically *reviewed* to verify their accuracy. The cognizant engineer, scientist, or manager shall determine the frequency of review. **The review frequency of controlled documents can be set to once every year or up to once every 5 years depending on the Environmental, Safety, Health, or Programmatic Impact. The greater the impact, the smaller the review period and vice versa. Emergency or safety procedures may need to be reviewed more frequently (e.g., 1 year). BNL or external drivers may already require a specific review period for a particular document. For example SBMS requires all energy control procedures to be reviewed at least annually.**

The NSLS QCC or NSLS II DRA will issue a reminder notice to responsible personnel 2-months prior to the periodic review due date for all documents entered into the NSLS QA database or the NSLS II Document Management System. An automatic reminder will be sent to responsible individuals for controlled documents entered into the NSLS or NSLS II Assessment Tracking System (ATS).

6.1.6 **Submit Document to NSLS QCC or NSLS II DRA:**

Policies, manuals, procedures, and requirements:

1. **Completed *copy* of the Policy, manual, procedure, or requirement**;
2. **A completed Revision Log**;
3. **A completed Approval Form** (include safety review signature, if applicable);
4. Controlled Document Distribution list (QF-051)- The distribution list is applicable for paper copies only. Paper documents that are distributed through this form will be stamped "Controlled Copy".

Note: It is recommended that an *ELECTRONIC COPY* of the document be sent to the group's secretary/administrative assistant. Use document number and revision letter/number as file name (e.g. DL-QAP-0004_RevA).

Plans, EMS, and OHSAS Support Document:

1. EMS/OHSAS Support Documents are submitted as part of the master document or as an EMS/OHSAS record in accordance with QA procedure Light Sources Directorate EMS/OHSAS Records Management (DL-QAP-1003).

Forms and Operator Aids:

1. Standalone forms are not required to be maintained by the NSLS QCC or NSLS II DRA except where specified in Appendix B.

Notes:

- The NSLS QCC or NSLS II DRA will maintain the master paper copy of the controlled document with signature approvals, distribute copies as needed (distribution list must be provided), and enter the document information into the NSLS QA Database, the NSLS II Document Management System or ATS for tracking purposes.
- Original signed documents must not be placed in circulation.

All controlled documents on file will be maintained by the NSLS QA group or the NSLS II Configuration Manager in accordance with QA procedure Light Sources Directorate EMS/OHSAS Records Management (DL-QAP-1003) and/or the Records Management subject area.

6.2 REVISING AN EXISTING CONTROLLED DOCUMENT

6.2.1 Upon the need for revising an existing controlled document, the responsible individual or designee prepares a draft procedure as follows:

- Raise the revision level by a letter/number on the new draft document and review/revise the remaining standard document elements accordingly.
- circulate the draft document for review as outlined in step 6.1.3;
- upon concurrence, distribute document for approval as outlined in step 6.1.4;
- update the revision log as outlined in step 6.1.5. Record key changes in the revision log along with the new revision letter/number and effective date;
- submit material (signed original documents, revision log, distribution list, electronic copies) to the designated individual as per step 6.1.6.

This process should include the review of requirements/drivers for each document, e.g. SBMS or external, checking hyperlinks, making organizational changes, updating forms, verifying definitions and references.

Note: Before removing a step or content from a procedure consider the Occupational, Safety, Health (OSH) and significant environmental aspects. Information should not be removed from these documents without knowing why it was there or changed. Reference the revision log or NSLS or NSLS II ATS for past history to help prevent inadvertent deletion of important text before changing document content.

6.3 PERIODIC REVIEW OF A DOCUMENT

6.3.1 Responsible individuals or designees are responsible for periodically reviewing active controlled documents by the review frequency specified. Upon review of the document the responsible individual or designee does the following:

a. If after reviewing the document the result is that the document is accurate as is, up-to-date, reflects current requirements/policy, and changes are not needed, do the following:

i. **Policies, manuals, procedures, and requirements:**

ii. Complete a Periodic Document Review Form and submit to the NSLS QCC or NSLS II DRA **EMS, and OHSAS Support Document:**

For EMS/OHSAS Documents identified in Appendix B, submit an ATS closure statement for documents captured in the NSLS or NSLS II Assessment Tracking System (ATS).

iii. **Forms and Operator Aids:**

Review should be included with the form's master procedure/document. Standalone Forms and Operator Aids not

captured in the NSLS QA Database or NSLS or NSLS II ATS are to be reviewed as the form is used and revised when the changes to the associated process affect the form.

Note: Some documents may be reviewed with the master document such as a manual or procedure and some documents will be reviewed as stand alone. Appendix B identifies those EMS/OHSAS documents that will be reviewed with the master document.

The Periodic Document Review Form will be maintained in the Central Filing System with the corresponding controlled document and can be signed off multiple times for future reviews. See the NSLS QCC or NSLS II DRA if you wish to follow this method.

b. If the result of the periodic review calls for changes, then revise the document as per step 6.2.

Note: All review signatures reside on file with the master copy

The only official copy of this file is the one on-line in the NSLS Quality Assurance website. Before using a printed copy, verify that it is the most current version by checking the document effective date on the NSLS QA website.

Document Review Frequency	
3	Years

Review signatures on file with master copy of controlled document

LIGHT SOURCES DIRECTORATE REVISION LOG	
Document Number:	DL-QAP-0414
Subject	Document Preparation and Control

Rev	Description	Date
A	Initial Document for Light Source Directorate – see LS-QAP-0414	5/15/2008