

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT
DOCUMENT SUBMITTAL

1. QA: ~~N/A~~ QA
2. Page 1 of 1
T.O. 2/3/05

Complete only applicable items.

DC# 43863

TO BE COMPLETED BY PREPARER/ORIGINATOR

3. Document Number (Use separate sheet for multiple documents) B00000000-0717-5705-00137	4. Revision/Change Number REV 00	5. Document QA Designation <input checked="" type="checkbox"/> QA:QA <input type="checkbox"/> QA:N/A
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6. Document Title (Use separate sheet if necessary) DX# 23090
SUPPLEMENT TO THE DISPOSAL CRITICALITY ANALYSIS METHODOLOGY

7. Document Submittal Date (MM/DD/YYYY) 02/01/2005	8. Document Approval Date (MM/DD/YYYY) 02/01/2005	9. Document Effective Date (MM/DD/YYYY) Note: If an effective date is not indicated, the approval date of the document will become the effective date. <u>2-1-05</u> Does this revision allow for the use of the previous version? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the allowance will expire (MM/DD/YY) _____
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18. Submitted By (Print Name/Sign/Date)
Micah Odor 02/01/2005 *Micah Odor*

TO BE COMPLETED BY DOCUMENT CONTROL

19. Received By (Print Name/Initial/Date) <i>Michael P. [Signature]</i> 02-01-05 P12:12 IN	20. Accepted By (Print Name/Initial/Date) <i>Teri Olson Teri Olson</i> 2-3-05
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