

Appendix F

<p>NUCLEAR WASTE MANAGEMENT PROCEDURE</p> <p>Sandia National Laboratories</p>	<h2 style="margin: 0;">Implementation Document Criteria</h2>	<p>Form Number: NP 19-1-5</p> <p>Page 1 of 1</p>												
<p>1. Software Name: _____</p> <p>2. Software Version: _____</p> <p>3. Document Version: _____</p> <p>4. ERMS #: _____</p> <p>Prior to sign-off of the ID, all items shall be appropriately addressed by the code sponsor so that "Yes" or "N/A" may be checked. Include this form as part of the ID.</p>														
<p>5. Source Code</p> <ul style="list-style-type: none"> • Is the source code provided? <input type="checkbox"/> Yes <input type="checkbox"/> N/A • If applicable, is the change documentation in the source code clear and sufficient? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <p>Note: If the source code is not controlled in a configuration management tool then a hardcopy of the source is required. (Check "N/A" for commercially obtained software for which source code was not provided.)</p> <p>6. Coding Standards <input type="checkbox"/> Yes <input type="checkbox"/> N/A Are the coding standards and conventions which were adhered to in the development of the software identified?</p> <p>7. Coding Standards Implementation <input type="checkbox"/> Yes <input type="checkbox"/> N/A Does the source code adhere to the coding standards and conventions defined in the ID?</p> <p>8. Executable Generation <input type="checkbox"/> Yes <input type="checkbox"/> N/A Was the executable generation process documented?</p> <p>9. Implementation Requirements <input type="checkbox"/> Yes <input type="checkbox"/> N/A Was the code implemented according to the requirements of the RD and where applicable the DD?</p>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;">10. Code Team/Sponsor's Name <i>(print)</i></td> <td style="width: 30%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Signature</td> <td style="width: 25%; border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">11. Technical Reviewer's Name <i>(print)</i></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">12. Responsible Manager's Name <i>(print)</i></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">13. SCM Coordinator's Name <i>(print)</i></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Date</td> </tr> </table>			10. Code Team/Sponsor's Name <i>(print)</i>	Signature	Date	11. Technical Reviewer's Name <i>(print)</i>	Signature	Date	12. Responsible Manager's Name <i>(print)</i>	Signature	Date	13. SCM Coordinator's Name <i>(print)</i>	Signature	Date
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Key for check boxes above:

Check Yes for each item reviewed and found acceptable
Check N/A for items not applicable