|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| TECHNICAL/PEER REVIEW RECORD | | | | | | FORM PS-3 | |
| Pressure System Number | | |  | | | | |
| Component(s) (if applicable) | | |  | | | | |
| Design Authority (DA) | | |  | | | | |
| DA Group/Division | | |  | | | | |
| Note: Excluded Elements require a Peer Review. Peer Review must be completed by one or more DAs not associated with the project. Technical Review is applicable to code compliant components and can be performed by any DA. | | | | | | | |
| Type of Review (check) | | \_\_\_\_Technical Review | | | \_\_\_\_Peer Review | | |
| Description: | | | | | | | |
| Scope of Review: | | | | | | | |
| Applicable Code(s): | | | | | | | |
| The undersigned have reviewed the calculations and/or design specifications listed above and verify accuracy and compliance with JLAB requirements, national consensus codes, or equivalent measures. | | | | | | | |
| Reviewer Name | Signature | | | Date | | | Group/Division |
|  |  | | |  | | |  |
|  |  | | |  | | |  |
|  |  | | |  | | |  |
|  |  | | |  | | |  |
| Comments: | | | | | | | |