

Los Alamos

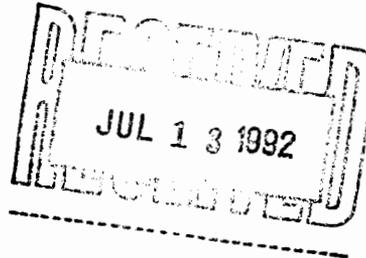
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

DATE: July 6, 1992
IN REPLY REFER TO: EM-13:92-742
MAIL STOP: M992
TELEPHONE: 667-0808

HSWA 92

IX

Bruce Swanton
NM Environment Department
525 Camino de Los Marquez
Santa Fe, NM 87502-6110



Dear Mr. Swanton:

SUBJECT: LOS ALAMOS NATIONAL LABORATORY ENVIRONMENTAL RESTORATION PROGRAM STANDARD OPERATING PROCEDURES, ADMINISTRATIVE AND QUALITY PROCEDURES, QUALITY PROGRAM PLAN AND QUALITY ASSURANCE PROJECT PLAN MANUALS

Enclosed are manuals containing Environmental Restoration (ER) program procedures. Your manuals are "uncontrolled" documents and contain "information copies only" of ER procedures. The manuals and procedures will not be audited as part of our scheduled survey of controlled documents, however, updates of new procedures or revisions of procedures will be sent to you as part of our controlled distribution process.

Please contact Trish Rodriguez at 665-6498, if you have any questions.

Sincerely,

Robert Vocke
Group Leader
Environmental Restoration

RV/tr

Enclosure: Standard Operating Procedures
Administrative and Quality Procedures
Quality Program Plan and Quality Assurance Project Plan

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Bruce Swanton
EM-13:92-742

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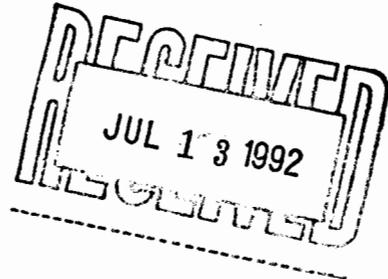
JULY
1992
SOPs

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**Administrative and Quality Procedures
for
Environmental Restoration**

Contents

General Instructions	Dated 06/10/92
Master Distribution List	Dated 06/10/92
List of Superseded Documents	Dated 06/10/92
ER Program Organization Charts	



ADMINISTRATIVE PROCEDURES

<u>Procedure Number</u>	<u>Title</u>
LANL-ER-AP-01.1,R0	Preparation, Review, and Approval of Administrative Procedures.
LANL-ER-AP-01.2, R0	Preparation, Review, and Approval of Standard Operating Procedures.
LANL-ER-AP-01.3,R0	Review and approval of Environmental Restoration Program Plans and Reports.
LANL-ER-AP-01.4,R0	Distribution of Controlled Documents Prepared for the Environmental Restoration Program.
ICN-NO-002 LANL-ER-AP-01.5,R0	Interim Change Notice for LANL-ER-AP-01.5,R0 Revision or Interim Change of Environmental Program Controlled Documents.
LANL-ER-AP-02.1,R1	Procedure for LANL ER Records Management (DRAFT)
LANL-ER-AP-03.1,R1	Procedure for Acquiring Concurrence to Publish or Present Environmental Restoration Data or Information.
LANL-ER-AP-04.1,R1	Identification, Documentation, and Reporting of Newly Discovered Potential Release Sites for the Environmental Restoration Program.

ADMINISTRATIVE PROCEDURES

<u>Procedure Number</u>	<u>Title</u>
LANL-ER-AP-04.2,R0	Reporting of Newly Identified Releases from Solid Waste Management Units.

QUALITY PROCEDURES

LANL-ER-QP-01.1Q,R0	Audits
LANL-ER-QP-01.2Q,R0	Surveys
LANL-ER-QP-01.3Q,R0	Deficiency Reporting

Information Copy only

Los Alamos National Laboratory
Environmental Restoration Program
Administrative Procedure

No: LANL-ER-AP-01.1
Interim Procedure

Rev: 0

Preparation, Review, and Approval of Administrative Procedures

Prepared by Karen L. Foster Karen L Foster 1/29/91
(Print Name) (Signature) (Date)

Quality Review by Terry L. Morgan Terry Morgan 1/31/91
(Print Name) (Signature) (Date)

Functional Review by Sandy Wagner Sandy Wagner 1-31-91
(Print Name) (Signature) (Date)

PM Approval Robert W Vocke Robert W Vocke 1-31-91
(Print Name) (Signature) (Date)

QPPL Approval Larry W Maassen Larry W Maassen 2-1-91
(Print Name) (Signature) (Date)

Effective Date: 3/26/91

Information

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Preparation, Review, and Approval of Administrative Procedures

1.0 PURPOSE

The purpose of this procedure is to describe the methods by which administrative procedures (APs) are initiated, prepared, reviewed, and approved.

2.0 SCOPE

This procedure is applicable to preparers and reviewers of APs and to APs written to administer the Environmental Restoration (ER) Program.

3.0 DEFINITIONS

3.1 Administrative Procedure

An AP is a document that describes methods to perform and implement administrative requirements that are identified in the ER Quality Program Plan (QPP) and/or ER Program Management Plan (PMP).

3.2 Quality Assurance Review

A quality assurance (QA) review is an examination of an AP to ensure that it is prepared in accordance with procedures that govern its preparation and that it addresses all applicable QA requirements.

3.3 Functional Review

A functional review is an examination of an AP to ensure that it applies to the activity for which it was written, adequately states how to perform the activity, and is sufficient to control the activity.

4.0 RESPONSIBILITIES

4.1 Preparer of Administrative Procedure

The preparer of an AP is responsible for

- preparing the AP in accordance with this procedure,

- ensuring that the procedure includes all provisions needed to govern the activity,
- completing appropriate document review forms,
- forwarding the draft procedure and review documentation forms to reviewers,
- resolving review comments, and
- forwarding completed review documentation and the final procedure to the Quality Program Project Leader (QPPL).

4.2 Program Manager

The PM is responsible for

- initiating the preparation of APs,
- designating the preparers of APs,
- designating functional reviewers of APs,
- ensuring that unique identifiers (ID) and titles are assigned to APs,
- approving APs for controlled distribution,
- determining the effective date of APs,
- ensuring the maintenance of a log of unique ID and title assignments, and
- ensuring the maintenance of the master copy of APs and AP forms.

4.3 Quality Program Project Leader

The QPPL is responsible for

- ensuring that APs implement the requirements specified in the QPP and
- approving APs.

4.4 Reviewer of Administrative Procedures

The QA and functional reviewers of APs are responsible for

- reviewing APs in accordance with this procedure and
- completing and returning review forms to the preparer in the review period specified.

5.0 PROCEDURE

5.1 Elements of an AP

5.1.1 Unique Identifier

A unique alphanumeric identifier for an AP will be assigned and written on each page of an AP as described below:

LANL-ER-AP-XX, RN

- "LANL" identifies the AP as a Laboratory document for use by Laboratory ER personnel;
- "ER" identifies the AP as one that applies to the ER Program;
- "AP" identifies the document as an administrative procedure;
- "XX" represents the specific number assigned to the AP; and
- "RN" indicates the revision number of the AP. R0 will always be assigned to the first version.

5.1.2 Cover Page

The cover page contains the

- unique ID number and title of the AP,
- signature of a QA reviewer,
- signature of a functional reviewer,
- approval signature of the QPPL, and
- approval signature of the PM.

The preparer formats the cover page to include the information described in this section. A suggested cover page format is shown as Attachment A.

5.1.3 AP Table of Contents

The preparer ensures that a table of contents is included when procedures are 10 or more pages. The table of contents follows the cover page.

5.1.4 AP Pagination

The preparer

- places the unique ID number and page number in the upper right-hand corner of each page as shown:

LANL-ER-AP-XX, RN
Page ___ of ___

- numbers attachment pages consecutively,

Attachment X
LANL-ER-AP-XX, RN
Page ___ of ___

and

- numbers, formats and titles the AP sections, and includes the information in each section, as described in Section 5.1.5 below.

5.1.5 Contents of an AP

The preparer includes the following information in the AP:

1.0 Purpose

The purpose statement of an AP is a brief description of the subject matter and intent of the procedure.

2.0 Scope

The scope section of an AP states to whom and what the procedure applies.

3.0 Definitions

The definitions section defines terms that are unique to the processes described in the procedure.

4.0 Responsibilities

This section identifies responsibilities associated with implementing the AP and briefly describes the task.

5.0 Procedure

The procedure section states, in a step-by-step fashion, how to perform the responsibilities outlined in Section 4.

6.0 References

6.1 Requirement Documents

This section identifies the requirements documents being implemented. (Specify the section of a requirements document when possible.)

6.2 Documents Cited

This section lists the documents that are cited in the AP and that are essential for the implementation of the AP.

7.0 Records

The records section identifies the documentation generated as a result of implementing a procedure.

8.0 Attachments

The attachment section lists forms and/or appendices that are part of the procedure.

5.2. Process for Preparing an AP

5.2.1 Identification of APs and AP Preparers

The PM implements the Program Management Plan and the quality requirements by identifying which APs must be prepared, revised, or deleted, and selects the preparers of APs.

5.2.2 AP Preparation

The preparer of the AP

- secures copies of applicable requirement documents,
- prepares the AP (including revisions) as shown in section 5.1 of this procedure,
- indicates revised portions of an AP by placing a vertical line beside the affected text or by shading the text,
- marks the AP "DRAFT" when it is ready for formal review, and
- follows the guidance outlined in Section 5.3 of this AP.

5.3. Process for Reviewing an AP

5.3.1 Overview of Review Process

APs are to receive functional and quality reviews as defined in Section 3. Review check lists will be used to expedite the review process. A review sheet is to be used to explain the check list items marked "NO" or to add any material to the procedure.

5.3.2 Identification of AP Reviewers

The PM determines which organizations are affected by the AP and assigns at least one QA reviewer from the QA organization, and one functional reviewer from several organizations affected by AP and notifies the preparer of these selections.

The PM ensures that master copies of the review documentation forms are forwarded to the preparer, including

- Functional Review Check List (Attachment B) and
- QA Review Check List (Attachment C).
- Review Sheet (Attachment D).

5.3.3 Distribution of Draft APs for Review

The preparer receives the names of functional and QA reviewers and master copies of review documentation forms and completes

- Part I of the Functional Review Check List for distribution to functional reviewer(s),
- Part I of the QA Review Check List for distribution to QA reviewer(s), and
- Part I of the Review Sheet for distribution to QA and functional reviewers.

The preparer compiles the review packages that include the appropriate review forms and the AP marked "DRAFT". The preparer retains a copy of a review package and forwards copies to the designated reviewers.

5.3.4 Review of APs

The AP reviewer receives a review package as described in Section 5.3.3. The reviewer reads the draft AP and performs the functional or QA review by completing a Functional Review Check List or a QA Review Check List. The reviewer records any additional comments on the Review Sheet. Space is provided on the forms to indicate

- the page and section number commented on and
- whether the comment is mandatory (M) or optional (O).

The reviewer writes mandatory or optional comments that

- clarify check list responses of "NO" and
- **clearly state the necessity for incorporating mandatory comments into the procedure (i.e., EPA/DOE Program requirement, technical clarity.**

The reviewer returns the completed forms on or before the due date.

If the reviewer is unable to complete the review in the time allowed, he contacts the AP preparer to arrange an agreeable time. If unable to conduct the review, indicate this on the review sheet and return the package to the preparer.

5.3.5 Resolution of Review Comments

The preparer receives the completed review documentation forms from reviewers and resolves the comments. Space is provided on the Review Sheet for the preparer to indicate acceptance (A) or rejection (R) of reviewer comments and to propose resolutions. The preparer considers all optional comments and may accept or reject the comments without further documentation. The preparer and the reviewer must agree on the resolution of mandatory comments. The preparer completes the Review Sheet by

- writing the reason for rejecting the comment on the review sheet,
- contacting the reviewer to describe the resolution and working with the reviewer to arrive at an acceptable resolution, and
- indicating that mandatory comments have been resolved by placing an "X" in the box beside the reviewer's phone number (Part II).

5.4 Process for AP Approval

5.4.1 Finalizing the AP

The preparer of the AP performs the following

- ensures that all AP pages are properly formatted and numbered,
- ensures that cover page and attachments are intact,
- marks the forms attached to the AP example, and compiles a set of unmarked form masters,
- signs the cover page of the AP,
- obtains the signature of one QA reviewer and one functional reviewer,
- compiles a review package to include the completed Review Check Lists, Review Sheets, and the reviewed draft procedure, and
- forwards the signed AP, form masters, and review package to the PM.

5.4.2 Approval of AP

The PM

- receives the final version of the AP, the form masters, and AP review package and
- approves the AP when assured that
 - all applicable QA requirements have been addressed,
 - reviewer comments have been adequately resolved, and
 - the AP sufficiently covers the subject matter.

The PM signs the AP and forwards it to the QPPL.

The QPPL

- reviews the AP to ensure that it adequately addresses QA requirements,
- resolves any additional comments with the PM,
- signs the AP to indicate approval, and
- returns the approved AP to the PM.

5.5 Distribution of APs

The PM ensures that APs are distributed in accordance with the AP entitled Distribution of Controlled Documents Prepared for the ER Program.

5.6 Revision of APs

The PM ensures that revisions of APs are prepared in accordance with Section 5.1 of this AP.

Interim Changes (i.e, changes that modify a small portion of text) are made in accordance with the AP, Revision or Interim Change of ER Program Controlled Documents.

6.0 REFERENCES

6.1 Requirement Documents

Quality Program Plan (QPP), Section 6

6.2 Documents Cited

Revision or Interim Change of ER Program Controlled Documents
Distribution of Controlled Documents Prepared for ER Program

7.0 RECORDS

The records generated and completed as a result of implementing this procedure are the review sheets documenting the resolution of mandatory comments and the approved AP.

8.0 ATTACHMENTS

Attachment A - Cover Page
Attachment B - Functional Review Check List
Attachment C - Quality Assurance Review Check List
Attachment D - Review Sheet (2)

Information Copy only

Los Alamos National Laboratory Environmental Restoration Program Administrative Procedure	No: LANL-ER-AP- _____ Rev: _____
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(Title) _____

Prepared by _____ (Date) _____

_____ (Print Name) _____ (Signature)

Quality Review by _____ (Date) _____

_____ (Print Name) _____ (Signature)

Functional Review by _____ (Date) _____

_____ (Print Name) _____ (Signature)

PM Approval _____ (Date) _____

_____ (Print Name) _____ (Signature)

QPPL Approval _____ (Date) _____

_____ (Print Name) _____ (Signature)

Effective Date _____

Information Only

EXAMPLE

CONTACT THE ENVIRONMENTAL RESTORATION PROGRAM OFFICE (665-4557) TO OBTAIN ORIGINAL FOR YOUR USE

LANL ER PROGRAM
AP FUNCTIONAL REVIEW CHECK LIST

Part I (Preparer Completes)

AP NO: _____

Rev: _____

Title: _____

Part II (Reviewer Completes)

(Enter an "X" in the applicable space; if "NO,"
enter comment number from review sheet)

- Info: Example*
1. Is this AP applicable to the activity for which it was written? YES NO NO. () () N/A
 2. Is this AP compatible with other APs? YES NO NO. () () N/A
 3. Can this AP be implemented? YES NO NO. () () N/A
 4. Does this AP provide statements of purpose and scope that are unambiguous and that clearly identify the objective of the procedure? YES NO NO. () () N/A
 5. Does this AP provide definitions (557) TO OBTAIN YOUR USE
- that are stated clearly and concisely? YES NO NO. () () N/A
- for all words or phrases that have a special or limited meaning when applied within the context of this AP? YES NO NO. () () N/A
 6. Are the organizational and position titles in this AP correct? YES NO NO. () () N/A
 7. Does this AP clearly identify interfaces associated with the conduct of the procedures? YES NO NO. () () N/A
 8. Does this AP minimize references to other procedures and provide all instructional information to perform the activity? YES NO NO. () () N/A
 9. Does this AP provide individual steps that are short and concise as opposed to multisentence paragraphs? YES NO NO. () () N/A
 10. Are the revised portions of this AP indentified by a vertical line (if applicable)? YES NO NO. () () N/A

[] Completed an additional Review Sheet

Reviewed by (print name)

ER Position Title (print)

Signature

Date

LANL ER PROGRAM
QUALITY ASSURANCE REVIEW CHECKLIST

Part I (Preparer completes)

Procedure: _____

Rev: _____

Title: _____

Part II (Reviewer completes)

(Enter an "X" in the applicable space; if "No," enter comment number from Review Sheet)

- EXAMPLE*
1. Does this procedure conform to the requirements of the procedure controlling its preparation and issue? YES NO NO. () () N/A
 2. Does this procedure have the correct format on each page? YES NO NO. () () N/A
 3. Does this procedure have the correct revision status on each page? YES NO NO. () () N/A
 4. Does this procedure reference paragraphs, attachments, and other procedures correctly, and no references to obsolete or superseded procedures? YES NO NO. () () N/A
 5. Does this procedure provide instructions that are adequate to control the activity? YES NO NO. () () N/A
 6. Does this procedure clearly state to whom and what the procedure is applicable (scope)? YES NO NO. () () N/A
 7. Does this procedure clearly define responsibilities? YES NO NO. () () N/A
 8. Does this procedure implement the quality requirements for which it was written? YES NO NO. () () N/A
 9. Does this procedure list in the "References" section all the documents referenced in the procedure? YES NO NO. () () N/A
 10. Does this procedure list the QA documentation that result from implementing the procedure? YES NO NO. () () N/A

[] Additional comments on Review Sheet.

Reviewed by (print name) _____

ER Position Title (print) _____

Signature _____

Date _____

Los Alamos National Laboratory Environmental Restoration Program

REVIEW SHEET

Page 1 of _____

Part I (To be filled out by ER Program Office)		Date _____	
Title _____		ID No. _____	Rev. _____
Reviewer's Name (print): _____		Group: _____	MS: _____
Comments due by _____ (Date)		Return comments to _____	MS _____
		Refer questions to _____	Phone _____
Part II (Reviewer completes)			
Received On: _____ (Date)		Review Completed On: _____ (Date)	
		Signature: _____	
		Phone: _____	
<input type="checkbox"/> (Place an "X" in box if resolution of mandatory comments agreed to.)			
No.	Location (Page, para- graph, line)	Reviewer's Comments/Suggestions [Mandatory (M) or Optional (O)]	Preparer's Proposed Revision/Resolution [Accept (A) or reject (R) Reviewer's comments/suggestions]
		M/O	A/R

EXAMINABLE
 INFORMATION CONTACT THE ER PROGRAM OFFICE
 (665-4157)
 ORIGINAL COPY ONLY
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Los Alamos National Laboratory
Environmental Restoration Program
Administrative Procedure

No: LANL-ER-AP-01.2
INTERIM PROCEDURE

Rev: 0

Preparation, Review, and Approval of
Standard Operating Procedures

Prepared by Karen L. Foster Karen L. Foster 1/29/91
(Print Name) (Signature) (Date)

Quality Review by Terry L. Morgan Terry Morgan 1/31/91
(Print Name) (Signature) (Date)

Functional Review by Sandy Wagner Sandy Wagner 1-31-91
(Print Name) (Signature) (Date)

PM Approval Robert W. Vocke Robert W. Vocke 1-31-91
(Print Name) (Signature) (Date)

QPPL Approval Larry W. Maassen Larry W. Maassen 1-31-91
(Print Name) (Signature) (Date)

Effective Date: 3/26/91

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Preparation, Review, and Approval of Standard Operating Procedures

1.0 PURPOSE

The purpose of this administrative procedure (AP) is to describe how a Los Alamos National Laboratory Environmental Restoration (ER) Program Standard Operating Procedure (SOP) is prepared, reviewed and approved.

NOTE: This is not a Health and Safety (H&S) Standard Operating Procedure as defined in the LANL Health and Safety Manual (Administrative Requirement 1-3).

2.0 SCOPE

This procedure applies to the preparation of SOPs and to ER personnel responsible for preparing, reviewing, or approving SOPs.

3.0 DEFINITIONS

3.1 LANL ER Standard Operating Procedures (SOP)

An SOP is a document that describes operations, analyses, or actions that are commonly accepted as the usual method for performing certain routine or repetitive tasks.

3.2 Quality Assurance (QA) Review

A QA review is an examination of an SOP to ensure that it is prepared in accordance with procedures that govern its preparation and to ensure that it addresses all applicable QA requirements.

3.3 Technical Review

A technical review is an objective examination of an SOP by an individual who has relevant and appropriate technical expertise applicable to the activity being reviewed to evaluate the correctness and adequacy of methods or techniques described.

4.0 RESPONSIBILITIES

4.1 Operable Unit Project Leaders

Project Leaders (PL) are responsible for

- preparing SOPs, as assigned,
- assisting technical team leaders in identifying procedures for which SOPs are needed, and
- identifying technical staff to review SOPs.

4.2 Preparers

The preparers of SOPs are responsible for

- preparing SOPs in accordance with this administrative procedure (AP) and
- incorporating review comments.

4.3 Program Manager

The Program Manager (PM) is responsible for designating the preparers of SOPs, approving SOPs for controlled distribution, and for ensuring that

- SOPs receive QA and technical review
- an SOP number and title log is maintained,
- masters of the forms for this AP are maintained, and
- master copies of current SOPs are maintained.

4.4 Quality Program Project Leader

The Quality Program Project Leader (QPPL) is responsible for identifying QA reviewers for SOPs and for approving SOPs.

4.5 Reviewer of SOPs

Technical and QA reviewers of SOPs are responsible for

- reviewing SOPs in accordance with this procedure and
- completing and returning review forms to the preparer in the review period specified.

4.6 Technical Team Leaders

Technical Team Leaders (TTL) are responsible for

- identifying procedures for which SOPs are needed and
- assisting PLs in designating technical reviewers of SOPs.

5.0 PROCEDURE

5.1 Elements of the SOP

5.1.1 Unique Identifier

A unique alphanumeric identifier for each SOP must be assigned and written on each page of an SOP. An example is described below:

LANL-ER-SOP-XX, RN

- "LANL" identifies the SOP as a Los Alamos National Laboratory document, for use by LANL ER personnel and its contractors;
- "ER" identifies it as an Environmental Restoration Program SOP;
- "SOP" signifies the document as a Standard Operating Procedure;
- "XX" is the specific number assigned to the SOP, and
- "RN" is the revision number of the SOP. R0 will always be assigned to the first version.

5.1.2 Cover Page

The cover page contains the

- unique ID number and title of the SOP,
- signature of a QA reviewer,
- signature of a technical reviewer,
- approval signature of the QPPL,
- approval signature of the PM, and
- effective date of the SOP.

The preparer formats the cover page to include the information described in this section. A suggested cover page format is shown as Attachment A.

5.1.3 SOP Table of Contents

The SOP preparer ensures that a table of contents is included when procedures are 10 or more pages. The table of contents follows the cover page.

5.1.4 SOP Pagination

The preparer

- places the unique ID number and page number in the upper right-hand corner of each page as shown:

LANL-ER-SOP-XX, RN
Page ___ of ___

and

- numbers attachment pages consecutively:

Attachment X
LANL-ER-SOP-XX, RN
Page ___ of ___

as shown in Attachment A.

5.1.5 Contents of an SOP

The preparer ensures that, at a minimum, the following sections and information are included in SOPs. If a section is not relevant, place "N/A" under the heading.

1.0 Purpose

The purpose statement of an SOP is a brief description of the task or operation to be performed.

2.0 Scope

The scope section of an SOP incorporates two separate elements as described below.

2.1 Applicability

This element states the activity and ER Program personnel to which the SOP applies.

2.2 Training

This element identifies the scope of training required before the user(s) implement the procedure.

3.0 Definitions

The section includes definitions of terms that are unique to the SOP.

4.0 Background and/or Cautions

This section states cautions, conditions, general discussions, safety concerns, or limitations associated with performing a procedure or activity that are independent of the process.

5.0 Equipment

This section lists the equipment or supplies used to perform the procedure. (If the equipment is listed on an attachment to the SOP, indicate the attachment here.)

6.0 Procedure

This section is a set of step-by-step instructions on how to perform activities or processes.

Information
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7.0 References

This section lists the documents that are cited in the SOP and that are essential for conducting the activity or process described.

8.0 Records

This section identifies the records that will be generated as a result of implementing the procedure.

9.0 Attachments

The attachment section lists forms and/or appendices that are part of the SOP.

5.2. Process for Preparation

5.2.1 Identification of SOPs and SOP Preparers

The PM works with the PLs and/or TTLs to identify procedures for which SOPs must be prepared, revised, or deleted, and designates the preparers of SOPs.

5.2.2 SOP Preparation

The preparer of the SOP

- secures copies of applicable guidance documents, if any,
- prepares the SOP (including revisions) as shown in section 5.1 of this procedure,
- indicates revised portions of an SOP by placing a vertical line beside the affected text or by shading the text,
- marks the SOP "DRAFT" when it is ready for formal review, and
- forwards copies of the draft SOP to the PM.

5.3. Process for SOP Review

5.3.1 Overview of Review Process

SOPs will receive technical reviews and QA reviews as defined in Section 3. A review check list will be used to expedite the review process. A review sheet is to be used to explain the check list items marked "NO" or to add any material to the procedure.

5.3.2 Identification of SOP Technical Reviewers

The PM coordinates with the PLs or TTLs and determines which technical teams supporting the ER program are affected by an SOP and selects technical reviewers.

The PL or TTL prepares the technical review documentation forms to accompany draft SOPs by

- completing Part I of the Technical Review Check List (Attachment B) and
- completing Part I of the Review Sheet (Attachment D).

These forms are maintained at the ER Program Office.

5.3.3 Identification of QA Reviewers

The QPPL identifies at least one QA reviewer to review the SOP. The QPPL prepares the review documentation forms to accompany the draft SOP.

- completing Part I of the QA Review Check List (Attachment C) and
- completing Part I of a Review Sheet.

5.3.4 Distribution of Draft SOPs for Review

The QPPL, PL, or TTL, as appropriate

- compiles review packages that include the appropriate review forms and the SOP marked "DRAFT" and
- prepares the transmittal correspondence that states when the comments are due, to whom questions may be addressed, and where to return the comments.

5.3.5 Review of SOPs

The reviewer performs a QA or technical review, whichever has been assigned, by completing a Technical Review Check List or a QA Review Check List. The reviewer records any additional comments on the Review Sheet. Space is provided on the forms to indicate

- the page and section number commented on and
- whether the comment is mandatory (M) or optional (O).

The reviewer writes mandatory or optional comments that

- clarify check list responses of "NO" and
- **clearly state the necessity for incorporating mandatory comments into the procedure (i.e., EPA/DOE Program requirement, technical clarity).**

The reviewer returns the completed forms on or before the due date.

If the reviewer is unable to complete the review in the time allowed, he contacts the SOP preparer to arrange an agreeable time. If unable to conduct the review, indicate this on the review sheet and return the package to the preparer.

5.3.6 Resolution of Review Comments

The preparer receives the completed review documentation forms from reviewers and resolves the comments. Space is provided on the review sheet for the preparer to indicate acceptance (A) or rejection (R) of reviewer comments and to write resolutions. The preparer considers all optional comments and may accept or reject the comments without further documentation. The preparer and the reviewer must agree on the resolution of mandatory comments. The preparer completes the review sheet by

- writing the reason for rejecting the comment on the review sheet,
- contacting the reviewer to describe the proposed resolution and working with the reviewer to arrive at an acceptable resolution of all mandatory comments, and
- indicating that mandatory comments have been resolved by placing an "X" in the box beside the reviewer's phone number (Part II).

5.4 Process for SOP Approval

5.4.1 Finalizing the SOP

The preparer of the SOP performs the following

- ensures that all SOP pages are properly formatted and numbered,
- ensures that cover page and attachments are intact,

- marks the forms attached to the SOP "Example, Contact the Program Office for Master Forms"
- compiles a set of unmarked form masters for the Program Office to maintain,
- signs the cover page of the SOP,
- obtains the signature of one QA reviewer and one technical reviewer,
- compiles a review package to include the completed review check lists, review sheets, and draft procedure reviewed, and
- forwards the signed SOP, form masters, and review package to the PM for approval.

5.4.2 Approval of SOP

The PM

- receives the final version of the SOP, the form masters, and SOP review package.
- ensures that review comments and the resolution of comments are compared against the final SOP.
- coordinates with the PLs or TLs and contacts the preparer to resolve additional comments on the procedure.
- signs the completed SOP approving the SOP and forwards the SOP to the QPPL for QA verification.

The QPPL approves the SOP after he has ascertained that all applicable QA requirements have been addressed and returns it to the PM.

5.5 Distribution of SOPs

The PM ensures that SOPs are distributed for use in accordance with the AP entitled Distribution of Controlled Documents Prepared for the ER Program.

5.6 Revision of SOPs

The PM ensures that revisions to SOPs are made in accordance with Section 5.1 of this AP.

Interim changes (i.e, changes that modify a small portion of text) are made in accordance with the AP, Revision and Interim Change of ER Program Controlled Documents.

6.0 REFERENCES

6.1 Requirement Documents

Quality Program Plan, Section 6.2

6.2 Cited Documents

Revision and Interim change of ER Program controlled documents
Distribution of controlled documents prepared for the ER Program

7.0 RECORDS

The records generated and completed documenting the implementation of this AP are an approved SOP and the review sheets showing the resolution of mandatory comments.

8.0 ATTACHMENTS

Attachment A - Cover Page
Attachment B - Technical Review Check List
Attachment C - Quality Assurance Review Check List
Attachment D - Review Sheet

Information Copy only

Los Alamos National Laboratory Environmental Restoration Program Standard Operating Procedure	No: LANL-ER-SOP- _____ Rev: _____
(Title)	
<p style="text-align: center;"><i>Information</i> E X A M P L E <i>Copy only</i></p> <p>Prepared by: _____ (Print Name) _____ (Signature) _____ (Date)</p> <p>Quality Review by: _____ (Print Name) _____ (Signature) _____ (Date)</p> <p style="text-align: center;">CONTACT THE PROGRAM OFFICE (665-4557) TO OBTAIN ORIGINAL FOR YOUR USE</p> <p>Technical Review by: _____ (Print Name) _____ (Signature) _____ (Date)</p> <p>PM Approval: _____ (Print Name) _____ (Signature) _____ (Date)</p> <p>QPPL Approval: _____ (Print Name) _____ (Signature) _____ (Date)</p> <p>Effective Date: _____</p>	

LANL ER PROGRAM
SOP TECHNICAL REVIEW CHECK LIST

Part I

Procedure: _____

Rev: _____

Title: _____

Part II (Reviewer Completes)

(Enter an "X" in the applicable space)
(If "No", enter comment No. from Review Sheet)

- Information: CONTACT THE ER PROGRAM OFFICE (951-937) TO OBTAIN ORIGINAL COPY FOR YOUR USE*
1. Is the SOP applicable to the activity for which it was written? YES NO NO. () () N/A
 2. Is the scope of training clearly specified? YES NO NO. () () N/A
 3. Are hazards associated with performing this SOP clearly identified? YES NO NO. () () N/A
 4. Is this SOP technically correct? YES NO NO. () () N/A
 5. Is this SOP written so a user with the appropriate education and training can properly implement it in a step by step manner? YES NO NO. () () N/A
 6. Does this SOP provide definitions for all words that have a special meaning for this SOP? YES NO NO. () () N/A
 7. Does this SOP list all equipment necessary to perform the procedure? YES NO NO. () () N/A
 8. Does this SOP provide diagrams of equipment as appropriate? YES NO NO. () () N/A
 9. Does this SOP define the parameters to be recorded after performing the procedure? YES NO NO. () () N/A
 10. Are data acceptance criteria given? YES NO NO. () () N/A
 11. Is it clear what documentation will be produced as a result of implementing the procedure? YES NO NO. () () N/A
 12. Does this SOP provide steps to perform for "troubleshooting" and reducing errors? YES NO NO. () () N/A
 13. Is this SOP consistent with current EPA regulations and guidelines? YES NO NO. () () N/A

[] Additional comments on Review Sheet.

Reviewed By (Print Name) _____

Position Title (Print)
(ER Personnel use ER Position Title) _____

Signature _____

Date _____

LANL ER PROGRAM
QUALITY ASSURANCE REVIEW CHECK LIST

Part I

Procedure: _____ Rev: _____

Title: _____

Part II (Reviewer Completes) (Enter an "X" in the applicable space)
(If "No", enter comment No. from Review Sheet)

1. Does this procedure conform to the requirements of the procedure controlling its preparation and issue?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
2. Does this procedure have the correct format on each page?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
3. Does this procedure have the correct revision status on each page?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
4. Does this procedure reference paragraphs, attachments, and other procedures correctly (i.e., no references to obsolete or superseded procedures)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
5. Does this procedure provide instructions that are adequate to control the activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
6. Does the procedure clearly state who and what the procedure is applicable to (scope)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
7. Does this procedure clearly define responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
8. Does this procedure implement the quality requirements for which it was written?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
9. Does this procedure list, in the "References" section, all the documents referenced in the procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A
10. Does this procedure list the QA documentation as a result of implementing the procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO. () () N/A

[] Additional comments on Review Sheet.

Reviewed By (Print Name) _____
ER Position Title (Print)

Signature _____
Date

Los Alamos National Laboratory Environmental Restoration Program

REVIEW SHEET

Page 1 of _____

Part I (To be filled out by ER Program Office) Date: _____

Title: _____ ID No.: _____ Rev: _____

Reviewer's Name (Print): _____ Group: _____ MS: _____

Comments Due By: _____ (Date) Return Comments To: _____ MS: _____

Before Questions To: _____ Phone: _____

Part II (Reviewer completes)

Received On: _____ (Date) Review Completed On: _____ (Date)

Signature: _____
Phone: _____ []

(Place an "X" in box if resolution of Mandatory Comments agreed to.)

No.	Location (Page, Para- graph, Line)	Reviewer's Comments/Suggestions [Mandatory (M) or Optional (O)]	Preparer's Proposed Revision/Resolution [Accept (A) or Reject (R) Reviewer's Comments/Suggestions]
		M/Q	A/R

EX A
 INFORMATION CONTACT THE ER PROGRAM OFFICE
 (665-4357) TO OBTAIN ORIGINAL COPY ONLY

Los Alamos National Laboratory Environmental Restoration Program

REVIEW SHEET
(Continued)

Page ____ of ____

Title: _____

Reviewer: _____

No.	Location (Page, Para- graph, Line)	Reviewer's Comments/Suggestions [Mandatory (M) or Optional (O)]	Preparer's Proposed Revision/Resolution [Accept (A) or Reject (R) Reviewer's Comments/Suggestions]
		M/Q	A/R

EX A M P L
Information CONTACT THE
ER PROGRAM OFFICE
(665-4357) TO OBTAIN
ORIGINAL COPY FOR YOUR USE
Only

Los Alamos National Laboratory
Environmental Restoration Program
Administrative Procedure

No: LANL-ER-QP-01.3

Rev: 0

Review and Approval of Environmental Restoration Program
Plans and Reports

Prepared by: Karen L Foster Karen R. Roster 3/2/91
(Print Name) (Signature) (Date)

Quality Review by: MIKE Ray MIKE Ray 3/6/91
(Print Name) (Signature) (Date)

Functional Review by: Paul L. Aarnott Paul L. Aarnott 3/6/91
(Print Name) (Signature) (Date)

PM Approval: Robert W. Vocke Robert W. Vocke 3/13/91
(Print Name) (Signature) (Date)

QPPL Approval: Larry Maassen Larry Maassen 3/21/91
(Print Name) (Signature) (Date)

Effective Date: 3/26/91

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REVIEW AND APPROVAL OF ENVIRONMENTAL RESTORATION PROGRAM PLANS AND REPORTS

1.0 PURPOSE

The purpose of this administrative procedure (AP) is to describe the process by which Environmental Restoration (ER) Program Plans and Reports (hereafter referred to as documents) are reviewed and approved.

2.0 SCOPE

This procedure applies to documents prepared for the ER Program and is applicable to preparers, internal reviewers, and the user of documents.

NOTE: Documents prepared for the ER Program are identified in the HSWA Module of the Laboratory's Resource-Conservation and Recovery Act permit and are scheduled for submittal to the Environmental Protection Agency (EPA) in accordance with the permit. Documents for preparation are also identified in the ER Program Installation Work Plan (IWP).

3.0 DEFINITIONS

3.1 Quality Assurance (QA) Review

A QA review is an examination of a document to ensure that it addresses applicable quality requirements.

3.2 Technical Memo

A technical memo is a report or document that describes a major deviation that must be made from an approved RFI Work Plan based on the results of previous work conducted.

3.3 Technical Review

A technical review is an objective examination of a document by an individual who has relevant and appropriate technical expertise applicable to the activity being reviewed to evaluate the correctness and adequacy of methods or techniques described.

4.0 RESPONSIBILITIES

4.1 Preparer

Document preparers are responsible for scheduling formal internal reviews of draft documents, ensuring that documents are delivered on schedule for review by regulatory agencies, and for resolving comments.

4.2 Program Manager

The PM is responsible for working with preparers to designate document reviewers within the Program and for verifying that documents receive internal and external reviews.

4.3 Reviewers

Document reviewers are responsible for conducting reviews in accordance with this procedure and for returning review comments in the period of time specified.

5.0 PROCEDURE

5.1 Identification of Documents for Review

The documents identified to be reviewed include, but are not limited to, the Installation Work Plan (IWP), Solid Waste Management Unit (SWMU) Report, RCRA facility investigation (RFI) work plans, RFI Reports, Corrective Measure Study (CMS) plans, CMS reports.

5.2 Scheduling Documents for Review

The PM and the preparer work together to schedule a time to distribute documents for internal reviews. The schedule is intended to help expedite the review process.

5.3 Identification of Document Reviewers

The PM works with document preparer to designate appropriate internal reviewers. Reviewers are selected taking into account the contents of the document, the technical expertise required to provide an adequate review, and ER Personnel whose work may be affected by the document. Multidisciplinary documents should be reviewed in sections by individuals with the appropriate technical background.

The PM manager or preparer work with the designated reviewer(s) to ensure that reviewers are available and are able to conduct the review in the time scheduled.

5.4 Preparing Documents for Review

A document is ready for a formal internal review once the document has been edited and compiled.

The preparer ensures that the document is marked "Internal Review Draft". (Drafts should be assigned a number (i.e., Draft 1, Draft 2, etc.) when the preparer anticipates more than one internal review cycle.)

The preparer distributes the draft document and includes instructions that

- identify the point of contact for questions,
- specify the date comments are due, and
- state where to return comments.

5.5 Conducting Internal Document Reviews

The reviewer writes comments on the draft document or may list comments on a separate sheet of paper. Reviewers must provide explanations that clarify the necessity for incorporating technical or administrative comments when the comment identifies a critical error that would affect the quality of end results if not corrected.

The reviewer mails comments so that they are received on the due date.

5.6 Resolution of Internal Comments

The preparer considers all comments and works with the reviewer to arrive at an acceptable resolution of all comments. If the preparer and reviewer do not agree on the resolution of technical comments, the PM is contacted to provide mediation by working to resolve comments. The PM determines if another subject matter expert is necessary to arrive at a resolution.

The document is finalized by incorporating comments and compiling the completed version. The preparer completes a Record of Comment Resolution (Attachment A) by performing the following:

- the preparer completes Part I of the form and mails the form and the final version of the document to the reviewer;
- the reviewer signs Part II of the form when assured that comments have satisfactorily been resolved;
- the reviewer mails the signed form and document to the preparer; and
- the preparer ensures that the documentation showing resolution is maintained.

5.7 Internal Approval of Plans and Reports

The preparer forwards the final version of the document and the completed Record of Comment Resolution to the PM. Concurrence by the PM or designee to verify the resolution of comments constitutes management approval of documents.

The PM or designee signs Part III of the Record of Comment Resolution form to indicate concurrence.

The PM ensures that preparers forward the approved documents to external agencies for final review and approval.

5.8 External Review of Plans and Reports

Documents must be reviewed and approved by the responsible external regulatory agencies before implementation. The preparer submits documents for review to the administrative authority (i.e., EPA or the State) and the DOE, as scheduled in the HSWA permit (Section 6.1).

5.9 Resolution of External Comments

The preparer incorporates or resolves the comments received from external reviewers and resubmits the document for approval.

The preparer ensures that a letter is received and maintained that verifies the approval of documents.

5.10 Submittal of Review Documentation

The preparer ensures that a compilation of records documenting the review process are submitted to the Records Facility in accordance with the AP entitled, Procedure for LANL ER Records Management. Section 7.0 of this AP lists the records generated that document the implementation of the review process described herein.

5.11 Deviations from Approved Documents

When work plans are implemented in the field, it is likely that deviations will be necessary. Minor deviations from Plans are to be described and documented in final reports.

Major deviations may be necessary based on the results of previous work conducted in the field. In such cases, a technical memo (Section 3.2) must be prepared and submitted to the administrative authorities and DOE for review and approval.

6.0 REFERENCES

6.1 Requirement Documents

Hazardous Waste Permit issued to University of California which was effective on May 23, 1990 by EPA, Region VI, to satisfy HSWA of 1984, Module of RCRA.

Environmental Restoration Program Installation Work Plan

6.2 Cited Documents

Procedure for LANL ER Records Management

7.0 RECORDS

The record package generated to document the implementation of this procedure is

- completed Record of Comment Resolution,
- final document resulting from internal review,
- external review comments,
- letters from external agencies approving documents, and
- the final document.

This package should be compiled as listed above and submitted to the records facility.

Technical memos are to be submitted with the appropriate final reports documenting actual work conducted.

8.0 ATTACHMENTS

Attachment A, Record of Comment Resolution

Information copy only

Environmental Restoration Program
RECORD OF COMMENT RESOLUTION

Date _____

Part I (preparer completes)

*Document title _____

Document preparer _____ (Print Name)

Document reviewer _____ (Print Name)

Date comments resolved _____

Part II (reviewer completes)

I am satisfied with the incorporation and/or resolution of my technical/administrative comments on the document identified above.

_____ (Signature) _____ (Date)

Return the signed form and attached document to the preparer.

Part III (Program manager or designee concurrence)

_____ (Signature) _____ (Date)

*Attach the final version of the document reviewed to this form and forward to the reviewer.

Distribution of Controlled Documents Prepared for the
Environmental Restoration Program

Prepared by: Karen L Foster Karen L Foster 2/21/91
(Print Name) (Signature) (Date)

Quality Review by: Mike Ray Mike Ray 3/7/91
(Print Name) (Signature) (Date)

Functional Review by: Sandy Wagner Sandy Wagner 2/28/91
(Print Name) (Signature) (Date)

PM Approval: Robert W Vocke Robert W Vocke 3/13/91
(Print Name) (Signature) (Date)

QPPL Approval: Larry Maassen Larry Maassen 3/21/91
(Print Name) (Signature) (Date)

Effective Date: 3/26/91

Information

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8.0 ATTACHMENTS

Distribution of Controlled Documents Prepared for the Environmental Restoration Program

1.0 PURPOSE

The purpose of this administrative procedure (AP) is to describe the process for identifying, distributing, and maintaining controlled documents prepared for the Environmental Restoration (ER) Program.

2.0 SCOPE

This procedure is applicable to controlled documents for the ER Program, to ER personnel responsible for identifying the recipients of controlled documents, and to the recipients of controlled documents.

3.0 DEFINITIONS

3.1 Document Control

Document control is the process whereby an ER Program plan, procedure, drawing, or report is reviewed, approved, and released for guidance or detailed instruction.

3.2 Controlled Distribution

Controlled distribution is the process whereby certain instructions are issued to specific personnel and whereby personnel are required to acknowledge their receipt.

3.3 Controlled Working Copy

A controlled working copy is a controlled procedure that is duplicated, assigned a limited effective date, and distributed to employees for use at work sites.

3.4 Master List of Controlled Documents

The master list of controlled documents is a current record of procedures, plans, drawings, reports, or instructions that have been issued through controlled distribution or are maintained and retrievable.

3.5 Receipt Acknowledgment Form

A Receipt Acknowledgment Form is a record that accompanies instructions issued by controlled distribution. The form is used to enumerate package contents and to provide instructions including, the time frame for completing instructions and acknowledging receipt of the contents, and states where to return the signed form.

4.0 RESPONSIBILITIES

4.1 Program Manager

The Program Manager (PM) identifies documents controlled by the ER Program and has overall responsibility for the controlled distribution process described herein.

4.2 Operable Unit Project Leaders

Operable unit project leaders (PLs) are responsible for identifying the controlled documents essential to the performance of work assignments and the recipients of controlled documents.

4.3 Quality Program Project Leader

The quality program project leader (QPPL) is responsible for verifying that this procedure is implemented.

4.4 Technical Team Leaders

Technical team leaders (TTLs) are responsible for identifying the controlled documents essential to the performance of work assignments and identifying the recipients of the documents.

4.5 Custodian of Controlled Documents

The custodian of controlled documents is responsible for the

- maintenance of the master list of controlled documents,
- distribution of controlled documents, and
- maintenance of records associated with the distribution process.

4.6 Recipient of Controlled Documents

Recipients of controlled documents are responsible for

- following instructions on receipt acknowledgment forms,
- maintaining the controlled documents they receive, and
- returning controlled documents when they leave the ER Program or when their responsibilities change.

5.0 PROCEDURE

The procedures stated in this section are essential to ensure that personnel conducting ER work receive or have access to current versions of controlled documents and to ensure that the PM reviews, approves, and releases revisions to instructions.

5.1 Identification of Controlled Documents

The ER Program Office controls documents, including but not limited to, the Installation Work Plan (IWP), Solid Waste Management Unit Report (SWMU), RCRA Facility Investigation (RFI) work plans, RFI Reports, Corrective Measure Study plans (CMS), CMS reports, and implementing procedures such as, APs, Quality Procedures (QPs), and technical standard operating procedures (SOPs).

The PM determines which of these documents are to be released through controlled distribution (Section 3.2).

The PM

- ensures that a master list of the documents identified for control is prepared (Section 3.4) and
- determines the recipients of the master list.

The custodian of controlled documents

- maintains the master list of controlled documents, which includes, but is not limited to, the document's unique number (including revision number, if applicable), title, and effective date; and
- prepares a letter to accompany the master list of controlled documents to be reviewed and approved by the PM.

5.2 Determining Recipients of Controlled Documents

The PM ensures that the PLs have access to all controlled documents related to their ER Program work assignments.

The PM, PL, or TTL determines other recipients of controlled documents based on ER Program work assignments. At a minimum, supervisors of personnel conducting ER work will receive or have access to controlled documents applicable to an individual's ER work.

The PM, PL or TTL supplies the custodian of controlled documents with the names and locations of personnel who are to receive working copies of controlled documents.

5.3 Distribution Process

ER Program controlled documents that are identified for distribution will be contained in uniquely numbered and titled manuals (binders); however, controlled working copies of individual procedures may be issued separately to ER personnel when it is essential to have certain procedures at the work site. The guidelines stated in Sections 5.3.1 and 5.3.2 must be followed.

5.3.1 Distribution of Controlled Documents

When the controlled document custodian receives the documents for distribution and the names of the recipients, the custodian

- marks each page of the controlled document "CONTROLLED" using indelible red ink (ER documents that are not marked in red are to be considered information copies only);
- assigns a unique number and title to manual(s);
- prepares and maintains a table of contents for each manual that lists the documents contained within by unique numbers, if applicable, and title;
- prepares and maintains a distribution list to include manual numbers, recipient(s) of numbered manual(s), and the location (address) of recipient(s);
- completes Parts I and II of the receipt acknowledgment form shown in Attachment A (Definition 3.5);
- prepares a distribution cover letter for the PM's signature;
- distributes packages containing the cover letter, controlled documents, and receipt acknowledgment form; and
- ensures that all receipt acknowledgment forms are returned within the specified time.

5.3.2 Distribution of Working Copies

Working copies of controlled documents (i.e., instructions or procedures) are distributed on a case-by-case basis. For example, before conducting field sampling activities, procedures to be used in the field are determined and working copies of the applicable procedures are requested. The maximum effective period may not exceed 90 working days.

Short-term effective dates are assigned to working copies to eliminate the need for retaining distribution documentation. **Documentation such as final reports, field forms, or notebooks must identify the title and revision number of procedures followed.**

ER Program PLs or TTLs

- identify the tasks and work sites to which procedures and other controlled documents must be provided;
- mark a current copy of the master list of controlled documents by highlighting the documents needed at a particular work site;
- indicate the recipient's name and location and the effective period of the working copy; and
- forward the request to the controlled document custodian.

The custodian of the controlled document receives the request and prepares the working copy(s) for distribution. The custodian

- then marks the first page of the controlled document copy with red indelible ink as shown below:

CONTROLLED WORKING COPY
EFFECTIVE FROM _____ TO _____
begin date end date

- fills in the effective period provided by the PL or TTL, and
- distributes the working copy without further documentation.

5.4 Receipt and Maintenance of Controlled Documents

The recipients of manuals follow the instructions specified on the receipt acknowledgment form. The form must be signed and returned as directed to verify that the controlled documents have been received and that appropriate updates have been made.

Manuals must be maintained. Controlled documents or portions thereof may not be removed from the manuals.

The recipients of controlled working copies are to dispose of (recycle) the copies after the effective period has expired.

5.5 Return of Controlled Documents

Controlled documents are to be returned to the custodian of controlled documents when recipients are no longer conducting work for the ER Program or when their responsibilities change.

5.6 Maintenance of Superseded Documents

The custodian of controlled documents maintains copies of superseded documents. The custodian

- marks the document

SUPERSEDED BY

(Document No. and title)

and,

- maintains a Table of Contents that lists the superseded document and the document replacing it.

5.7 Revision of Controlled Documents

The revision of controlled documents are to be made in accordance with the guidance governing the development of the original document or are made in accordance with the AP, Revision and Interim Changes of ER Program Controlled Documents.

5.8 Submittal of Distribution Documentation

The custodian of controlled documents ensures that the records listed in Section 7.0 of the AP are submitted in accordance with the AP entitled Procedure for LANL ER Records Management.

6.0 REFERENCES

6.1 Requirement Documents

Quality Program Plan, Section 6.0 and 7.0

6.2 Cited Documents

Revision or Interim change of ER Program Controlled Documents.

7.0 RECORDS

The records produced as a result of implementing this procedure are

- master list of controlled documents,
- distribution list of manual recipients,
- manual table of contents for each manual, and
- signed receipt acknowledgment forms.

8.0 ATTACHMENTS

Receipt Acknowledgment Form (Attachment A)

Information copy only

**ENVIRONMENTAL RESTORATION PROGRAM
RECEIPT ACKNOWLEDGMENT FORM**

Distribution Date _____

Part I. Enclosures (completed by document custodian). List all documents included in this distribution

* Please return this form by _____.

Part II. Instructions (completed by document custodian). Add, delete, or replace documents as described below:

Information copy only

Part III. Receipt Acknowledgment (completed by recipient)

I have received/revise Manual No. _____. I understand that I am responsible for familiarizing myself with the document/manual contents and for maintaining documents received.

Name (Print)

Signature

Date

*Return to: ER Controlled Document Custodian, MS K481

**Environmental Restoration Program
INTERIM CHANGE NOTICE**

EFFECTIVE DATE (Dist. date) 1-27-92 ICN NO. 002 Page 1 of 1

Document No. LANL-ER-AP-01.5 Rev. 0 Title Revision or Interim Change of ER Program Controlled

Reason for Change

The procedure states that revised portions of documents will be indicated by shading the changed text or drawing vertical lines by revised text. ER Program software does not have a text shading capability and it is not convenient to draw vertical lines. It is more reasonable to state that changes are indicated only during review cycle.

Description of Change (Specify page, paragraph, and/or section revised, and clearly write new text to be incorporated in the document).

Page 4, Section 5.3, 2nd bullet. Rewritten as follows:

- changes made to text are underlined and italicized while the revised document is in a review cycle.

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Change requested by	<u>Karen Foster</u> (Print)	<u>Karen Foster</u> (Signature)	<u>12/3/91</u> (Date)
Technical Reviewer	<u>N/A</u> (Print)	<u>N/A</u> (Signature)	<u>N/A</u> (Date)
or			
Functional Reviewer	<u>Micheline Desautels</u> (Print)	<u>Micheline Desautels</u> (Signature)	<u>12/3/91</u> (Date)
Program Manager Approval	<u>Robert W Vocke</u> (Print)	<u>Robert W Vocke</u> (Signature)	<u>12/5/91</u> (Date)
Quality Program Project Leader (QA review and approval)	<u>Karen L Foster</u> (Print)	<u>Karen L Foster</u> (Signature)	<u>12/6/91</u> (Date)

Los Alamos National Laboratory
Environmental Restoration Program
Administrative Procedure

No: LANL-ER-AP-01.5
INTERIM PROCEDURE

Rev: 0

Revision or Interim Change of ER Program
Controlled Documents

Prepared by Karen L Foster Karen L Foster 2/21/91
(Print Name) (Signature) (Date)

Quality Review by Mike Ray Mike Ray 3/6/91
(Print Name) (Signature) (Date)

Functional Review by Micheline Devaux Micheline Devaux 2/28/91
(Print Name) (Signature) (Date)

PM Approval Robert W Vocke Robert W Vocke 3/13/91
(Print Name) (Signature) (Date)

QPPL Approval Larry Maassen Larry Maassen 3/21/91
(Print Name) (Signature) (Date)

Effective Date: 3/26/91

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Revision or Interim Change of ER Program Controlled Documents

1.0 PURPOSE

The purpose of this administrative procedure (AP) is to state the process by which the documents controlled by the Environmental Restoration (ER) Program are revised, reviewed, and approved.

NOTE: The ER Records Management procedure addresses the requirements for submitting revised records.

2.0 SCOPE

This procedure applies to documents issued in accordance with the AP entitled Distribution of Controlled Documents Prepared for the ER Program, and is applicable to preparers and recipients of documents.

3.0 DEFINITIONS

3.1 Document Control

Document control is the process whereby an ER Program plan, procedure, drawing, or report is reviewed, approved, and released for guidance or detailed instruction.

3.2 Controlled Distribution

Controlled distribution is a process whereby instructions are issued to specific personnel and whereby personnel are required to acknowledge their receipt.

3.3 Interim Change Notice

An Interim Change Notice (ICN) is a form used to document a major change to a portion of a controlled document and that is distributed through controlled distribution to personnel in possession of the original document.

3.4 Major Change

A major change is the addition or deletion of information that modifies the intent of a document or that changes the responsibilities of ER personnel.

3.5 Revision

A revision is an extensive rewrite of a document whereby the document receives a new revision number.

4.0 RESPONSIBILITIES

4.1 ER Program Manager

The ER Program Manager (PM) is responsible for ensuring that changes to controlled documents are made in accordance with this procedure.

4.2 ER Program Personnel

The preparers, recipients, and users of controlled documents are responsible for initiating changes to documents.

4.3 Quality Program Project Leader

The quality program project leader (QPPL) is responsible for verifying that this procedure adequately addresses quality requirements and is implemented.

5.0 PROCEDURE

A major change (Section 3.4) constitutes the revision of a controlled document. Documents are revised to reflect current technology and administrative directives, to update personnel responsibilities and referenced material, and to correct instructions that result in numerous deviations.

Minor changes in the original such as typographical errors, sentence structure, or punctuation, do not constitute a revision to a controlled document.

ER personnel who use controlled documents in the performance of work assignments initiate or request changes to controlled documents by one of the two methods described below.

5.1 Process for Revising Controlled Documents

ER personnel contact the preparer of a controlled document when extensive or numerous changes to a document are necessary. (The PM is contacted if the preparer is no longer assigned to the ER Program or if the preparer's responsibilities have changed.)

The preparer updates the controlled documents in accordance with the written instructions or requirements that governed the development of the original document. (Section 6.2)*. The preparer ensures that

- each iteration of a controlled document has a revision number,

* The documents listed in Section 6.2 represent the guidance that governed the preparation/review of the original document.

- revised portions of a document are indicated by shading the text or placing a vertical line by the affected text, and
- the revised document contains a statement identifying the superseded version if the title and number have been changed.

The PM ensures that revised documents are reviewed and approved in accordance with the instructions and requirements that governed the development of the original document. (Section 6.2).

5.2 Process for Revising Controlled Documents With An Interim Change Notice

ER Personnel execute revisions that affect limited portions of controlled documents by preparing an ICN (Attachment A). The individual requesting the change completes the form by providing the

- document number;
- document title;
- reason for change; and
- description of the change, which is to include the page, paragraph, and section being revised; new text to be added; and/or text to be removed.

The preparer signs and dates the ICN.

The preparer ensures that the ICN is reviewed and approved in accordance with the guidance that directed the review of the original controlled document. (Section 6.2). [ER controlled documents receive technical or functional (administrative) reviews, which ever is appropriate, and QA reviews.]

The preparer obtains the signatures of the reviewers on the ICN to indicate that the ICN is agreed upon.

The preparer forwards the ICN and review documentation to the PM.

The PM approves the INC or contacts the preparer to resolve additional comments. The PM signs the ICN when the additional comments are satisfied and forwards it to the QPPL.

The QPPL signs the ICN to indicate that the quality requirements were addressed and returns the ICN to the PM.

The PM ensures that an ICN number log (Attachment B) is maintained.

The ICN Number Log is used to document the

- unique ICN number,
- title and number of document being revised,
- ICN review date,
- ICN approval date,
- ICN effective date, and
- date ICN was superseded or withdrawn.

The PM ensures that

- ICNs are assigned a unique number and effective date,
- recipients of ICNs are instructed to place the ICN in front of the updated document, and to place a note in the document beside the affected text, which refers readers to the ICN, and
- records listed in Section 7.0 of this AP are submitted in accordance with the AP entitled Procedure for LANL ER Records Management.

5.3 Distribution of Revisions and ICNs

The PM ensures that ICN and revisions are released for distribution in accordance with the procedure for distributing ER controlled documents (Section 6.2).

6.0 REFERENCES

6.1 Requirement Documents

- Quality Program Plan, Section 7.

6.2 Documents Cited

- Hazardous Waste Permit issued to University of California which was effective on May 23, 1990 by EPA, Region VI, to satisfy HSWA of 1984, Module of RCRA.
- Distribution of Controlled Documents Prepared for the ER Program
- Preparation, Review, and Approval of Administrative Procedures
- Preparation, Review, and Approval of Standard Operating Procedures
- Procedure for LANL ER Records Management

7.0 RECORDS

The records generated documenting the implementation of this procedure are

- revised controlled documents and
- approved ICN, and

8.0 ATTACHMENTS

Attachment A-	Interim Change Notice
Attachment B-	ICN Number Log

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Environmental Restoration Program
INTERIM CHANGE NOTICE

EFFECTIVE DATE (Dist. date) _____ ICN NO. _____ Page _____ of _____

Document No. _____ Rev. _____ Title _____

Reason for Change

Information **E X A M P L E**

Description of Change (Specify page, paragraph, and/or section revised, and clearly write new text to be incorporated in the document).

**CONTACT THE
ER PROGRAM OFFICE
(665-4557) TO OBTAIN
ORIGINAL FOR YOUR USE**

Copy only

Change requested by _____ (Print) _____ (Signature) _____ (Date)

Technical Reviewer _____ (Print) _____ (Signature) _____ (Date)
or

Functional Reviewer _____ (Print) _____ (Signature) _____ (Date)

Program Manager Approval _____ (Print) _____ (Signature) _____ (Date)

Quality Program Project Leader (QA review and approval) _____ (Print) _____ (Signature) _____ (Date)

Environmental Restoration Program
 ICN NUMBER LOG

ICN NO.	Document Title and Number	Review Date	Approval Date	Effective Date	Date ICN Superseded or Withdrawn

EXAMPLE
 INFORMATION CONTACT THE ER PROGRAM OFFICE (665-4357) TO OBTAIN ORIGINAL COPY ONLY

Los Alamos National Laboratory
 Environmental Restoration Program
 Administrative Procedure

No: LANL-ER-AP-02.1
 Interim Procedure--Draft

Rev: 1

Procedure for LANL ER Records Management

Prepared by Mike Ray Mike Ray 3/4/92
 (Print Name) (Signature) (Date)

Quality Review by Larry Maassen Larry Maassen 3 March 92
 (Print Name) (Signature) (Date)

Functional Review by Marja Shaner Marja H Shauer 3 March 92
 (Print Name) (Signature) (Date)

PM Approval Robert W Voelke Robert W Voelke 3-4-92
 (Print Name) (Signature) (Date)

QPPL Approval Karen L. Warthen Karen L Warthen 3/4/92
 (Print Name) (Signature) (Date)

Effective Date: 3-4-92

Information

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PROCEDURE FOR LANL ER RECORDS MANAGEMENT

1.0 PURPOSE

The purpose of this administrative procedure (AP) is to describe the methods by which Environmental Restoration (ER) Program (hereafter called Program) records (including technical data) are identified, transmitted, and processed.

2.0 SCOPE

This AP applies to all personnel conducting work for the ER Program (including contract and subcontract employees) and to Program records as defined herein.

3.0 DEFINITIONS

3.1 ER Program Records

ER Program records, regardless of physical form, are programmatic records or reference records (as defined below) that are essential or required for the continued functioning and/or interests of the ER Program or that contribute to the logic for reaching ER decisions. Information may be identified as a Program record at the discretion of Program participants (normally the originator), even if it is not specifically identified as a record in Program procedures, plans, or other guidance. All references to "record" in this procedure refer to an ER Program record unless stated otherwise.

3.1.1 Programmatic Records

Programmatic records, regardless of physical form, are records specifically identified in Program quality procedures (QPs), administrative procedures (APs), standard operating procedures (SOPs), ER plans (e.g. work plans and sampling plans), management guidance documents, or records that are generated in the routine conduct of Program activities.

3.1.2 Reference Records

Reference records, regardless of physical form, are records that have been published or widely disseminated or that can be readily duplicated from publishers, professional organizations, libraries, vendors, or other similar sources. Generally, these can be referenced by identifying criteria assigned by the originator (e.g. No., Vol., ISBN, Serial No., LA-UR, etc.). They are compiled as a resource for conducting Program activities and to make citations available Program-wide.

3.2 Record Package

A record package is a collection of two or more completed records that support one topic (e.g., audit files, major procurement files, design drawing package, etc.).

3.3 Machine-Readable Records

Machine-readable records are those on various media (e.g., magnetic tape, diskette, optical disk, etc.) that are only readable by use of equipment; i.e., they are not directly human-readable. Legal acceptance, regulatory requirements, and certain industry standards of machine-readable records are not well established nor widely accepted and, in many aspects, are still being defined and evaluated.

3.4 Records Processing

Records processing, as used in this procedure, is the conduct of records management activities including, but not limited to, reviewing after transmittal, indexing, copying, retaining, protecting, accessing, and, as needed, returning transmittals to the originator for action, correcting processed records, handling machine-readable records, or retrieving records upon request.

3.5 Records Processing Facility

The Records Processing Facility (RPF) is where all ER records are received and processed.

3.6 Facility for Information Management, Analysis, and Display

The Facility for Information Management, Analysis, and Display (FIMAD) is the Program's central computing support facility at which machine-readable information is managed.

4.0 RESPONSIBILITIES

4.1 ER Program Manager

The ER Program Manager has overall responsibility for the ER records management system.

4.2 Project Leader for Records Management

The Project Leader for Records Management is responsible for developing and implementing the ER Records Management Program Plan, the Program's records management procedure, internal procedures relevant to RPF activities, and the conduct of daily RPF operations.

4.3 Project Leader for FIMAD

The Project Leader for FIMAD is responsible for developing and implementing procedures relevant to FIMAD activities and the conduct of daily FIMAD operations.

4.4 Quality Program Project Leader

The Quality Program Project Leader approves this AP by signature if it meets quality program requirements.

4.5 Operable Unit Project Leader

Each Operable Unit Project Leader (OUPL) has overall responsibility for ensuring the transmittal to the RPF of ER records resulting from Program activities conducted under their authority.

4.6 Record Originator

The originator of a record is responsible for

- o identifying records (Sec. 5.1.1);
- o reviewing records (Sec. 5.1.2);
- o transmitting records to the RPF (Sec. 5.1.3); and, if required, performing
- o other records actions (Sec. 5.1.4).

4.7 RPF Records Processor

The RPF Records Processor is responsible for operating the RPF and processing records (Sec. 5.2).

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5.0 PROCEDURES

5.1 Procedures to be followed by the Record Originator

5.1.1 Identification of ER Records

The originator identifies information as an ER Program record (Sec. 3.1).

5.1.2 Review of ER Records

The originator must review each Program record before transmitting it to the RPF to ensure that

- o the record is legible, and
- o the record is complete (i.e., applicable attachments, enclosures, and authorizations are included).

5.1.3 Transmittal of ER Records

Transmittal of Single Records

When a Program record is complete, it must be sent to the RPF in a timely manner to ensure protection. The transmittal can be accomplished by simply including the RPF (Mailstop M707) on the regular distribution of Program records. Indexing the record by use of an ER Record Index Form (Attachment A) and Attachment Sheet (Attachment B) is performed at the RPF unless the originator prefers to do it. The appropriate forms and assistance are available at the RPF.

[**Note:** Originators of ER records may be required to transmit records through an OUPL. This requirement upon originators of Program records is at the discretion of the OUPL responsible for the respective work].

Transmittal of a Record Package

Individual elements of a record package must be easily distinguished from one another (e.g., sequentially numbered pages; other materials, such as photos, maps, and floppy disks, should be individually labeled and clearly identified). Record packages must include a listing of the following information for each record in the record package:

- o *Date* (date of the record)
- o *Record Type* (i.e., memo, report, photo, map, etc.)

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- o *Title/Subject* (topic addressed by the record)
- o *Symbol* (organizational symbol; e.g., EM-13:92-63; this is optional)
- o *Page Count* (number of pages in record or items; e.g., number of photos).

5.1.4 Other ER Records Actions (As Needed)

Records Returned to Originator

Originators must correct records that have been returned for administrative corrections. An ER Record Return Form (Attachment C) initiated at the RPF is attached to returned records specifying the action required of the originator.

Correction of Processed Records

The originator can correct records that have been previously processed by completing an ER Record Correction Form (Attachment D) available from the RPF. Previously processed records that require extensive corrections or revisions should be retransmitted as a new ER Record. Space is provided on the form to indicate the record being superseded. The RPF can assist the originator with this information.

Transmittal of Machine-Readable Records

Records produced by the originator on machine-readable media, must be transmitted in the following manner:

- o Transfer files directly into FIMAD, whenever possible, and provide a hard copy (i.e., human-readable form) to the RPF.
- o Records transmitted to the RPF on various machine-readable media must also include a hard copy of the record. The machine-readable version will be immediately forwarded to FIMAD. The hard-copy will be used to verify file content and format in coordination with FIMAD and to ameliorate unresolved issues in legality and industry standards for machine-readable records.

Transmit machine-readable records in accordance with "Preliminary FIMAD Guidelines for Information Transfer" (Attachment E). The originator of machine-readable records should contact the Project Leader for Records

Management or the Project Leader for FIMAD for assistance, if needed.

Retrieval of Records

RPF personnel will retrieve records at the RPF upon request. Periodically, a records list is sent to each originator of ER records to provide an opportunity for records originators to ascertain the RPF receipt of their records transmittals. This list can also be used to identify specific records by ER Record Identification Number for retrieval purposes. Records are not to be removed from the RPF. Records may be copied by users (or FAXed to them) if a copy is needed outside the RPF. Under extenuating circumstances, records *may* be taken from the RPF with approval of the Project Leader for Records Management. Working copies of Program records will eventually be retrievable at local work stations through the FIMAD network.

5.2 Procedures to be followed by the RPF Records Processor

5.2.1 Reviewing ER Records After Transmittal

The RPF Records Processor inspects records for

- o legibility;
- o completeness (i.e., proper authorization and inclusion of all attachments or enclosures, if applicable);
- o damage; and,
- o page count.

After acceptance of the record, the records processor date-stamps the record and initials the stamp mark.

5.2.2 Indexing ER Records

Completion of an ER Record Index Form

A record indexing system specific to the ER Program is followed. An ER Record Index Form (Attachment A) is completed for each record received to allow automated record searches and retrievals by use of a computerized relational data base. If additional space is required for indexing, an ER Record Index Form Attachment Sheet (Attachment B) is also used. The index system utilizes approximately 40 fields and over 300 "keywords"

derived with input from Operable Unit Project Leaders. The index form and attachment sheet are viable working elements of the records indexing system and are modified as necessary with a revision date noted on the footer of each form.

Assignment of ER Record Identification Numbers

The RPF assigns a numerical identifier (ER Record Identification Number) permanently unique to each record. ER record numbers are assigned in simple sequence with a bar code label affixed to the space indicated on the record index form. After records are indexed they are prepared (staples, rubber bands, and "dog ears" are removed) for copying.

5.2.3 Copying ER Records

Copying, as used in this procedure, includes reproduction of records on the same media or conversion of records to different media.

Micrographics

The capture of records onto microfilm by rotary camera, as applicable, is to provide a working copy (diaz duplicate) at the RPF. The original silver-halide film is stored at a protected dual storage facility and the records originally transmitted to the RPF are forwarded to CRM Division for authorizing long-term storage and/or disposition. Microfilming is conducted according to the pertinent internal procedure at the RPF implemented consistent with industry-wide standards and practices. Records not suitable for rotary camera (e.g., large documents, field books, etc.) are to be captured on aperture cards or filmed as source documents on planetary cameras, or other suitable equipment, by the Laboratory's in-house graphics services.

Digital Images

Most records will be scanned at the RPF in coordination with FIMAD to make them available as digitized images through the work stations. This will allow handling of paper records at one location. The capture will be directly into the FIMAD network or onto magnetic tapes or optical disk for transport to FIMAD for Program-wide access.

5.2.4 Retaining ER Records

Records will be retained consistent with a records retention schedule to be developed in coordination with CRM Division for ER Program records. The

schedule will specify the records retention required to meet or exceed regulatory guidelines, Laboratory policy, and management guidance documents. Until this schedule is finalized and approved, all ER records are considered to be permanent.

5.2.5 Protecting ER Records

Records are protected by storage in two separated areas for dual storage. Dual storage minimizes the risk of losing records from damage or destruction. The RPF Records Processor sees that records are protected by

- o temporarily storing original transmittals in 1-hr-rated fire-proof file cabinets until copied and sent to dual storage,
- o storing all records in an area with lockable doors and/or in lockable metal cabinets to protect them from larceny and vandalism,
- o replacing records upon discovering they are missing or damaged,
- o organizing and indexing the records.

Reference records (Sec. 6.2) are not unique one-of-a-kind records and , therefore, do not warrant protection in fire-proof files. Unpublished drafts, referred to as "attachments" in the Policy for Publications and Presentations (see Sec. 6.2), are programmatic records and are subject to protection; only the final published version is categorized as a reference record.

5.2.6 Accessing ER Records

Access to ER Records through the RPF

Access to Program records at the RPF is supervised by personnel specified on an access list posted at the RPF. Controlled access is maintained by use of a key-control box to protect records. An out-card system or sign-out log (as applicable) is used when Program records are removed from the files and records are refiled by RPF personnel only.

Access to ER Records through the FIMAD

The FIMAD will provide rapid dissemination and access to Program records through a network of computer work stations. The RPF coordinates with FIMAD to perform scanning activities for digitizing records to allow full text retrieval of documents through the FIMAD network.

Public Access to ER Records

Program records at the RPF are currently accessible to the public through coordination with the Environmental Restoration Community Relations Reading Room and the Project Leader for Community Relations. A work station on the FIMAD network and the necessary data links are to be located at the Community Relations Reading Room for public access to Program records.

5.2.7 Other ER Records Actions (As Needed)

Return of Transmittals to the Originator

If record transmittals do not comply with the procedural requirements (Sec. 5.1), records are returned to the originators along with the reason specified on the ER Record Return Form (Attachment C). The RPF staff will work with originators to find satisfactory solutions. The RPF maintains a file to track records that have been returned to originators. As a reminder, the RPF contacts originators at intervals of 10 and 20 working days to retransmit returned records. After 30 working days, returned records must either be reissued or retransmitted with an explanatory cover letter.

Correction of Processed Records

Originators can correct records that have been previously processed by completing a Record Correction Form (Attachment D). Previously processed records requiring extensive corrections or revisions should be retransmitted as a new ER Record. Space is provided on the form to indicate the record being superseded. RPF assistance will be provided upon the originator's request.

Handling of Machine-Readable Records

Machine-readable records transmitted to the RPF are processed in the following manner:

- o Records transmitted to the RPF on machine-readable media are to be immediately forwarded to FIMAD.
- o The accompanying hard copy required from the originator is to be processed as a normal paper record (Sec. 5.2).

- o The hard-copy will be used in coordination with FIMAD to verify file content and format and to ameliorate unresolved issues of legality and industry standards for machine-readable records.

The RPF records processor should contact the Project Leader for Records Management or the Project Leader for FIMAD for assistance, if needed.

Retrieval of Records

RPF records processors retrieve records upon request based on information provided by the requester. The periodic records listing sent to each originator of ER records can be used to identify specific records by ER Record Identification Number for retrieval purposes. Records are not removed from the RPF. The requester may either copy records or have them FAXed if a copy is needed away from the RPF. Under extenuating circumstances records may be removed from the RPF with approval of the Project Leader for Records Management.

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6.0 REFERENCES

6.1 Requirements Documents

Installation Work Plan for Environmental Restoration, 1991, Los Alamos National Laboratory, Report No. LA-UR-91-3310.

Quality Program Plan for Environmental Restoration (LANL-ER-QPP,R0), June 25, 1991, Sec. No. 6 and Sec. No. 17., Los Alamos National Laboratory.

6.2 Documents Cited

LANL-ER-AP-03.1, Environmental Restoration Policy for Publications and Presentations

7.0 RECORDS

- o ER Record Index Form
- o ER Record Index Form Attachment Sheet
- o ER Record Return Form
- o ER Record Correction Form
- o List of personnel authorized to oversee access to RPF files

8.0 ATTACHMENTS

Attachment A: ER Record Index Form

Attachment B: ER Record Index Form Attachment Sheet

Attachment C: ER Record Return Form

Attachment D: ER Record Correction Form

Attachment E: Preliminary FIMAD Guidelines for Information Transfer

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DRAFT

LOS ALAMOS LOS ALAMOS NATIONAL LABORATORY

ENVIRONMENTAL RESTORATION
Record Processing Facility
ER Record Index Form
(Side 1 of 2)

AFFIX BAR CODE LABEL WITH ER I.D. NUMBER HERE

DATE RECEIVED: _____ PROCESSOR: _____

Part I: Complete all fields; indicate NA (Not Applicable) if appropriate. Please write legibly.

DOCUMENT TO: _____ DOCUMENT DATE: _____

ORIGINATOR NAME: _____ ORGANIZATION: _____

SYMBOL: _____ PAGE COUNT: _____

SUBJECT/TITLE: _____

RECORD TYPE (Cross relevant type):

Analytical Data	Figure	Memo	Procedure	Telephone Record
Chain-of-Custody	Form	Microform	Purchase Request	Transcription
Computer Output	Interview	Notebook	Receipt Acknowledgment	Video
Contract	Letter	Personal Notes	Report	Work Plan
Drawing	Logbook	Photo	Review	Other _____
FAX	Map	Plan	Study	

RECORD CATEGORY: _____

RECORD PACKAGE # _____

Part II: Complete all fields; indicate NA (Not Applicable) if appropriate. Please write legibly. Use ER Record Index Form Attachment Sheet if needed.

TECH AREA(S)	SWMU NO(S)	ADS NO(S)	STRUCTURE NO(S)
LIST RELEVANT TECH AREA(S) HERE.	LIST RELEVANT SWMU(S) HERE.	LIST RELEVANT ADS NO(S) HERE.	LIST RELEVANT STRUCTURE NO(S) HERE.

Part III: Complete all fields; indicate NA (Not Applicable) if appropriate. Please write legibly. Use ER Record Index Form Attachment Sheet if needed.

WBS NO(S)	DOCUMENT TO	ORIGINATOR NAMES
LIST RELEVANT WBS NO(S) HERE.	LIST MULTIPLE RECIPIENTS HERE.	LIST MULTIPLE ORIGINATORS HERE.

CORRECTION Y/N: _____ SUPERCEDES #: _____ SUPERCEDED BY #: _____

CORRECTION DESCRIPTION: _____

REPLACE: _____ DELETE: _____ ADD: _____ REVISE: _____

Part IV: KEYWORDS; *Circle relevant KEYWORDS from the list below.*

ER Record Index Form

MISCELLANEOUS (Please write legibly):

(Side 2 of 2)

<p>don</p> <p>Ground Tank</p> <p>Accelerator</p> <p>Access</p> <p>Accident</p> <p>Accumulation</p> <p>Acid</p> <p>Administrative</p> <p>ADS (Activity Data Sheet)</p> <p>AEC (Atomic Energy Commission)</p> <p>Air</p> <p>Alpha</p> <p>Americium</p> <p>Analysis</p> <p>Analytical</p> <p>AOC (Area of Concern)</p> <p>Approval</p> <p>Aquifer</p> <p>ARAR (Applicable, Relevant, or Appropriate Requirements)</p> <p>Archeology</p> <p>Archive</p> <p>Area</p> <p>Arsenic</p> <p>Asbestos</p> <p>Assessment</p> <p>Audit</p> <p>-----</p> <p>Bacteria</p> <p>Barium</p> <p>Baseline</p> <p>Bermed Area</p> <p>Beryllium</p> <p>Beta</p> <p>Biology</p> <p>-----</p> <p>yard</p> <p>buried</p> <p>Burn</p> <p>Burn Site</p> <p>-----</p> <p>Cadmium</p> <p>Caisson</p> <p>Calibration</p> <p>Canyon</p> <p>Caustic</p> <p>CEARP (Comprehensive Environmental Assessment and Response Program)</p> <p>Cement</p> <p>CERCLA (Comprehensive Environmental Response, Compensation, and Liability Act)</p> <p>Cesium</p> <p>Chamber</p> <p>Change Control</p> <p>Change Order</p> <p>Chemical</p> <p>Chromium</p> <p>Cleanup</p> <p>Closure</p> <p>CMI/RA (Corrective Measures Implementation/Remedial Action)</p> <p>CMS/FS (Corrective Measures Study/Feasibility Study)</p> <p>Comments</p> <p>Committee</p> <p>Community Relations</p> <p>Compressed Gas</p> <p>Computer Modeling</p> <p>crete</p> <p>Configuration</p> <p>Construction</p> <p>Container</p> <p>Containment</p> <p>Contaminant</p> <p>Contract</p>	<p>Controlled Distribution</p> <p>Correspondence</p> <p>Cost</p> <p>-----</p> <p>Data</p> <p>Debris</p> <p>Decision Analysis</p> <p>Decommission</p> <p>Decontamination</p> <p>Deficiency</p> <p>Deliverables</p> <p>Demolition</p> <p>Detection</p> <p>Detonation</p> <p>Development</p> <p>Disposal</p> <p>Documentation</p> <p>DOE (Department of Energy)</p> <p>DQO (Data Quality Objectives)</p> <p>Draft</p> <p>Drainage</p> <p>Drainline</p> <p>Drawings</p> <p>Drilling</p> <p>Drop Tower</p> <p>Drum</p> <p>Dry Well</p> <p>Dump</p> <p>-----</p> <p>Ecology</p> <p>EIS (Environmental Impact Statement)</p> <p>Emission</p> <p>Engineering</p> <p>Environmental Research</p> <p>Environmental Restoration</p> <p>EPA (Environmental Protection Agency)</p> <p>Equipment</p> <p>ERDA (Energy Research and Development Administration)</p> <p>Erosion</p> <p>ES&H (Environment, Safety, and Health)</p> <p>Estimate</p> <p>Evaluation</p> <p>Evaporator</p> <p>Excavation</p> <p>Exclusion</p> <p>Experiment</p> <p>Explosive</p> <p>Extension</p> <p>Extraction</p> <p>-----</p> <p>Facility</p> <p>Farm</p> <p>Fence</p> <p>Field</p> <p>Filter</p> <p>FIMAD (Facility for Information Management, Analysis, and Display)</p> <p>Finding</p> <p>Fire</p> <p>Firing Site</p> <p>Fiscal</p> <p>Five Year Plan</p> <p>Flowchart</p> <p>Framework</p> <p>Fuel</p> <p>-----</p> <p>Gamma</p> <p>Gas</p> <p>Generic</p> <p>Geochemistry</p> <p>Geology</p> <p>Geophysics</p> <p>Glass Breaker</p> <p>Glove Box</p> <p>Graph</p>	<p>Guidance</p> <p>Gun</p> <p>-----</p> <p>Hazardous</p> <p>Health</p> <p>High Explosive</p> <p>History</p> <p>Home Owner</p> <p>HSWA (Hazardous and Solid Waste Amendments)</p> <p>Hydrology</p> <p>-----</p> <p>Implementation</p> <p>Implosion</p> <p>Impoundment</p> <p>Inactive</p> <p>Incinerator</p> <p>Injection Well</p> <p>Inorganic</p> <p>Interim</p> <p>Interim Action</p> <p>Inventory</p> <p>Investigation</p> <p>IRM (Interim Remedial Measure)</p> <p>Isotope</p> <p>IWP (Installation Work Plan)</p> <p>-----</p> <p>Lab Job</p> <p>Lagoon</p> <p>Land</p> <p>Landfill</p> <p>Laundry</p> <p>Leach</p> <p>Lead</p> <p>Leak</p> <p>Legal</p> <p>Liquid</p> <p>List</p> <p>-----</p> <p>Management</p> <p>Manhole</p> <p>Map</p> <p>Material</p> <p>MDA (Material Disposal Area)</p> <p>Meeting</p> <p>Mercury</p> <p>Metal</p> <p>Minimization</p> <p>Minutes</p> <p>MIS (Management Information System)</p> <p>Mixed Waste</p> <p>Model</p> <p>Modification</p> <p>Money (Allocation, Budget, Funding, etc.)</p> <p>Monitoring</p> <p>Monthly Report</p> <p>Mortar Impact Area</p> <p>-----</p> <p>NEPA (National Environmental Policy Act)</p> <p>Nitrate</p> <p>NMED (New Mexico Environmental Division)</p> <p>NMEID (New Mexico Environmental Improvement Division)</p> <p>Non-explosive</p> <p>Notebook</p> <p>Notification</p> <p>NPDES (National Pollutant Discharge Elimination System)</p> <p>NRC (Nuclear Regulatory Commission)</p> <p>-----</p> <p>Off-gas</p> <p>Oil</p>	<p>Open</p> <p>Open Burning</p> <p>Order</p> <p>Organic</p> <p>OSHA (Occupational Safety & Health Administration)</p> <p>OU (Operable Unit)</p> <p>Outfall</p> <p>Outline</p> <p>-----</p> <p>PA/RFA (Preliminary Assessment /RCRA Facility Assessment)</p> <p>PCB (Polychlorinated Biphenyl)</p> <p>Permit</p> <p>Personnel Description</p> <p>Personnel Qualification</p> <p>Photo</p> <p>Pilot Study</p> <p>Pipe</p> <p>Pit</p> <p>Plan</p> <p>Plant</p> <p>Plutonium</p> <p>Pollution</p> <p>Polonium</p> <p>Potential</p> <p>Procedure</p> <p>Programmatic</p> <p>Project Leader</p> <p>Propellant</p> <p>Proposal</p> <p>PRS (Potential Release Site)</p> <p>Public</p> <p>Pump</p> <p>-----</p> <p>Quality</p> <p>QA (Quality Assurance)</p> <p>QP (Quality Procedure)</p> <p>-----</p> <p>Radioactive</p> <p>Radiochemistry</p> <p>Radionuclide</p> <p>RCRA (Resource, Conservation and Recovery Act)</p> <p>Records</p> <p>Recovery</p> <p>Recycle</p> <p>Reduction</p> <p>Reference</p> <p>Regulation</p> <p>Release</p> <p>Removal</p> <p>Report</p> <p>Request</p> <p>Requirements</p> <p>Resin Bed</p> <p>Results</p> <p>Review</p> <p>Revision</p> <p>RFI/RI (RCRA Facility Investigation/Remedial Investigation)</p> <p>Risk</p> <p>RPF (Records Processing Facility)</p> <p>-----</p> <p>Safety</p> <p>Sample</p> <p>Sampling Plan</p> <p>Satellite</p> <p>Schedule</p> <p>Scope</p> <p>Scrap Detonation Site</p> <p>Screening</p> <p>Scrubber</p> <p>Seep</p> <p>Seminar</p> <p>Semivolatile</p> <p>Septic</p>	<p>Sewer</p> <p>Shaft</p> <p>Silver</p> <p>Site</p> <p>Soil</p> <p>Solid</p> <p>Solvent</p> <p>SOP (Standard Operating Procedure)</p> <p>SOW (Statement of Work)</p> <p>Spill</p> <p>Stack</p> <p>Statistics</p> <p>Steamline</p> <p>Steel</p> <p>Storage</p> <p>Strontium</p> <p>Structure</p> <p>Subcontractor</p> <p>Subsurface</p> <p>Summary</p> <p>Sump</p> <p>Support</p> <p>Surface</p> <p>Surveillance</p> <p>Survey</p> <p>Swipe</p> <p>SWMU (Solid Waste Management Unit)</p> <p>System</p> <p>-----</p> <p>Tank</p> <p>TCLP (Toxicity Characteristic Leaching Procedure)</p> <p>-----</p> <p>Technical</p> <p>Technical Team</p> <p>Technology</p> <p>Test Area</p> <p>Testing</p> <p>TLD (Thermoluminescent Dosimeter)</p> <p>TOC (Table of Contents)</p> <p>Townsite</p> <p>Toxic Metal</p> <p>Tracking</p> <p>Training</p> <p>Transfer</p> <p>Transport</p> <p>Treatment</p> <p>Trench</p> <p>Trip Report</p> <p>Tritium</p> <p>TRU (Transuranic)</p> <p>TSCA (Toxic Substances Control Act)</p> <p>Tuff</p> <p>-----</p> <p>Underground</p> <p>Uranium</p> <p>USGS (United States Geological Survey)</p> <p>UST (Underground Storage Tanks)</p> <p>-----</p> <p>Validation</p> <p>VE (Value Engineering)</p> <p>Ventilation</p> <p>Volatile</p> <p>Volume</p> <p>-----</p> <p>Waste</p> <p>Water</p> <p>WBS (Work Breakdown Structure)</p> <p>Weapon</p> <p>Well</p> <p>Work</p> <p>-----</p> <p>Zinc</p>
---	---	---	---	---

Information Copy Only

ER Records Index Form Attachment Sheet for ER Record I.D. #: _____

Part II Attachment: Complete all fields; indicate NA (Not Applicable) if appropriate. Please write legibly.

TECH AREA(S)	SWMU NO(S)	ADS NO(S)	STRUCTURE NO(S)
<p><small>LIST RELEVANT TECH AREA(S) HERE.</small></p>	<p><small>LIST RELEVANT SWMU(S) HERE.</small></p>	<p><small>LIST RELEVANT ADS NO(S) HERE.</small></p>	<p><small>LIST RELEVANT STRUCTURE NO(S) HERE.</small></p>

Information copy only

Part III Attachment: Complete all fields; indicate NA (Not Applicable) if appropriate. Please write legibly.

WBS NO(S)

LIST RELEVANT WBS NO(S) HERE.

DOCUMENT TO

LIST MULTIPLE RECIPIENTS HERE.

ORIGINATOR NAMES

LIST MULTIPLE ORIGINATORS HERE.

Information copy only

DRAFT

ER Record Return Form

Part I

(Completed by RPF)

The attached record(s) have been reviewed and determined to be incomplete for processing.

Originator Name _____ Date of Record _____

Organization _____ Mail Stop _____

Date Returned to Originator _____ Please Return to RPF by _____

- ___ 1. Incomplete (pages, attachments, or enclosures are missing).
- ___ 2. Not properly authorized (required signatures or initials are missing).
- ___ 3. Missing hard copy for machine-readable media.
- ___ 4. Incomplete records listing for records package. Information not properly identified.
- ___ 5. Document quality is poor, will not provide adequate image. If this is the "best available copy," return the document to the RPF. Please initial _____ and date _____ here.
- ___ 6. Other: _____

Informational SAMPLE

DO NOT CONTACT THE ER PROGRAM OFFICE (665-4557) TO OBTAIN ORIGINAL FOR YOUR USE ONLY

Part II

(Completed by Originator)

Please take appropriate corrective action and return the record(s) and this form to the ER Records Processing Facility (RPF), MS M707.

Comments _____
(Optional)

ER Record Correction Form

Part I

(Completed by Originator)

ER Record to be corrected (ER ID Number) _____

Correction description _____

Nature of Correction

Replace

Deletion

Addition

Revision

Correction(s) (Additional pages may be attached; indicate number of pages if attachments are used):

EXAMPLE
CONTACT THE
ER PROGRAM OFFICE
(665-4557) TO OBTAIN
ORIGINAL FOR YOUR USE

Originator (Must be the same as the originator of the original record):

Name (Print)

Signature

Date

Part II

(Completed by RPF)

RPF Record Processor

Name (Print)

Signature

Date

PRELIMINARY FIMAD GUIDELINES FOR INFORMATION TRANSFER

These preliminary guidelines are provided by the Facility for Information Management, Analysis, and Display (FIMAD) to assist in the orderly and efficient transfer of technical and administrative machine-readable information to the FIMAD data base.

PURPOSE: The purpose of establishing standardized formats for the transfer of information from ER Program participants to the FIMAD, is to facilitate transfer of machine-readable records or the conversion of information to electronic media that are readily accessible to all participants in the ER Program.

REQUIRED FORMATS FOR INFORMATION TRANSFER: Anticipated technical information will consist of text, figures, photos, and/or numerical tables. Administrative information will be mainly text. Preferred formats for transfer of three data types to the FIMAD are described: text, figures, and numerical data. These formats will facilitate and improve the quality control of the massive data transfer effort envisioned for the ER Program. Records that consist of mixed data types should be supplied to the FIMAD in segregated form: an ASCII file of text (which can include or duplicate numeric data), an ASCII file of numerical tables, a set of original photographs (or digital photography on floppies), and a set of original figures, one per sheet. An unbound hard copy (i.e., human readable version) of the delivered record must be sent to the RPF for scanning and coordination with FIMAD to ensure correct data transfer. Electronic data can be accepted on 3-1/2 or 5-1/4-in. floppies, 4-mm "DAT" or 8-mm "Exabyte" helican scan tape, 1/4" tape, 9-track tape (1200 or 6250 dpi) or CD-ROMs.

Text

Format: Text as simple ASCII files, without imbedded control characters, is preferred. Word processor files are acceptable as long as they can be converted to UNIX format through existing, commercially available programs. FIMAD can assist record originators in this matter.

Identification: The first text page should adequately identify the document so that it can be correlated with the ER Record Index Form.

Figures

Identification: The folder of figures should be labeled, and individual figures should contain their figure number. A set of figure captions should be included.

Quality: Figures may be scanned, vectorized, and/or reproduced for other documents or presentations. High-quality figures will reduce the additional work required to reuse illustrations.

Photos

Identification: Photo sets should be labelled and individual photos should contain their photo number. A set of photo captions should be included.

Caption Information: Captions for site photos should contain the position (coordinates) of the photographer, the direction in which the camera was pointing, camera and lens type, and similar information.

Media: Still video can be provided as photos, slides, or analog (industry-standard) 2-in. floppy disks.

Numerical Data

The following procedures/formats apply to numerical data, such as analytical data or coordinate data.

Tables: Numeric data should be provided as ASCII tables, one table per file. Each row of the table should describe parameters relating to a particular site, sample, etc. Each column of the table describes a particular parameter for all sites, samples, etc. The table can be in fixed or free format, one row per record, with a maximum record length of 130 characters. Table headings that identify the data parameters are required at the beginning of the file. The table heading needs to identify the associated document or study, the measured parameters, the units of measurement, a "No Data" flag, if data are lacking in some fields, and the data format. Additional information can be provided to the RPF for inclusion on the ER Record Index Form. The file can contain character fields but should not contain any of the following: trailing blank lines, imbedded special characters (except > or <) or tabs, page numbers, additional headings, imbedded blank lines, word processing punctuation.

Detection Limits: Numerical data above or below detection limits should be entered as > or < "Detection Limit." There should be no space between the "greater than" or "less than" symbol and the numeric detection limit.

Significant Figures: Representation of the data should not indicate more precision than that which is actually measured or known. If the system is automated with certain output formats that misrepresent the number of significant figures, the true precision should be indicated in the file heading for each numeric field either by using S = significant and I = insignificant over the appropriate power-of-ten columns or by indicating the number of significant figures by a number preceding an "S."

Example: An example of a typical ASCII file is as follows

Site Study for TA-34, Jones and Associates, 7/29/91 Table 6 of rpt

SAMPLE #	PPM As SS.I	PPM Hg 2S	PPM Fe 3S	Sample Collector
NO DATA FLAG = " "				
FORMAT = "(T1, A10, T12, F8.1, T25, F8.1, T48, E10.3, T51, A20)"				
AG-340	67.0	2.40	1.260E+03	Smith
AF-221	16.0	1.20	1.280E+04	Jones
AC-220		.63		Collins
AC-222	>99.0	<.03	2.380E+04	Collins

EOF (explicitly state "end of file").

Los Alamos National Laboratory
Environmental Restoration Program
Administrative Procedure

No: LANL-ER-AP-03.1

Rev: 1

Procedure for Acquiring Concurrence to Publish or Present
Environmental Restoraton Data or Information

Prepared by Karen L. Foster Karen L Foster 1/16/92
(Print Name) (Signature) (Date)

Quality Review by Paul L. Amendt Paul L. Amendt 1/17/92
(Print Name) (Signature) (Date)

Functional Review by ALLEN E. OGDEN Allen E. Ogd 1/17/92
(Print Name) (Signature) (Date)

PM Approval LARS F. SOGNET Lars F. Sognet 1/23/92
(Print Name) (Signature) (Date)

QPPL Approval Karen L. Foster Karen L Foster 1/24/92
(Print Name) (Signature) (Date)

Effective Date: 1-27-92

Information

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**Procedure for Acquiring Concurrence to Publish or Present
Environmental Restoration Data or Information**

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Procedure for Acquiring Concurrence to Publish or Present Environmental Restoration Data or Information

1.0 PURPOSE

This procedure states Environmental Restoration (ER) Program publication and presentation procedures for ensuring that ER Program policies are correctly and consistently presented/portrayed to the public.

2.0 SCOPE

This procedure applies to personnel funded by the ER Program, including support contractors. It applies to journal articles, technical reports, and presentations (e.g., poster presentation, formal speaking engagements) conveying data or information generated as the result of performing ER activities.

3.0 DEFINITIONS

Not applicable.

4.0 RESPONSIBILITIES

4.1 Environmental Management (EM) Division Leader

The EM division leader is responsible for establishing policies for groups in the EM Division and for resolving conflicts, as necessary.

4.2 ER Program Manager (PM)

The PM is responsible for ensuring that published technical data depicting ER activities for dissemination outside LANL adequately and appropriately represent ER Program policies and objectives.

4.3 ER Program Personnel (Authors and Presenters)

The ER Program personnel authoring publications or presentations are responsible for obtaining concurrence from the ER program manager to publish or present data/information that has been generated on behalf of the ER Program.

5.0 PROCEDURE

The EM Division and ER Program Office publication policy establishes this mandatory procedure to ensure that administrative or technical data are presented in the appropriate forum and accurately represent the objectives of the ER Program.

5.1 Submittal of Abstracts or Presentation Outlines

The author of a publication or presentation (including poster presentations) submits the abstract or presentation outline, whichever is appropriate, to the ER PM for policy review and concurrence to publish or present ER information. The author accomplishes this by .

- completing Part I of the Environmental Restoration Abstract and Presentation Outline Concurrence form (Attachment A),
- attaching the abstract or outline to the form,
- mailing or telecopying them to the PM, and
- verifying that the PM received the information.

The PM concurs with the material identified for publication when satisfied that ER Program objectives and policies are appropriately represented. Concurrence is documented by completing Part II of Attachment A and returning the signed form to the author.

The PM reviews the material within 10 working days. If the material is not approved within 10 working days, the material is approved by default.

The author

- forwards the completed concurrence form and attached abstract or outline to the ER Records Processing Facility in accordance with the ER Records Management procedure (Sec. 6.2) and
- prepares the publications in accordance with LANL policies and procedures.

Technical papers, reports, and articles are prepared in accordance with the administrative requirements that are stated in the LANL Publications manual. Additionally, publications are categorized (e.g., classified or unclassified) in accordance with the LANL Office Procedures manual (Sec. 6.1).

5.2 Submittal of Final Versions of Publications and Presentation Material

The ER PM must review and concur with the technical information to be released. The PM review is performed **before** submitting publications to the LANL Operational Security and Safeguards (OS) division for approval and

unique numbering and before oral or poster presentations of ER data or information are released. The author

- completes Part I of the Environmental Restoration Publication Concurrence form (Attachment B),
- attaches the complete and final version of publication or oral presentation material to the form,
- forwards the information to the ER PM for review and concurrence, and
- verifies that the PM received the information.

The PM reviews the material within 10 working days. If the material is not approved within 10 working days, the material is approved by default.

The PM

- provides comments and returns the material to the author for resolution, or
- completes part II of Attachment B affirming that the information to be released appropriately and accurately represents ER Program objectives, and
- forwards the completed form and attachments to the author.

The author proceeds with finalizing publications in accordance with LANL policies and procedures (Sec. 6.1) when final concurrence has been obtained.

5.3 Conflict Resolution

The EM division leader works with the PM and author to resolve any disagreements that may arise between authors and the PM.

5.4 Indicating Unique Identifier

The author completes Part III of Attachment B after obtaining a LANL unique identifier (e.g., LA-UR number).

5.5 Submittal of Documentation

The author forwards completed forms and attachments to the ER Records Processing Facility.

6.0 REFERENCES

6.1 Requirement Documents

LANL Publications Manual, current version.

LANL Office Procedures Manual, current version.

NOTE: These documents are maintained in Group offices or are available from LANL Group IS-11.

6.2 Cited Documents

LANL-ER-AP-02.1, Procedure for Environmental Restoration Records Management

7.0 RECORDS

The records completed when implementing this procedure are the Environmental Restoration Abstract and Presentation Outline form, Environmental Restoration Publication Concurrence form, and appropriate attachments.

8.0 ATTACHMENTS

Attachment A—Environmental Restoration Abstract and Presentation Outline Concurrence

Attachment B—Environmental Restoration Publication Concurrence

**Los Alamos National Laboratory
ENVIRONMENTAL RESTORATION ABSTRACT AND PRESENTATION
OUTLINE CONCURRENCE**

Part I ABSTRACT/OUTLINE SUBMITTAL (completed by author)		
Requestor _____ Name (print)	_____ Signature	_____ Date
Group _____ MS _____	Phone _____	
Enclosed is an abstract or outline for a <input type="checkbox"/> written report abstract <input type="checkbox"/> oral presentation <input type="checkbox"/> both entitled _____		
Attach the outline or abstract and forward it to the ER program manager, MS M992, or Fax 665-4747.		
Part II CONCURRENCE (completed by ER program manager)		
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the development of technical or administrative data <input type="checkbox"/> publication / presentation outline as presented in the information provided.		
Reason for nonconcurrence _____ _____ _____ _____		
_____ Name (print)	_____ Signature	_____ Date
Program Manager—Return completed form and package to the author.		

Author—Attach approved abstracts or outlines to this form and submit to the ER Records Processing Facility, MS M707.

Los Alamos National Laboratory
ENVIRONMENTAL RESTORATION PUBLICATION CONCURRENCE

Part I CONCURRENCE REQUEST (completed by author)		
Publication: (check one)		
<input type="checkbox"/> Journal article <input type="checkbox"/> Conference paper and presentation <input type="checkbox"/> Poster Presentation		
<input type="checkbox"/> Technical report <input type="checkbox"/> Other _____		
Title _____		
_____	_____	_____
Name (print)	Signature	Date
MS _____	Phone _____	
Attach publication and forward it to the ER program manager, MS M992, or Fax 665-4747.		
Part II CONCURRENCE (completed by ER program manager)		
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the publication material as presented.		
Reason for nonconcurrence _____		

_____	_____	_____
Name (print)	Signature	Date
Concurrence—Forward to author to obtain unique identifier.		
Nonconcurrence—Return comments to author.		
Part III (completed by author)		
LANL Unique Identifier (e.g., LANL LA-UR) _____		
Forward to ER Records Processing Facility, MS M707.*		

*Submit final approved or published documents (large posters are exempt).

Los Alamos National Laboratory
 Environmental Restoration Program
 Administrative Procedure

No: LANL-ER-AP-04.1

Rev: 1

**Identification, Documentation, and Reporting of Newly Discovered
 Potential Release Sites for the Environmental Restoration Program**

Prepared by Karen L Foster Karen L Foster 2/12/92
 (Print Name) (Signature) (Date)

Quality Review by Larry Maassen Larry Maassen 27 Feb 92
 (Print Name) (Signature) (Date)

Quality Review by DAVID J. McINROY [Signature] 2/18/92
 (Print Name) (Signature) (Date)

Functional Review by Robert L. Gonzalez [Signature] 2/25/92
 (Print Name) (Signature) (Date)

PM Approval Robert W Vocke Robert W Vocke 2/27/92
 (Print Name) (Signature) (Date)

QPPL Approval K.L. Warthen K.L. Warthen 2/27/92
 (Print Name) (Signature) (Date)

Effective Date: 3-4-92

Information

Copy for [Signature] only

Identification, Documentation, and Reporting of Newly Discovered Potential Release Sites for the Environmental Restoration Program

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IDENTIFICATION, DOCUMENTATION, AND REPORTING OF NEWLY DISCOVERED POTENTIAL RELEASE SITES FOR THE ENVIRONMENTAL RESTORATION PROGRAM

1.0 PURPOSE

The purpose of this administrative procedure (AP) is to describe the process whereby new solid waste management units (SWMUs) are identified, verified, reported, and initially documented. This procedure also states the process for identifying and documenting new areas of concern [hereafter, SWMU and areas of concern are also referred to as potential release sites (PRs)] and describes the procedure for mapping PRs.

2.0 SCOPE

This procedure applies to newly identified PRs that are managed by the Environmental Restoration (ER) Program. This procedure is applicable to ER personnel who are assigned related responsibilities.

3.0 DEFINITIONS

3.1 Area of Concern

An area of concern is a potential release site that does not meet the definition of a SWMU (e.g., one-time spills).

3.2 Facility for Information, Management, Analysis, and Display (FIMAD)

The FIMAD is the electronic data management facility for the ER Program.

3.3 FIMAD Graphic Information Systems (GIS)

The FIMAD GIS is the electronic data management system that provides geographic information including, but not limited to, buildings, roads, utilities, and PRs.

3.4 Operable Unit (OU)

An operable unit is a aggregation of PRs.

3.5 PRS

A PRS is an area that may contain hazardous substances with the innate possibility of migrating and can be classified as either a SWMU or area of concern.

3.6 PRS Data Base

The PRS data base is an electronic copy of the SWMU and area of concern information.

3.7 Solid Waste

As defined in the Resource Conservation and Recovery Act (RCRA), solid waste is any discarded material, either abandoned or recycled, including solids, liquids, semisolids, and contained gases (Attachment A).

NOTE: A solid waste can be, but not limited to, hazardous or mixed waste; however, source, by-product, and special nuclear material in solid wastes as defined in the Atomic Energy Act are not regulated by RCRA.

3.8 SWMU

A SWMU is any discernible unit at which solid wastes have been placed at any time, regardless of whether the unit was intended for the management of solid or hazardous waste. Such units include any area where solid wastes have been routinely and systematically released.

3.9 SWMU Report (1990)

The 1990 SWMU Report is a hard copy compilation of information including, but not limited to, locations of PRSs and their possible contaminants.

4.0 RESPONSIBILITIES

4.1 FIMAD Project Leader

The FIMAD Project Leader (PL) is responsible for providing base maps to OUPLs, providing assistance in electronic data entry and data access, and ensuring the maintenance of the PRS data base.

4.2 Operable Unit Project Leaders (OUPLs)

OUPLs are responsible for working with the compliance regulator and SWMU interim action review coordinator to verify new PRSs in technical areas under their direction and ensuring entry of new validated data into the PRS data base.

4.3 Program Manager (PM)

The PM is responsible for ensuring that PRSs are identified and verified, and that new SWMUs are reported to the administrative authority.

4.4 Regulatory Compliance Team Leader

The regulatory compliance team leader (hereafter called compliance regulator) is responsible for

- working with operable unit project leaders (OUPLs) and the SWMU interim action review coordinator to perform independent verification of the existence of new PRSs;
- reporting verified SWMUs to the DOE, administrative authority (i.e., the EPA and/or NMED), and
- informing the LANL Public Relations office when appropriate.

4.5 SWMU Interim Action Review Coordinator

The SWMU interim action review coordinator (hereafter called SWMU review coordinator) is responsible for

- coordinating with the OUPL and the compliance regulator to verify newly discovered PRSs,
- assigning unique identifiers to new areas of concern and SWMUs, and
- compiling an annual summary report of newly identified SWMUs and areas of concern.

5.0 PROCEDURE

5.1 Overview of Process To Identify PRSs

Because PRSs may be discovered during routine maintenance or construction projects, the site workers are instructed to report suspicious soil characteristics, odor, and color to the ER Program Office. The ER Program Office distributed an information copy of the SWMU Report to each division within LANL. Site workers will be provided maps of existing SWMUs beginning April, 1992.

5.2 Process for Reporting and Identifying Potential ER Sites

The OUPL initiates the formal reporting of potential ER sites by completing Part I of the form entitled Environmental Restoration Site Report (Attachment B). The following information, at a minimum, is to be recorded on Part I of Attachment B:

- date potential ER site discovered;
- location of potential ER site (e.g., Technical Area, private property);
- location of the nearest building or other structure in the area;
- description of potential ER site;
- suspected hazards or contamination; and
- names of individuals able to provide additional information.

Additionally, Part I lists questions that, when answered, identifies the type of unit or area, waste types, and whether there was a routine or systematic release at the site.

The information compiled provides enough information to determine if the site is a SWMU or area of concern that should be considered for management by the ER Program.

5.3 Evaluating Environmental Restoration Site Reports

The OUPL works with the SWMU review coordinator and

- determines if the site has already been reported by comparing the completed Environmental Restoration Site Report (Attachment B) to current PRS report documentation.

If listed, the SWMU review coordinator

- completes Part II of the Environmental Restoration Site Report form to document that the reported site is recorded in the SWMU Report or PRS data base, and
- signs the form and forwards a copy to the OUPL and the ER Records Processing Facility (RPF) in accordance with the Procedure for Environmental Restoration Records Management.

If the site is not listed in PRS documentation, the OUPL

- reviews historical records that are available to ascertain activities conducted at the reported site,
- contacts individuals identified on Part I of the report to obtain other pertinent information, and
- ensures that the compliance regulator receives the information reported on Part I and other completed supporting documentation to determine if a site visit is necessary.

5.4 Verification of SWMUs or Areas of Concern

The compliance regulator reviews the reports and supporting documentation to determine if a site visit is necessary. If necessary, a visit is arranged within 24 hours to perform an independent verification of findings. The compliance regulator

- works with the OUPL to obtain clarification on the documentation submitted, if necessary,
- contacts other appropriate site visitors (e.g., Health and Safety Group), and
- completes Part III of the Environmental Restoration Site Report form.

When Part III is completed and signed, sufficient information is provided to confirm whether the reported site is a PRS. Any preliminary monitoring performed during the site visit (e.g., rad screening, health-related assessments) will be noted and the documentation of results attached to Site Report form.

The compliance regulator forwards all documentation back to the OUPL.

5.5 Uniquely Identifying SWMUs or Areas of Concern

If the PRS is determined to be a SWMU, the SWMU review coordinator assigns a unique numerical identifier, and notes the OU RCRA Facility Investigation (RFI) Work Plan start date. This information is recorded on Part IV of Attachment B.

Areas of concern are not formally reported to the DOE and EPA; however, they are assigned a unique numerical identifier and the information is provided in the PRS data base.

A unique SWMU number is assigned in the format "00-001" or "00-001a" where

- "00" is always the technical area (TA) within the Laboratory where the SWMU is located,
- "001" is the sequential number, and
- "a" is the designator when multiple SWMUs of the same description reside in a TA (e.g., where multiple storage containers exist).

A unique number for other areas of concern is assigned in the format "C-00-001" where

- "C" indicates PRS is an area of concern,
- "00" is the TA where the PRS is located, and
- "001" is the sequential number.

Areas of concern are listed in the 1990 SWMU Report in Appendix C entitled "Potential Release Sites". Current information on SWMUs and areas of concern will be documented in the PRS data base.

Each unique number may only be assigned once.

5.6 Reporting Newly Identified SWMUs to DOE and EPA

When the PRS has been uniquely identified and confirmed as a SWMU, the compliance regulator

- prepares a notification letter for signature by the LANL Associate Director Operations office within 5 days of completing the checklist, and
- ensures that DOE Los Alamos Area Office (DOE-LAAO) has sufficient information to verify the findings without delay.

The EPA is notified when the DOE concurs with the information summarized in the notification letter. As stipulated in the Hazardous and Solid Waste Amendments (HSWA) permit (Sec. 6.1), the DOE-LAAO must notify the EPA within 15 days of DOE confirmation of discovery of a new SWMU.

The SWMU review coordinator compiles a summary report of newly identified SWMUs and areas of concern for inclusion in the annually updated Installation Work Plan (Sec. 6.2).

5.7 Notifying LANL Public Affairs Office

The compliance regulator notifies the LANL Public Affairs Office when a SWMU or area of concern is confirmed to be on the property of

- private homeowner,
- Los Alamos County,
- Santa Fe County,
- U.S. Forest Service,
- Indians,
- Department of the Interior,
- National Parks Service,
- Bureau of Land Management, or
- other non-DOE sites..

This notification is performed in conjunction with reports as described in Sec. 5.6.

5.8 Process for Maintaining SWMU and Area of Concern Documentation

The OUPL ensures the update of the PRS data base when the PRS has been identified as a SWMU or area of concern. This is accomplished by summarizing the pertinent information identified on the completed Environmental Restoration Site Report form and entering the information into the PRS data base.

The FIMAD PL provides OUPLs with the tools and controlled access to update and validate the PRS data base.

5.9 Mapping of SWMUs or Areas of Concern

Using the best available information, the OUPL with assistance from FIMAD Project Leader or the SWMU reporting coordinator identifies the geographic extent of each SWMU or area of concern by delineating the area on base maps provided by FIMAD.

This is accomplished by performing a full evaluation of the available data and identifying the geographic extent of PRSs on the base map. The outlines of the PRSs should be drawn at a precision consistent with the accuracy of the data. The precision to which PRS outlines can be digitized is dependent on the scale of the base map, the line thickness used to depict the PRS boundary, and the geometry of the PRS outline. Discrete points on a drawing can be digitized with a precision of about .02". This equates to a precision of about $\pm 2'$ for a map with a scale of 1" = 100'; a precision of $\pm 10'$ for a map scale of 1" = 500'; a precision of $\pm 20'$ for a map scale of 1" = 1000'. It is important that the "inherent" digitizing precision for a base map equal or exceed the accuracy of the data (e.g., locational certainty of the PRS outline), so that additional positional uncertainty is not introduced by the digitizing process. It is also important that line thickness be less than positional uncertainties. (i.e., one could not draw a PRS whose location is known to $\pm 2'$ with a felt tip pen whose line width equates to a ground distance of 1' on a particular map.) Finally, the OUPL should describe the positional accuracy of his PRS depiction so that for complex geometries, sufficient points will be digitized to insure that the PRS is accurately portrayed. (i.e., a circular septic tank could be depicted by 100 or 1000 points depending on accuracy required/maximum allowable position error.)

The data must be depicted on base maps by indicating where the PRS is located and then by categorizing the mapped area into subregions, if possible. The following guidelines apply:

First, draw the SWMU or area of concern and label as "possible".

POSSIBLE: The known maximum extent of a PRS where there is greater than 1% chance that contamination exists that may require corrective action.

Lastly, draw in the subregions defined below, as appropriate, and label them as shown.

PROBABLE:	The area for which the OUPL believes there is a greater than 50% chance that hazardous substances exist.
PRESENT:	The area for which the OUPL believes there is a greater than 95% chance that hazardous substances exist.
ABSENT:	The area for which the OUPL believes there is a less than 1% chance that hazardous substances exist.

Attachment C provides examples of mapped and labeled PRSs as described above.

5.10 Submittal of Records to ER Records Processing Facility

The SWMU review coordinator ensures that the Environmental Site Report form is submitted to the RPF.

The compliance regulator ensures that notification letters to DOE and EPA are forwarded to the ER RPF.

6.0 REFERENCES

6.1 Requirement Document

Module VIII of the RCRA permit (effective on May 23, 1990) issued to University of California and DOE-LAO by the EPA Region V to satisfy HSWA.

6.2 Documents Cited

LANL-ER-AP-2.01 (current version), Procedure for Environmental Restoration Records Management

Installation Work Plan for Environmental Restoration (current version)

7.0 RECORDS

The following records are completed as a result of implementing this procedure:

- Environmental Restoration Site Report
- Attachments to form, if any,
- Notification letter from DOE to the EPA, and
- Completed maps.

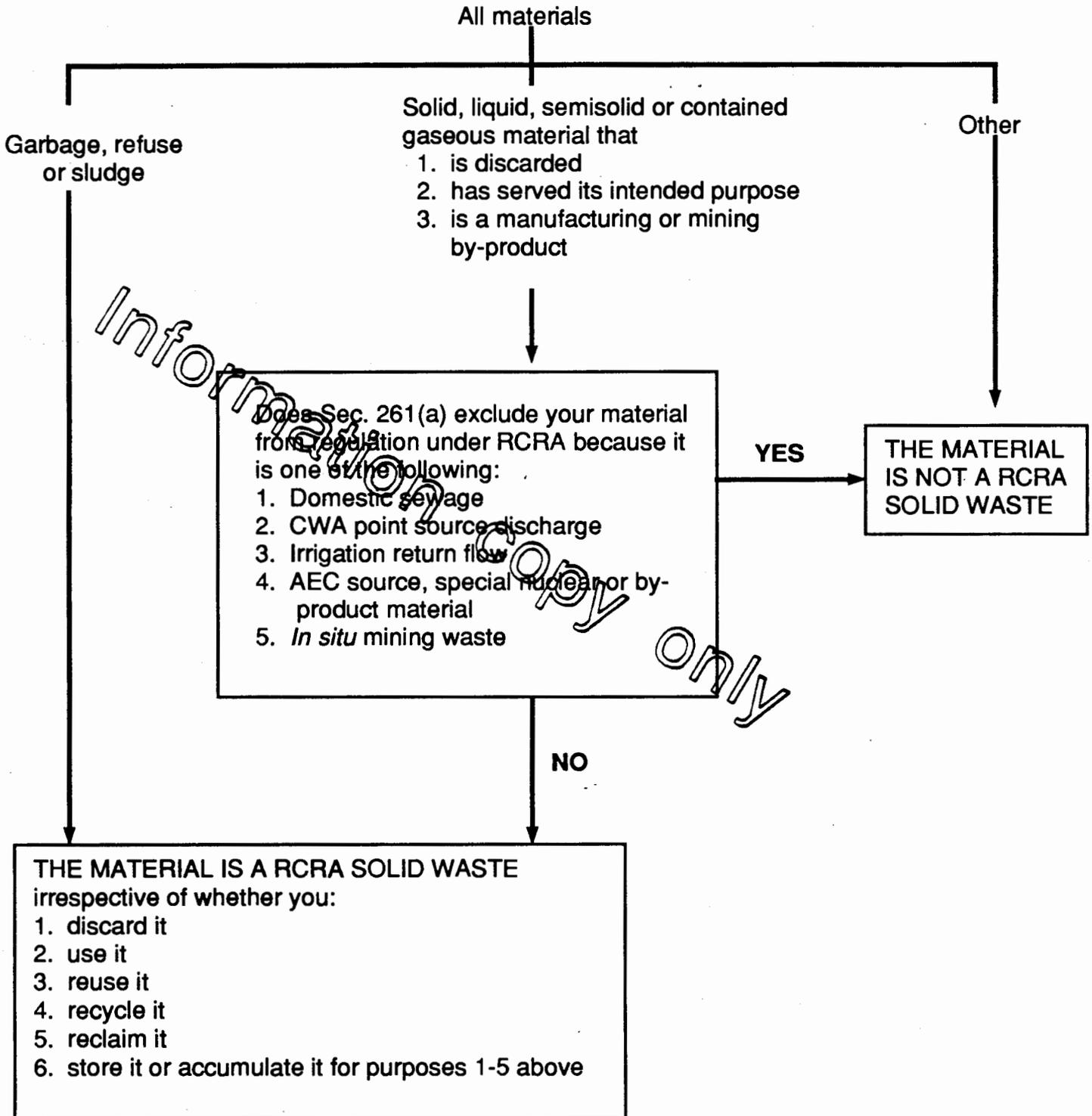
The PRS data base is maintained continuously.

8.0 ATTACHMENTS

Attachment A, Definition of Solid Waste
Attachment B, Environmental Restoration Site Report
Attachment C, Example of Mapped SWMU

Information copy only

DEFINITION OF A SOLID WASTE*



*Taken from Title 40 of CFR, Part 260, App. I.

Los Alamos National Laboratory
Environmental Restoration Site Report

Part I. Potential ER Site (Completed by OUPL) Date concern reported _____
Technical Area where potential release site located TA-_____
Engineering structure number* _____ Location of nearest structure _____

Description of structures and area (e.g., size of drums, surface area, depth) _____

Other supporting information [e.g., indicate historical records referenced, including photographs, personnel to contact]. Identify where information exists. _____

Was the unit or area described above active prior to November 1988? Yes ___ No ___ Uncertain ___
If yes, state period of operation from _____ to _____

Does the site intersect on private property? Yes ___ No ___ Uncertain ___ Describe _____

1. What type of unit or area is the potential release site? (Circle one or more from list on back of this page.)

2. Are solid wastes known to exist at site? Yes ___ No ___ Unknown ___

If yes, waste types: (circle one or more)

- | | | | | |
|-------------|----------------|-------|---------|-------------------|
| hazardous | high explosive | mixed | PCBs | petroleum product |
| radioactive | sanitary | solid | unknown | _____ |

3. Was there a routine or systematic release? Yes ___ No ___ Unknown ___ One time? Yes ___ No ___

4. Is the unit or area used for product storage? Yes ___ No ___ If yes, name the product(s):

Based on all information provided on this form, the ER potential release site is a:

SWMU _____ Other Area of Concern _____

OUPL Signature

Date

Forward to SWMU review coordinator to determine if site previously reported.

*Contact LANL Group, ENG-5, for Engineering structure number

Los Alamos National Laboratory
 Environmental Restoration Site Report

aboveground tank	accumulation	bermed area	boneyard
burn site	calibration chamber	caisson	cement plant
chamber	containment area	compressed gas storage	decontamination facility
drop tower	dry well	evaporator	filter system
firing site	glass breaker	incinerator	injection well
lagoon	landfill	laundry	leach field
manhole	material disposal area	mortar impact area	off-gas system
open burning	open detonation area	other disposal area	
other disposal system		other structure	
outfall	pit	recycling unit	resin bed
satellite storage area	pit	shaft	silver recovery unit
subsurface contamination	storage area	sump	surface disposal
surface impoundment	treatment facility	underground tank	
volume reduction facility	waste line system	waste water treatment facility	

Information XAMPLE
 CONTACT THE
 ER PROGRAM OFFICE
 (665-4557) TO OBTAIN
 ORIGINAL FOR YOUR USE
 ONLY

Los Alamos National Laboratory
Environmental Restoration Site Report

Part II. (Completed by SWMU review coordinator)

Was the potential release site previously reported (i.e., listed in SWMU Report or PRS data base)?

Yes _____ No _____ Uncertain _____ If yes: SWMU No. _____ ER Site No. _____

No action required** _____

Signature

Date

Forward to compliance regulator for confirmation.

Part III. Independent Verification (Completed by regulatory compliance team leader)

Date site visited _____

Visited by (print names) _____

Site monitored? Yes No If yes, attach signed screening documentation.

Non-concurrence, no further action required (state reason) _____

Confirmed discovery _____

Confirmed with modifications to Part I _____

Action required (e.g., contact public relations) State reason for action _____

Signature

Date

Forward to SWMU review coordinator.

Part IV. Unique Identifier (completed by SWMU review coordinator)***

SWMU number assigned _____ OU number assigned _____

OU Work Plan start date (refer to ER Installation Work Plan for date) _____

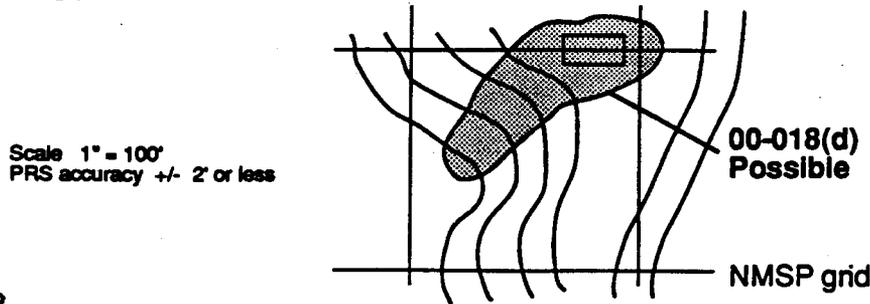
**Send report to originator and ER Records Processing Facility (RPF).

SWMU review coordinator forwards to PM, compliance regulator, ER RPF, and OUPL.* (This completed form may be used as an attachment to DOE/EPA Notification letter.)

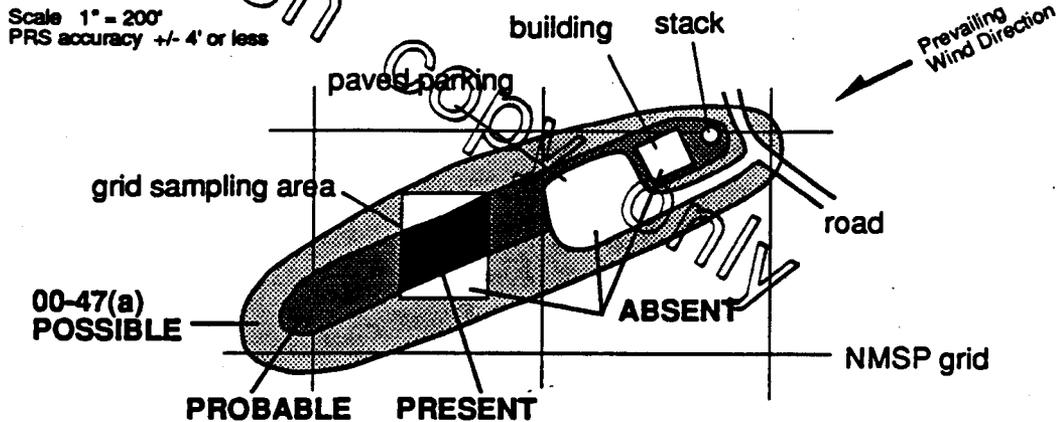
****OUPL ensures data entered into PRS data base - contact FIMAD for guidance/access.

EXAMPLES OF A MAPPED PRS

EXAMPLE 1: The only information available is the maximum possible extent of the contamination. Information is hand-plotted on base map provided by FIMAD. Digitizing precision is +/- 2' or less.



EXAMPLE 2: More detailed information about soil contamination from stack emission is known. Sampling has positively identified contamination or lack of contamination in some areas. In this case, soil contamination cannot occur where facilities (building, stack, parking or road) are located. Digitizing precision is +/- 4'.



EXAMPLE 3: Information available about possible contamination in sewer line at former building G-013, which is shown on an old engineering drawing without NMSp grid. Digitizing precision is +/- 10'.

Scale 1" = 500"
PRS accuracy is +/- 10' or less

The person reporting the PRS has identified 4 control points; these are clear landmarks that exist both on the old drawing and in the present electronic database. The person has also provided a note explaining the nature of the contamination (10' buffer zone) to facilitate digitizing.



NOTE:
contamination contained in 10' buffer zone about sewer lines and tank

NOTE: 10' precision can be maintained in digitizing this map. However, a larger-scale map is preferable for ease of digitizing.

Los Alamos National Laboratory
Environmental Restoration Program
Administrative Procedure

No: LANL-ER-AP-04.2
Interim Procedure

Rev: 0

Reporting of Newly Identified Releases from Solid Waste Management Units

Prepared by Karen L Foster Karen L Foster June 19, 1991
(Print Name) (Signature) (Date)

Quality Review by John W. Krueger John W. Krueger 6/20/91
(Print Name) (Signature) (Date)

Functional Review by Robert L. Gonsky [Signature] June 20, 1991
(Print Name) (Signature) (Date)

PM Approval Robert W Vocke Robert W Vocke June 20, 1991
(Print Name) (Signature) (Date)

QPPL Approval Larry Maassen Larry Maassen 20 June 1991
(Print Name) (Signature) (Date)

Effective Date: June 25, 1991

Information

CONFIDENTIAL

ONLY

**Reporting of Newly Identified Releases From
Solid Waste Management Units**

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REPORTING OF NEWLY IDENTIFIED RELEASES FROM SOLID WASTE MANAGEMENT UNITS

1.0 PURPOSE

This procedure describes the process for reporting a new release of a hazardous waste from a solid waste management unit (SWMU).

2.0 SCOPE

This procedure applies to SWMUs managed by the LANL Environmental Restoration (ER) Program and to ER personnel who are assigned tasks related to reporting new releases.

3.0 DEFINITION

3.1 Hazardous Constituent

A hazardous constituent is any constituent identified in Appendix VIII of 40 CFR Part 261, or any constituent identified in Appendix IX of 40 CFR Part 264.

3.2 Hazardous Waste

A hazardous waste is a solid waste, or combination of solid wastes, that because of its quantity, concentration, or physical, chemical, or infectious characteristics may cause, or significantly contribute to, an increase in mortality or an increase in serious irreversible, or incapacitating/reversible, illness; or pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, or disposed of, or otherwise managed. The term hazardous waste includes hazardous constituent as defined above.

3.3 Release

A release is any spilling, leaking, pouring, emitting, emptying, discharging, injecting, pumping, escaping, leaching, dumping, or disposing of hazardous wastes or hazardous constituents into the environment. A release is also the abandoning or discarding of barrels, containers, or other closed receptacles containing hazardous wastes or hazardous constituents.

3.4 Solid Waste

As defined in the Resource Conservation and Recovery Act (RCRA), solid waste is any discarded material, either abandoned or recycled, including solids, liquids, semisolids, and contained gases (Attachment A).

NOTE: As shown on Attachment A, a solid waste can be hazardous, radioactive, or mixed waste; however, source, by-product, and special nuclear material in solid wastes as defined in the Atomic Energy Act are not regulated by RCRA.

3.5 SWMU

A SWMU is any discernible unit where solid wastes have been placed at any time, regardless of whether the unit was intended for the management of solid or hazardous waste. Such units include any area where solid wastes have been routinely and systematically released.

4.0 RESPONSIBILITIES

4.1 Emergency Management Office

The LANL Emergency Management Office (EMO) is responsible for reporting the release information to DOE Headquarters.

4.2 Operable Unit Project Leader (OUPL)

The OUPL is responsible for preparing a plan for assessing the SWMU release.

4.3 Program Manager

The ER Program Manager (PM) is responsible for confirming that SWMU releases are reported to the DOE and EPA.

4.4 Regulatory Compliance Team Leader

The Regulatory compliance team leader for the ER Program is responsible for independent verification of the SWMU release, coordinating the reporting of SWMU releases, by ensuring they are reported to the EMO, DOE, and EPA in accordance with Module VIII of the hazardous waste permit (Sec. 6.1), and submitting records of release to the ER Records Processing Facility.

4.5 SWMU Interim Action Coordinator

The SWMU interim action coordinator is responsible for completing the initial written report of a newly identified release, updating SWMU documentation, and providing a summary report on new releases for incorporation into the ER Installation Work Plan (Sec. 6.2).

5.0 PROCEDURE

As stipulated in the Hazardous and Solid Waste Amendments (HSWA) permit (Sec. 6.1), newly discovered releases from SWMUs must be verbally reported to the EPA within 24 hours. Written notification must be provided to the EPA 15 calendar days after discovering the release. LANL reports SWMU releases to the EPA through the DOE Los Alamos Area Office (DOE-LAAO).

5.1 Overview of Process to Identify SWMU Releases

To ensure that new releases are identified, reported, and tracked, the ER Program Office has held seminars for the LANL Facilities Engineering Division and the

LANL support contractor, Johnson Controls, Inc. Because releases may be discovered during routine maintenance or construction projects, the site workers were instructed during the seminars to report suspicious soil characteristics, odor, and color to the ER Program Office. Additionally, the Program Office distributed an information copy of the SWMU Report to each division within LANL. The SWMU Report, at a minimum, identifies the location of known environmental areas of concern. Also, a release from a SWMU may be discovered during interim action process as described in the procedure entitled Interim Actions for Environmental Restoration (Sec. 6.2).

5.2 Process for Reporting SWMU Releases

The SWMU interim action coordinator (hereafter called SWMU reporting coordinator) completes Part I of the SWMU Release Report (Attachment B) when a release from a SWMU is reported. The information to be reported includes the

- time release discovered,
- name of individual reporting,
- location (SWMU number) of release,
- description of area [including operable unit (OU) number],
- suspected or known hazardous constituents,
- extent of the release, and
- OU Resource Conservation and Recovery Act (RCRA) Facility Investigation Work Plan start date.

The SWMU reporting coordinator works with the compliance regulator and ensures that the site is investigated if further information is necessary. The SWMU reporting coordinator and the compliance regulator sign Part I of the SWMU Release Report to indicate concurrence with the report.

5.3 LANL Internal and DOE Notification

The compliance regulator begins notifying the appropriate organizations and individuals within two hours of concurring with the reported release.

The compliance regulator

- informs the management of the LANL Environmental Protection Group (HSE-8) that a release has been reported,
- reports the release to the ER Program Manager,
- contacts the LANL EMO to report the release and describe the ER Program notification requirements,

- reports the release to the DOE-LAAO, and
- records pertinent information from the notification process by completing Part II of the SWMU Release Report.

The EMO reports the release to DOE Headquarters in accordance with DOE Order 5000.3A (Sec. 6.1).

5.4 Verbal Notification to the EPA

After informing DOE-LAAO of a confirmed release, the compliance regulator must inform the EPA. This is accomplished by coordinating a conference call among HSE-8, DOE-LAAO, and the EPA within 24 hours of discovering the release.

The compliance regulator documents the call to EPA on Part III of the SWMU Release Report.

5.5 Process for Written Notification to EPA

The compliance regulator prepares a letter addressed to the EPA from DOE-LAAO reporting the release. The draft letter is prepared for DOE-LAAO signature, because DOE-LAAO is required to submit the official report to the EPA. The draft letter is routed through LANL legal and appropriate management offices before it is forwarded to DOE-LAAO.

The DOE-LAAO must receive the final draft of the letter within 10 days of the SWMU release discovery.

DOE-LAAO transmits the letter to the EPA within 15 days of the SWMU release discovery.

The compliance regulator signs Part IV of the SWMU Release Report to indicate that the correct reporting protocol was observed, sufficient information was provided to the DOE and EPA, and the SWMU release was reported in the required time period.

The compliance regulator forwards a copy of the completed report and notification letter to:

- the ER program manager for confirmation,
- the project leader responsible for the OU where the SWMU release occurred, and
- the SWMU Reporting Coordinator.

5.6 Assessment of New Release

The EPA may require further investigation of the newly identified release(s). A plan for such investigation will be prepared by OUPL and reviewed for approval as part

of the OU RCRA Facility Investigation (RFI) Work Plan submitted to the EPA. Interim measures will be conducted when appropriate.

5.7 Updating SWMU Documentation

The SWMU reporting coordinator ensures that SWMU documentation, including maps, are updated in accordance with the procedure entitled Identification and Reporting of Solid Waste Management Units and Identification of Other Areas of Concern for the Environmental Restoration Program. Additionally, a summary report of new releases is compiled for inclusion into the annual update of the ER Installation Work Plan (Sec. 6.2).

5.8 Submittal of SWMU Release Documentation to ER Records Processing Facility

The compliance regulator ensures that the records produced (Sec. 7.0) as a result of implementing this procedure are submitted to the ER Records Processing Facility in accordance with the Procedure for Environmental Restoration Records Management (Sec. 6.2).

6.0 REFERENCES

6.1 Requirement Documents

Module VIII of the RCRA permit (effective on May 23, 1990) issued to University of California and DOE-LAAO by the EPA Region VI to satisfy the HSWA of RCRA.

DOE 5000.3A, Occurrence Reporting and Processing of Operations Information, 5-30-90.

6.2 Cited Document

Interim Actions for Environmental Restoration

Procedure for Environmental Restoration Records Management

Identification and Reporting of Solid Waste Management Units and Identification of Other Areas of Concern for the Environmental Restoration Program

Installation Work Plan for Environmental Restoration

7.0 RECORDS

The records generated to document the implementation of this procedure are the

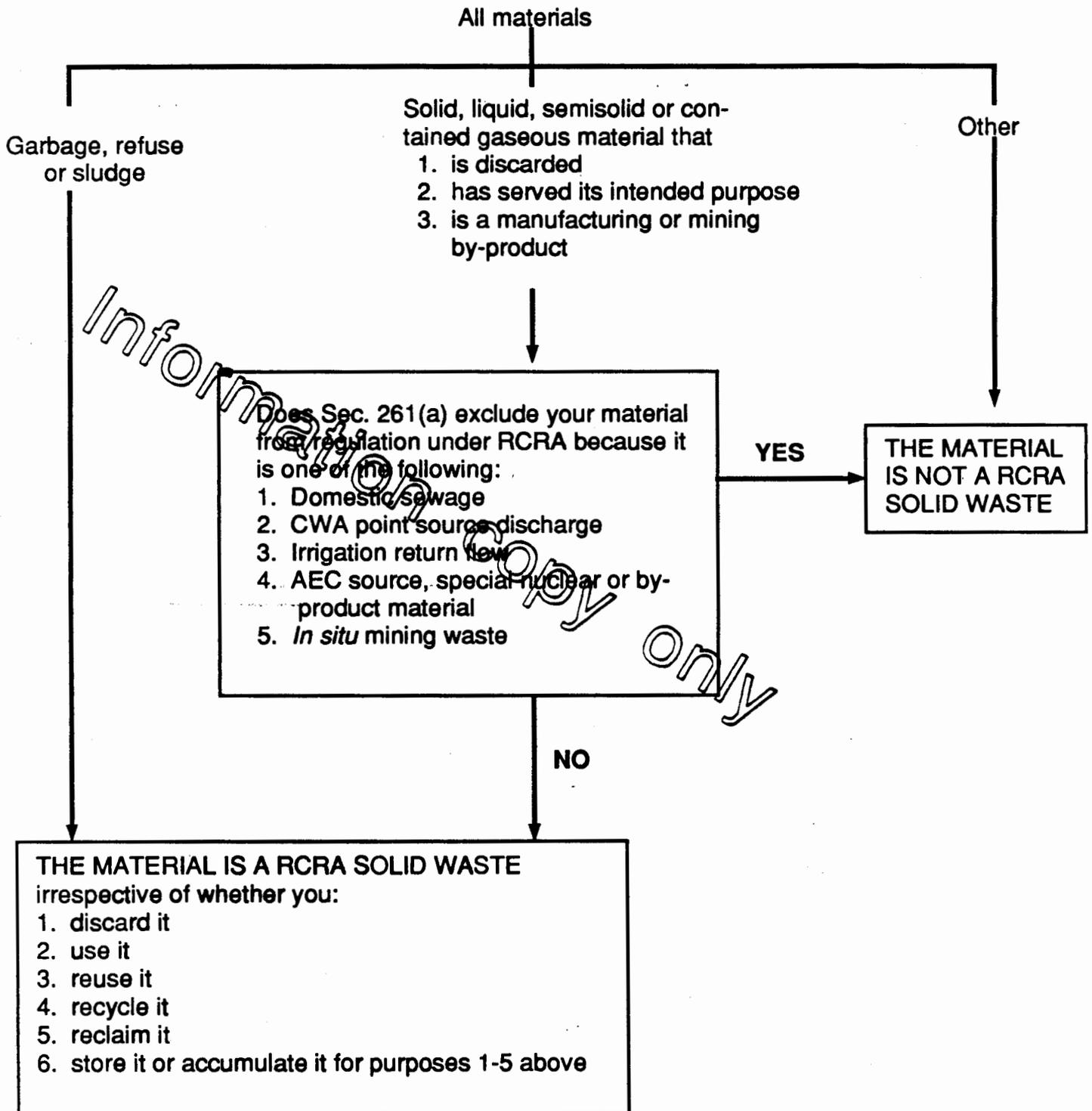
- completed SWMU Release Report form and the
- letter from DOE-LAAO to EPA.

8.0 ATTACHMENTS

Attachment A, Definition of a Solid Waste
Attachment B, SWMU Release Report

Information copy only

DEFINITION OF A SOLID WASTE*



*Taken from Title 40 of CFR, Part 260, App. I.

Los Alamos National Laboratory Environmental Restoration Program
SWMU Release Report

Part I. Release Report (completed by SWMU reporting coordinator)

Date _____ Time _____

Release reported by _____ Phone _____

Location of release (SWMU number) _____

Description of SWMU release area (include OU number) _____

Substance(s) released _____

Extent of release _____

Other (e.g., actions taken) _____

RFI Work Plan start date _____

Signature _____ Date _____
 SWMU reporting coordinator compliance regulator
 (independent verification)

Part II. Protocol—Record of Notification Process (completed by compliance regulator)

LANL Environmental Protection Group (HSE-8) informed

Individual contacted _____ Title _____

Instructions provided/received _____

ER Program Manager informed

LANL Emergency Management Office (EMO) informed

Individual contacted _____ Title _____

Instructions provided/received _____

Part II. (continued)

Department of Energy—Los Alamos Area Office informed

Individual contacted _____ Title _____

Instructions received:

Further investigation of release required

Coordinate conference call to EPA

Other (e.g., actions taken) _____

Part III. Report to EPA (completed by compliance regulator)

Record of conference call: _____

Date _____ Time _____

Individual(s) contacted _____

Title _____

Instructions _____

Part IV. (Signature of compliance regulator.)

The verbal and written notification process was completed as required.

Name (print) _____ Signature _____ Date _____

Attach EPA notification letter to this form and submit to the ER Records Processing Facility (RPF), ER Program Manager, ER Operable Unit Project Leader, and SWMU Reporting Coordinator.

Information
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Los Alamos National Laboratory
Environmental Restoration Program
Quality Procedure

No: LANL-ER-QP-01.1Q

Rev: 0

AUDITS

Larry Maassen

LARRY MAASSEN
Quality Program Project Leader

13 March 1991
(Date)

Robert W Vocke

ROBERT VOCKE
Program Manager

15 March 1991
(Date)

Information

Effective Date: March 18, 1991

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AUDITS

1.0 PURPOSE

This procedure describes the process for conducting audits of activities performed as part of the Los Alamos National Laboratory (LANL) Environmental Restoration (ER) Program. It implements Section 18 of the LANL ER Quality Program Plan.

2.0 SCOPE

This procedure applies to internal and external audits of activities directed by the LANL ER Quality Program Project Leader (QPPL).

3.0 DEFINITIONS

3.1 Audit

A planned and documented activity performed to determine by investigation, examination, or evaluation of objective evidence the adequacy of and compliance with established procedures, codes, standards, instructions, drawings, and other applicable requirements and the effectiveness of their implementation.

3.2 External Audit

An audit of an organization that conducts work for the ER Program under its own QA program.

3.3 Finding

A condition identified as a quality problem or a direct violation of a specified requirement.

3.4 Internal Audit

An audit of an organization conducting work for the ER Program under the ER Program's Quality Program Plan.

3.5 Objective Evidence

A document or object that can be examined to prove that appropriate procedures were followed in regard to a specific item or activity.

3.6 Observation

An observation identifies a condition that does not directly violate a specified requirement, but in the auditor's opinion if left unchanged could potentially lead to a condition adverse to quality. Observations noted during the audit are reported to the audited organization, but do not require a written response.

4.0 RESPONSIBILITIES

4.1 Program Manager

The ER Program Manager ensures that this procedure is prepared, implemented, and maintained.

4.2 Quality Program Project Leader

The QPPL

- ensures that an audit schedule is prepared and approves it,
- arranges and coordinates audits,
- appoints the audit team leader and audit team members,
- approves Audit Reports and ensures that copies are forwarded to the management of the audited organization, and
- concurs with proposed remedies to audit findings.

4.3 Audit Team Leader

The audit team leader

- supervises the performance of the audit,
- assigns each audit team member to a specific area or areas to be audited,
- conducts entrance and exit meetings with the representatives of the audited organizations,
- initiates Deficiency Reports as required, and,
- prepares and distributes the Audit Report.

4.4 Audit Team Members

Audit team members perform audits as assigned by the audit team leader.

5.0 PROCEDURE

5.1 Audit Scheduling

During the first month of each calendar year, an annual audit schedule shall be prepared that includes internal and external audits of activities under the LANL ER Program's direct control. The annual audit schedule identifies the month and year of each audit, the organization and activities to be audited, and the requirements to be audited. The audit schedule will be revised as necessary and approved by the QPPL. In addition to regularly scheduled audits, supplemental audits may be initiated if deemed necessary by the QPPL or PM.

Audits will be initiated as early as practical in the life of an activity to ensure effective quality requirements have been specified and implemented.

Each activity will be audited at least every 12 months or at least once during the life of the activity, whichever is shorter. More frequent audits may be conducted at the request of technical or quality program management.

5.2 Audit Team Selection

Prior to each audit, the QPPL assigns a lead auditor as the audit team leader, and one or more team members as follows:

- at least one individual with technical expertise in the activity to be audited if it is to be a scientific investigation activity,
- individuals who are independent of any direct responsibility for performance of activities they are to audit, and
- individuals who have sufficient authority and organizational freedom to make the audit process meaningful and effective.

Auditors and lead auditors shall have demonstrated audit experience. When a technical expert with prior audit experience is not available, it is permissible to use someone without prior audit experience under the direction of the lead auditor. Auditors-in-training may also participate under the direction of the lead auditor.

5.3 Audit Planning

The QPPL provides the audit team leader an audit number, from the Audit Status Log (Attachment 1), of the following format:

ER-XX-YY, where XX is the calendar year during which the audit is conducted, and YY is a sequential number beginning with 01 for the first audit conducted during that year.

The audit team leader prepares an audit plan that identifies the

- audit number,
- organizations to be audited,
- scope of the audit,
- activities to be audited,
- applicable requirements documents,
- audit agenda, and
- the audit personnel.

The audit plan should be delivered to the audited organization as soon as is practical.

Each audit team member shall prepare an audit checklist from any applicable reference or requirements documents. The checklist presents questions or items to be verified during the audit that provide objective evidence that

- the audited elements provide adequate control and are being implemented effectively, or
- corrective actions for deficiencies cited during previous audits have been implemented effectively.

Attachment 2 (or functional equivalent) shall be used for preparation of the audit checklist.

5.4 Audit Performance

The audit team leader conducts an opening meeting with representatives of the audited organization at the commencement of the audit. The scope of the audit shall be reviewed and an agenda shall be set for the audit. Attendees of the meeting shall be documented.

The audit team members conduct audits of activities as previously assigned by the audit team leader and document the results on the Audit Checklists. The documentation should include reference to the objective evidence examined and personnel contacted.

When the audit has been completed, the audit team leader conducts an exit meeting with the representatives of the audited organization to discuss the results of the audit, including any observations and findings noted. Attendees of the meeting shall be documented.

5.5 Audit Reporting

The lead auditor initiates a Deficiency Report for each finding noted during the audit in accordance with the procedure for Deficiency Reporting (LANL-ER-QP-01.3Q). The lead auditor prepares the audit report, which includes the following:

- audit number,
- audit dates,
- audited organization
- audit scope,
- auditors' names,
- personnel and organizations contacted,
- observations noted during the audit,
- findings noted and Deficiency Report numbers of each, and
- summary of the audit, including an overall assessment of the adequacy and effectiveness of the program's implementation.

Audit reports shall be approved by the QPPL. The Lead Auditor shall distribute the audit reports to the audited organization's management, the QPPL, the auditors, the ER Program Manager, and the HSE Deputy Division Leader.

The audit team leader prepares an audit records package for submittal to the ER Records Processing Facility. The audit records package contains the

- Audit Report,
- Audit Checklists, and
- audit attendees list.

NOTE: No other records or actions relative to this procedure are necessary regarding the audit or resultant findings. Audit findings are reported as deficiencies and are tracked and closed out in accordance with the procedure for Deficiency Reporting (LANL-ER-QP-01.3Q).

6.0 REFERENCES

LANL-ER-QP-01.3Q, Deficiency Reporting . . .

7.0 RECORDS

Records resulting from this procedure are the

1. Audit Report
2. Audit Checklists,
3. correspondence related to the above,
4. audit entrance and exit meeting Attendee Lists,
5. audit schedule,
6. Audit Status Log, and
7. Deficiency Reports.

8.0 ATTACHMENTS

Attachment 1 Audit Checklist form
Attachment 2 Audit Status Log form

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LANL Environmental Restoration Program
 AUDIT CHECK LIST

AUDIT NO.: _____

DATE: _____

ORGANIZATION AUDITED: _____

Page ____ of ____

AUDITOR(S) _____

Print name

Signature

Item No.	Document/Revision in Which Requirement or Instruction Referenced	Requirement or Instruction	Results (S, U, N/A)	Personnel Contacted and Method of Verification (i.e., Objective Evidence)
<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; text-align: center; vertical-align: middle;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">EXHIBIT A COMPLETE</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">ORIGINAL FOR YOUR USE</p> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">CONTACT THE OFFICE OF THE ER PROGRAM (665-4557) TO OBTAIN INFORMATION</p> </div>				

LANL Environmental Restoration Program
 AUDIT CHECK LIST (continued)

Page ____ of ____

AUDIT NO.: _____

AUDITOR(S) _____

Item No.	Document/Revision in Which Requirement or Instruction is Referenced	Requirement or Instruction	Results (S, U, N/A)	Personnel Contacted and Method of Verification (i.e., Objective Evidence)
		<p>CONTACT THE PROGRAM OFFICE (605-4557) TO OBTAIN ORIGINAL FOR YOUR USE</p>		

ORIGINAL FOR YOUR USE

CONTACT THE PROGRAM OFFICE (605-4557) TO OBTAIN ORIGINAL FOR YOUR USE

CONTACT THE PROGRAM OFFICE

EXEMPT FROM PL E

Information

LANL Environmental Restoration Program
 AUDIT STATUS LOG

Page ____ of ____

				Audit Report Issued	
Audit No.	Organization Audited	Date of Audit	Deficiency Reports Issued (List by No.)	By	Date
	CONTACT THE ER PROGRAM OFFICE (665-4557) TO OBTAIN ORIGINAL FOR YOUR USE	EXAMPLE			

CONTACT THE
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EXAMPLE

Information

Los Alamos National Laboratory
Environmental Restoration Program
Quality Procedure

No: LANL-ER-QP-01.2Q

Rev: 0

SURVEYS

Larry Maassen
LARRY MASSEN
Quality Program Project Leader

13 March 1991
(Date)

Robert W Voche
ROBERT VOCKE
Program Manager

15 March 1991
(Date)

Effective Date: March 18, 1991

Information

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SURVEYS

1.0 PURPOSE

This procedure states the responsibilities and methods for conducting surveys of activities performed as part of the Los Alamos National Laboratory (LANL) Environmental Restoration (ER) Program.

2.0 SCOPE

This procedure applies to surveys of activities performed under the ER Quality Program Plan (QPP).

3.0 DEFINITIONS

3.1 Finding

A condition identified as a quality problem or a direct violation of a specified requirement.

3.2 Objective Evidence

Any recorded statement of fact, other information, or record pertaining to the quality of an item or activity based on observations, measurement, or tests.

3.3 Observation

An observation is a condition noted during an audit that is not in direct violation of requirements, but in the auditor's opinion if left unchanged could potentially lead to a condition adverse to quality.

3.4 Performance Audit

A performance audit, as defined by the EPA, is equivalent to a survey, as defined within the LANL ER quality program.

3.5 Survey

The act of monitoring or observing whether an item or activity conforms to specified requirements.

4.0 RESPONSIBILITIES

4.1 Program Manager

The ER Program Manager ensures that this procedure is prepared, implemented, and maintained.

4.2 Quality Program Project Leader

The Quality Program Project Leader (QPPL)

- arranges and coordinates surveys,
- appoints a survey team leader and survey team members,
- approves survey reports, and
- concurs with proposed remedies to survey findings.

4.3 Survey Team Leader

The survey team leader

- supervises team members and the performance of the survey,
- initiates Deficiency Reports as required, and,
- prepares and distributes the survey report.

4.4 Survey Team Members

Survey team members perform surveys as assigned by the survey team leader.

5.0 PROCEDURE

5.1 Survey Scheduling

Surveys are utilized to supplement the audit process. Audits must often rely on objective evidence to verify that an operation was conducted in accordance with approved procedures. Surveys verify an operation by direct observation of the operation as it is being conducted.

Surveys are conducted on an *ad hoc* basis and do not require formal scheduling; however, notification of an impending survey is normally provided to the affected organization. The QPPL arranges to have surveys conducted as necessary to obtain complete coverage of activities at a rate commensurate with the activities' importance and impact on the overall ER program. It will be necessary to coordinate surveys with the personnel responsible for a particular activity (i.e., administrative or standard operating procedure).

5.2 Survey Planning

The QPPL designates a survey team leader and team members. A survey team may consist of one or more persons. The survey team leader shall have had previous audit experience. Individuals assigned to the survey team must be independent of any direct responsibility for performance of activities they are to survey.

Survey teams should have at least one member with qualifications, experience, training, or expertise applicable to the project or activity being surveyed if it is a scientific investigation activity.

The QPPL provides the survey team leader with

- the name of the organization to be surveyed, and the names of the appropriate individuals within that organization,
- characteristics and methods of the survey (i.e., activities or items to be evaluated and procedures or other documents to be reviewed for compliance with program requirements),

purpose of the survey, which may simply be "to verify proper implementation of procedures" or "to verify conformance to requirements," and

- a survey number, from the Survey Status Log (Attachment 1), of the following format:

ER-S-XX-YYY, where XX is the calendar year during which the survey is conducted and YYY is a sequential number beginning with 001 for the first survey conducted during that year.

The survey team leader briefs the survey team members regarding the details of the survey and provides each with a list of requirements and reference documents to be used to perform the survey.

The team members prepare a Survey Checklist (Attachment 2) for their area of responsibility. A highlighted or marked-up copy of the procedure or other requirements document may be used in lieu of a checklist.

5.3 Survey Performance

The survey team members conduct surveys of activities as previously assigned by the survey team leader and document the results. The documentation should include the objective evidence of the results, verification of the status of any measuring and test equipment used, names of personnel contacted during the survey, and any observations or findings that were noted.

Survey team members should keep the affected personnel apprised of any concerns, findings, or observations they have during the conduct of the survey.

5.4 Survey Reporting

The survey team leader, in consultation with the other team members, initiates a Deficiency Report for each finding noted during the survey, in accordance with the LANL-ER-QP-01.3Q. The survey team leader prepares a Survey Report, which includes the following:

- survey number,
- survey date,
- organization surveyed,
- location of survey conduct,
- individuals contacted,
- survey team members,
- activities or items surveyed,
- survey criteria,
- observations noted,
- findings noted and Deficiency Report numbers for each, and
- results (i.e., acceptance statement or effectiveness assessment).

The survey report shall be signed by the survey team leader and approved by the QPPL. The survey team leader will distribute the survey report to the audited organization's management, the QPPL, the survey team members, the ER Program Manager, and the HSE Deputy Division Leader.

The survey team leader prepares survey records package for submittal to the ER Records Processing Facility. The survey records package contains the

- survey report,
- checklists, if applicable, and
- attachments and/or correspondence related to the survey.

NOTE: No other records or actions relative to this procedure are necessary regarding the survey or resultant findings. Survey findings are reported as deficiencies and are tracked and closed out in accordance with LANL-ER-QP-01.3Q.

6.0 REFERENCES

LANL-ER-QP-01.3Q, Deficiency Reporting

7.0 RECORDS

1. Survey Report
2. Survey Checklists, if applicable
3. correspondence and/or checklists related to the above,
4. Survey Status Log, and
5. Deficiency Reports.

Items one through three above are filed as a records package when the survey report is complete. During the first quarter of each calendar year, a copy of item four is forwarded to the ER Records Processing Facility. Item five is processed in accordance with LANL-ER-QP-01.3Q.

8.0 ATTACHMENTS

Attachment 1 Survey Status Log
Attachment 2 Survey Checklist

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LANL Environmental Restoration Program
 SURVEY STATUS LOG

Page ____ of ____

				Survey Report Issued	
Survey No.	Organization Surveyed	Date of Survey	Deficiency Reports Issued (List by No.)	By	Date
	ER PROGRAM OFFICE (665-4557) TO OBTAIN ORIGINAL FOR YOUR USE	CONTACT THE ER PROGRAM OFFICE			

EXHIBIT A COMPLIANCE

Information

LANL Environmental Restoration Program
SURVEY CHECK LIST

SURVEY NO.: _____

DATE: _____

ORGANIZATION SURVEYED: _____

Page ____ of ____

AUDITOR(S) _____

Print name

Signature

Item No.	Document/Revision in Which Requirement or Instruction is Referenced	Requirement or Instruction	Results (S, U, N/A)	Personnel Contacted and Method of Verification (i.e., Objective Evidence)

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LANL Environmental Restoration Program
 SURVEY CHECK LIST (continued)

Page ____ of ____

SURVEY NO.: _____

AUDITOR(S) _____

Item No.	Document/Revision in Which Requirement or Instruction is Referenced	Requirement or Instruction	Results (S, U, N/A)	Personnel Contacted and Method of Verification (i.e., Objective Evidence)
		<p>CONTACT THE OFFICE OF THE ER PROGRAM (665-4557) TO OBTAIN ORIGINAL FOR YOUR USE</p>		

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Los Alamos National Laboratory
Environmental Restoration Program
Quality Procedure

No: LANL-ER-QP-01.3Q

Rev: 0

DEFICIENCY REPORTING

Larry Maassen
LARRY MAASSEN
Quality Program Project Leader

13 March 1991
(Date)

Robert W Voche
ROBERT VOCKE
Program Manager

15 March 1991
(Date)

Information

Effective Date: March 18, 1991

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DEFICIENCY REPORTING

1.0 PURPOSE

This procedure describes the methods by which conditions adverse to quality, hereafter referred to as deficiencies, are identified and corrected. This procedure implements the requirements of Section 15, *Nonconformance*, and Section 16, *Corrective Action*, of the Los Alamos National Laboratory (LANL) Environmental Restoration (ER) Quality Program Plan (QPP).

2.0 SCOPE

This procedure applies to deficiencies that are identified by LANL ER Program personnel and contractor personnel working under the ER QPP.

3.0 DEFINITIONS

3.1 Condition Adverse to Quality

A condition that if not corrected could have a serious effect on safety, operation, or data defensibility.

3.2 Corrective Action

A measure taken to rectify and preclude repetition of conditions adverse to quality.

3.3 Nonconformance

A deficiency in characteristic, documentation, or procedure that renders the quality of an item unacceptable or indeterminate.

4.0 RESPONSIBILITIES

4.1 The Quality Program Project Leader

- maintains the Deficiency Report (DR) Log,
- concurs with description of deficiency,
- approves proposed disposition,
- ensures verification of completion of corrective action(s),
- compiles and distributes the completed records package.

4.2 The Originator of a DR

- initiates a DR and describes the deficiency,
- forwards the DR Form to the QPPL, and
- approves proposed disposition.

4.3 Responsible Individual

The responsible individual provides and/or implements the resolution of a deficiency.

5.0 PROCEDURE

5.1 Initiation of a Deficiency Report

Anyone working on the ER program may initiate a Deficiency Report (DR). The originator of the DR completes Part IA of the DR Form (Attachment 1). The originator forwards the DR to the Quality Program Project Leader (QPPL) for review and concurrence.

The QPPL reviews the DR to be certain the deficiency is clearly and properly stated. The QPPL signs Part IB, signifying agreement with the deficiency as stated. The QPPL obtains a DR number from the DR Log (Attachment 2) and assigns it to the DR Form. The QPPL then forwards the DR Form to management of the organization responsible for disposition of the DR.

5.2 Disposition of Deficiency

Management of the organization responsible for disposition of the DR assigns an individual to be responsible for disposition. This person should be competent in the specific area to be evaluated, understands the requirements pertinent to the disposition, and have access to applicable background information. The responsible individual proposes the disposition of the deficiency by entering the applicable information in Part II of the DR Form. Additional pages may be added as necessary. The DR Form is then forwarded to the Originator and QPPL for approval of the proposed disposition. NOTE: It is recommended that the responsible individual reach an agreement with the Originator and QPPL on the proposed disposition prior to responding formally on the DR Form.

If the deficiency concerns an item, the item may be considered nonconforming. The responsible individual ensures that work on the item is stopped and that further processing, delivery, installation, or use of the item is prohibited until resolution of the DR is complete. The item shall be identified with a completed Hold Tag, or by marking the item in a legible and easily recognizable manner with the DR number. If possible, segregate the item to prevent inadvertent use.

5.3 Approval of Proposed Disposition

The QPPL and Originator sign Part III of the DR Form when they are satisfied with the proposed disposition. The QPPL notifies the responsible party of acceptability of the proposed disposition by sending an information copy of the signed DR Form to the responsible individual. The QPPL retains the original.

5.4 Implementation and Verification of Deficiency Disposition

Upon assurance that the proposed disposition is satisfactory to the QPPL and Originator, the responsible individual implements the corrective action(s).

The responsible individual notifies the QPPL upon completion of the corrective action(s). The QPPL or designee then verifies satisfactory completion of the corrective action(s) and completes Part IV of the DR form.

5.5 Closing the DR

After verification of completion of the corrective action(s) and completion of the DR form, the DR is considered closed. The QPPL

- ensures that all tags or marks on nonconforming items have been removed,
- prepares a records package that includes the DR, its attachments, and related correspondence and forwards one copy to the originator, one copy to the responsible organization, and one copy to the ER Records Processing Facility (RPF), and
- enters the close-out date on the DR Log.

6.0 REFERENCES

LANL-ER-QPP - Quality Program Plan for Environmental Restoration Activities at Los Alamos National Laboratory.

7.0 RECORDS

Records generated as a result of this procedure are

- the DR,
- attachments to the DR as applicable,
- related correspondence, and
- the DR Log.

The first three documents are compiled into a records package as specified in Section 5.5. The Deficiency Report Log is maintained by the QPPL, who forwards a copy to the RPF during the first quarter of each calendar year.

8.0 ATTACHMENTS

Attachment 1	Deficiency Report Form (2 pages)
Attachment 2	Deficiency Report Log

LOS ALAMOS

ENVIRONMENTAL RESTORATION PROGRAM
DEFICIENCY REPORT FORM
Page 1 of 2

DR No.: _____

PART IA- INITIATION (ORIGINATOR)

REQUIREMENT:

DESCRIPTION OF DEFICIENCY:

IF DR IS A RESULT OF AN AUDIT OR SURVEY FINDING, ENTER NUMBER _____

ORGANIZATION ASSIGNED DISPOSITION _____

ORIGINATOR (PRINT)

SIGNATURE

DATE

PART IB - QPPL CONCURRENCE

QPPL (PRINT)

SIGNATURE

DATE

PART II - DISPOSITION (RESPONSIBLE INDIVIDUAL)

ROOT CAUSE OF DEFICIENCY: CONTACT THE
ER PROGRAM OFFICE
(665-4557) TO OBTAIN
CORRECTIVE ACTION ORIGINAL FOR YOUR USE

CORRECTIVE ACTION TO PREVENT RECURRENCE:

DATE FOR COMPLETION OF CORRECTIVE ACTIONS: _____

RESPONSIBLE PERSON (PRINT)

SIGNATURE

DATE

LANL Environmental Restoration Program
DEFICIENCY REPORT FORM
Page 2 of 2

DR No.: _____

PART III - APPROVAL OF PROPOSED DISPOSITION (QPPL AND ORIGINATOR)

QPPL (PRINT) SIGNATURE DATE

ORIGINATOR (PRINT) SIGNATURE DATE

PART IV - VERIFICATION OF COMPLETION AND/OR CLOSE OUT (QPPL)

METHOD OF VERIFICATION, JUSTIFICATION, ETC (AUDIT, SURVEILLANCE)

VERIFIED BY (PRINT) SIGNATURE DATE

CONTACT THE
ER PROGRAM OFFICE
(665-4557) TO OBTAIN
ORIGINAL FOR YOUR USE

Information
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LANL Environmental Restoration Program
DEFICIENCY REPORT LOG

DR No.	Date Initiated	Responsible Individual/Group	Corrective Actions Verified (Date)
<p>Information</p> <p>EXAMPLE</p> <p>CONTACT THE ER PROGRAM OFFICE (665-4557) TO OBTAIN ORIGINAL FOR YOUR USE</p> <p>copy</p>			