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Department of Energy
Albuquerque Operations Office
Los Alamos Area Office
Los Alamos, New Mexico 87544

MAY 27 1997



CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. John Tymkowych
Program Manager, Enforcement
Hazardous and Radioactive Materials Bureau
New Mexico Environment Department
2044 Galisteo Street, Bldg. A
P. O. Box 26110
Santa Fe, NM 87505

Dear Mr. Tymkowych:

Subject: Transmission of Promised Draft Legacy Waste Policy

The purpose of this letter is to provide you with a courtesy copy of the draft policy dealing with the occupying or vacating of labs. As you may recall at our last monthly meeting, we discussed this policy and we promised to provide you with a copy.

We want you to know that Los Alamos National Laboratory is dedicated to resolving the issue of legacy waste. The enclosed draft guidance is but one step that is being taken to bring attention to this situation. We will keep you informed of any future developments on this issue.

If you should have any questions concerning this issue, please feel free to contact me at (505) 665-5042.

Sincerely,

H.L. "Jody" Plum
Office of Environment and Projects

LAAMEP:3JP-045

Enclosure

cc w/enclosure:
Jack Ellvinger, ESH-19, LANL, MS-K490
ESH-19 (970109.JEE), LANL, MS-K490



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Occupying or Vacating Work Space

Los Alamos National Laboratory
Laboratory Implementation Requirement LIR 250-02-01.0
Issue Date: xxxxxx

1.0 INTRODUCTION

This document summarizes the process that Los Alamos National Laboratory (the Laboratory) personnel must adhere to prior to occupying or vacating a work space. Specifically, it addresses trash, waste, hazardous chemicals/materials, excess materials/equipment, property numbered items, radioactive materials/contamination, classified materials, facility keys, and facility owned equipment. It includes requirements for moving into a room, building, or facility; relocating to another room, building, or facility; or departing the Laboratory.

Unless otherwise stated in the text, the contents of this document are effective upon the issue date.

2.0 PURPOSE

The purpose of this LIR is to provide requirements for initial occupation or vacating work spaces. The requirements contained in this document must be applied to assess the conditions of a work space and recover facility access keys prior to employees vacating work spaces. The requirements also provide a mechanism for any employee moving into a work space to identify any items or conditions that are unsatisfactory prior to occupancy and to obtain any required facility access keys.

3.0 SCOPE AND APPLICABILITY

This LIR establishes the responsibilities, precautions, limitations, and records required for occupying or vacating work spaces, with regard to trash, waste, hazardous chemicals/materials, excess materials/equipment, property numbered items, radioactive materials/contamination, classified materials, facility keys, and facility owned equipment.

This LIR applies to any employee occupying or vacating a work space and their line managers.

4.0 DEFINITIONS

4.1 Employee

For the purpose of this document, anyone who works on Los Alamos National Laboratory property whether employed by the University of California or by contract or sub-contract or is a visiting scientist or student.

4.2 Work Space

The area in which an employee works or for which the employee is responsible. This includes, but is not limited to, a laboratory, shop, office, waste storage area, chemical storage area, or any part thereof.

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5.0 RESPONSIBILITIES

5.1 Division Directors, Program Directors, and Office Directors

Division, Program, or Office directors or their designees must ensure that Laboratory work spaces are properly managed and maintained in a safe and work ready condition prior to occupancy and when vacated.

5.2 Facility Manager

Facility Managers acting as an agent of the Division, Program, or Office Director must ensure the following:

- a "Work Space Inspection Form" (Attachment 2) is completed prior to occupying or vacating a work space; and
- unoccupied work space is kept locked (physically controlled) to prevent unauthorized use.

5.3 Group/Office Leaders or Program Managers

Group Leaders or Program Managers must ensure that a "Work Space Inspection Form" is generated and forwarded to the facility manager and that all deficiencies are corrected prior to an employee occupying or vacating a work space.

5.4 Employees

Employees must ensure all deficiencies noted for the work space are corrected, then complete, sign, and submit to their Group Leader or Program Manager the "Work Space Inspection Form" (printed from this document, Attachment 1) prior to occupying or vacating the workspace.

5.5 Waste Management Coordinators

When required, Waste Management Coordinators (WMCs) must provide assistance to employees, group/office leaders, program managers, and/or facility managers in all waste storage, handling, and disposal issues.

6.0 PRECAUTIONS AND LIMITATIONS

This procedure does not replace or supersede the additional requirements for terminating employment or requirements pertaining to Laboratory property (as stated in the LANL Administrative Manual (AM-113)).

7.0 DOCUMENTATION

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The completed and signed "Work Space Inspection Form", must be forwarded to the facility manager by the employee prior to occupying or vacating a work space. The facility manager must keep the completed "Work Space Inspection Form" on file for the duration of the occupation by the current occupant.

8.0 REFERENCES

8.1 Document Ownership

The Office of Institutional Responsibility (OIC) for this LIR is the FSS Institutional Facility Management Program Office, (FSS-IFMPO).

8.2 Documents

- AM 113, *Terminations: Categories and Procedures.*
- AR1-9 *Hazard Communication*
- LANL *Property Management Manual*
- LIR 404-00-03 *Hazardous and Mixed Waste Requirements for Generators*
- LP 107-04 *Releasing Materials and Equipment*
- LS 105-01 *Waste Management Coordinator Program*
- LS 105-05 *Removing Waste from Radiological Controlled Areas*

9.0 ATTACHMENTS

Attachment 1: Instructions for Completing Work Space Inspection Form

Attachment 2: Work Space Inspection Form

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Instructions for Completing Work Space Inspection Form

This form must be completed, signed and forwarded by the employee to the appropriate facility manager prior to occupying or vacating a work space.

1. Indicate the location of the work space to be inspected.
2. Print the name of the Division which owns the facility in which the work space resides. Indicate the Facility Management Unit number for that facility.
3. Indicate whether the inspection is for vacating or occupying the work space.
4. For each statement in this section, indicate if the work space is free of the indicated items or N/A if that item has never been present. If this work space is being inspected by someone other than the occupant, the inspector shall sign on the line provided. Any discrepancies shall be listed on a separate sheet of paper and attached to this form.
 - a. Have all hazardous chemicals been removed from the work space? If not have they been identified, offered to the CHEAPER program for redistribution, assigned to another responsible party, or prepared for disposal? If not, are they clearly labeled regarding their future disposition? Are MSDS sheets available for all chemicals?
 - b. Have all other hazardous materials or articles been removed from the work space? If not, are they clearly labeled regarding their future disposition?
 - c. Have all radioactive materials been properly disposed or reassigned.

Have all areas of radioactive contamination been identified, cleaned and surveyed?
 - d. Have all classified materials been properly reassigned or destroyed?
 - e. Have all property numbered items been reassigned or relocation properly documented through the appropriate property manager?
 - f. Are there any excess materials or equipment in this work space which you no longer need? If so, are they clearly labeled regarding their future disposition?
 - g. Is there any waste or trash in this work space? If so, is it clearly labeled regarding future disposition and/or properly managed?
5. Have all facility keys been returned to the appropriate manager or have you been

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- issued the keys you need to access this work space?
6. Is the condition of the facility owned equipment as it was in when you first occupied this work space? Is the condition of the facility owned equipment in this work space acceptable for you to occupy this work space?
 7. The certification statement is to be signed by the person who is vacating or occupying the indicated work space.

The completed and signed form is to be sent to the appropriate facility manager prior to vacating or occupying the indicated work space.

**Los Alamos National Laboratory
Work Space Inspection Form**

1. Location: TA: _____ Bldg.: _____ Room: _____

2. Facility Ownership: _____ FM Unit# _____

3. Inspection Purpose: Vacating Work Space Occupying Work Space

4. Requirements/Status: This work space is free of the following. (See instructions on reverse side.)

a. **HAZARDOUS CHEMICALS** YES NA
 Verifying individual, if other than in line 7 below:

 printed name, organization, Z-number verifier's signature

b. **HAZARDOUS MATERIALS OR ARTICLES NOT COVERED IN 4a.** YES NA
 Verifying individual, if other than in line 7 below.

 printed name, organization, Z-number verifier's signature

c. **RADIOACTIVE MATERIALS/CONTAMINATION COVERED IN 4a.** YES NA
 *If NA, verifying individual, if other than in 7 below:

 printed name, organization, Z-number verifier's signature

*if YES
 Verifying individual has a completed and signed Health Physics Report YES

d. **CLASSIFIED MATERIALS** YES NA
 Verifying individual, if other than in line 7 below.

 printed name, organization, Z-number verifier's signature

e. **PROPERTY NUMBER ITEMS** YES NA
 Verifying individual, if other than in line 7 below.

 printed name, organization, Z-number verifier's signature

f. **EXCESS MATERIALS AND EQUIPMENT** YES NA
 Verifying individual, if other than in line 7 below.

 printed name, organization, Z-number verifier's signature

g. **WASTE AND TRASH** YES NA
 Verifying individual, if other than in line 7 below.

 printed name, organization, Z-number verifier's signature

5. FACILITY KEYS RETURNED/ISSUED (AS REQUIRED) YES NA

 printed name, organization, Z-number verifier's signature

6. CONDITION OF FACILITY OWNED EQUIPMENT IS YES ACCEPTABLE FOR OCCUPANCY/DEPARTURE NA

 printed name, organization, Z-number verifier's signature

7. Certification: I have inspected the workplace listed above and I am satisfied, not satisfied with its condition based on the information provided. No discrepancies noted. Discrepancies listed on separate sheet.

Printed Name (Employee vacating or occupying workspace)	Organization	Z-Number	Signature	Date
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