

AIS Records Combined

Marilyn S. Bange

Prepared by
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POC:

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Content Description

Collection of AIS records related to radiological facilities for OIG audit in FY18.



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Evaluation (Scheduled) 16460

00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

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General Information

Created By

John William Hobbs on July 14, 2014

Record State

Open

Description

The scope of this assessment is to demonstrate that the ES&H Planning Department has adequately ensured the hazard categorization of the Laboratories Nuclear and Radiological Facilities has been completed in accordance with DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Days Open

1473

Record Relationships

1 Source Record

Risk 1639: Safety Basis Programs (Nuclear, Industrial, and Accelerator Facility Safety Basis, Readiness, and Primary Hazard Screening)

THIS REC

No Peer Records

10 Child Records

Corrective Action Without Causal 69509: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69510: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69511: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69512: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69513: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69514: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69515: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69516: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69517:
00632-FY17 ESH Planning Assessment of
Implementation of DOE Supplemental
Guidance NNSA SD 1027 Admin Change 1

Corrective Action Without Causal 69518:
00632-FY17 ESH Planning Assessment of
Implementation of DOE Supplemental
Guidance NNSA SD 1027 Admin Change 1

Description of the Evaluation [^ top](#)

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Description and Scope

The scope of assessment is to demonstrate that there has been adequate implementation of the hazard categorization of Laboratories Facilities in accordance with DOE Standard (STD) 1027-92 and the Corporate Safety Basis Manual. The following four areas will be reviewed by this assessment: 1. How facility procedures ensure compliance to DOE-STD-1027-92 radiological inventory thresholds (including how select facilities track radiological inventories. 2. If radiological material are present and excluded from the inventory, what documentation/procedures are implemented by the facilities to ensure DOE-STD-1027-92 compliance. 3. How are daughter products and trace isotopes accounted for in the facility inventory. 4. Are procedures in place that adequately define all actions needed to assess or reassess facility categorization IAW the current DOE Standard.

Evaluation Type

Assessment: Policy Area Assess Implementation

Area of Responsibility

Division - 600

Estimated Start Date

November 14, 2016

Estimated Completion Date

November 29, 2018

Reasons for the Evaluation:

Assess risk control

This assessment will demonstrate that the ES&H Planning Department has adequately ensured the hazard categorization of the Laboratories Facilities has been completed in accordance with DOE Supplemental Guidance NNSA SD 1027 Admin Change 1 and with the Corporate Safety Basis Manual.

Comply with requirement/standard

The DOE Supplemental Guidance NNSA SD 1027 Admin Change 1 compels operating contractors to assure that facilities are properly hazard categorized IAW 10CFR830 requirements. The Standard implements the requirements of the Code of Federal Regulation.

10 Organizations Being Assessed:

01387, Non-Reactor Nuclear Facilities

01383, Nuclear Safety Technologies

00644, Life Cycle Material Management

02500, Weapons Product Support

01600, Pulsed Power Sciences

00628, Radiation Protection

00632, ES&H Planning

10261, Shipping/Pkging/Storage/Mail

08000, SNL California

06640, Explosive Sys & Technologies

1 Document:

[Document 1: AIS 16460 Department 00632 - Assessment Plan for Implementation of Supplemental Guidance NNSA SD G 1027 Admin Change 1](#) Type: Plan



Plan Acknowledged

I acknowledge this.

Acknowledged on:

August 17, 2017

Record Roles [^ top](#)[View Change History](#)**Sponsoring Manager**

Bange, Marilyn S. (00632)

Lead Assessor

Zelle, Phillip W. (00632)

Point of Contact

Marr, Jeffrey Wayne (01383)

Team Members

Pruitt, Courtney Jean (02569)

James Lipponer, Pamela Priscilla (00632)

Baca, Lauren Ashley (00632)

Noblitt y Gonzalez, Thom Andrew (047375)

Reaves, Turner Davis (047341)

Marshall, Elaine T (00632)

Metagroups

wg-ESH-AIS-POC

Final Dates [^ top](#)[View Change History](#)22 Results [^ top](#)[View Change History](#)

Result 1

The Safety Basis Manual does not include steps to ensure that revised TQs are incorporated into line organization facility inventory tracking systems. Revised TQs in NNSA SD G 1027 Admin Change 1 were not incorporated into line organization facility inventory tracking systems.

Result Type: Finding

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Violation Type(s): Corporate Policy

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69509: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 2

AOP 09-05 has been archived, and the NFSB has not yet completed or documented re-evaluation of what adjusted RRFs and TQs should be used in scenarios where release mechanisms could result in a greater radiological release than assumed for the TQs in NNSA SD G 1027 Admin Change 1. The Radioactive Inventory Tracking System (RITS) that is used by various less-than-HC-3 radiological facilities does not account for increased RRFs/decreased TQs from collocated radioactive and explosive material.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69510: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 3

Implementation of the radiological hazard aggregation process per AOP 14-04 has replaced the HARP process that is described in the Safety Basis Manual, Appendix SB-02. Without using Appendix SB-02, there is nowhere else in the Safety Basis Manual that addresses when applicable facilities are responsible for developing an inventory control procedure and implementing SOR radiological inventory tracking for the entire facility (e.g., Building 870).

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69512: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 4

AOP 14-04 should be updated to: 1) address NFSB review of PHSs that indicate yes for excluded radioactive material or the presence of decay products; 2) address the SOR fraction for mobile Radiation Protection sources that is being added by NFSB to each facility hazard aggregation roll-up during PHS reviews; 3) change PHS Question Set 2 numbers in accordance with PHS Version O; 4) address the applicability of 10 CFR 830 exemptions (e.g., 30.19); and 5) incorporate some detail regarding NFSB review of PHS Question 2a to result in consistent review.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69511: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 5

Several PHSs were reviewed in which some material brought from other DOE sites to Sandia facilities has been excluded from the Sum-of-Ratios (SOR) calculation, but all documentation might not be present to demonstrate the exclusion is appropriate. The NFSB should clarify the guidance for exclusion from the SOR calculation of sealed radioactive sources and special form material originating from off-site.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69513: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 6

The NFSB should clarify in the appropriate corporate document that presents requirements and guidance to line organizations what radioactive material (e.g., tritium exit signs) shall be identified in the PHS Radioactive Materials Table and what radioactive material can be excluded from the PHS SOR calculation.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69518: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 7

Building 870 personnel should update their PHSs and procedure OP-TT0000-118, Tritium Envelope Material Control, as follows, to ensure compliance with NNSA SD G 1027 Admin Change 1: 1) the answer to Question 2a should be changed from no to yes, and the notes supporting question 2a should be revised appropriately in all applicable Building 870 PHSs that warrant facility inventory tracking; 2) a single point of contact should be identified to be responsible for and implement radiological inventory tracking for all meaningful radioactive material and in all areas of Building 870; and 3) Procedure OP-TT0000-118 should be revised to include radiological inventory tracking for all meaningful radioactive material in all areas of Building 870.

Result Type: Observation

Category: Process

Responsible Manager: Not Assigned

[View Change History](#)

Result 8

Corporate Storage Department 10261 should revise applicable PHSs and Procedure NM-CS-OP-05, Nuclear/Radioactive Material Handling Process, as follows: 1) PHS SNL15A00336, Building 6020 and Igloo 6010 OST Transshipments, should be revised to exclude the OST radioactive material from the DOE-STD-1027 Sum-of-Ratios calculation, in accordance with the applicable ISMS Assessment; 2) AOP 09-05 has been archived, and should be removed from the "Other Documents" section in PHSs SNL15A00336, SNL4A00021, and SNL1100175, and from notes within the PHSs; and 3) Procedure NM-CS-OP-05, Nuclear/Radioactive Material Handling Process, should address collocated radioactive and explosive material that may be present in Igloo 6004 and Bunker 6005.

Result Type: Observation

Category: Process

Responsible Manager: Not Assigned

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Result 9

The RMWMF should revise applicable procedures as follows: 1) FOP 95-27, Radiological Threshold Tracking, and/or AOP 98-03, Waste Characterization Team Disposal Request, should address collocated radioactive and explosive material that may be present at the RMWMF and Manzano Storage Bunkers; 2) NNSA SD G 1027 Admin Change 1 TQs recently have been input to RadTrack; therefore, FOP 95-27 should be updated to reference NNSA SD G 1027 Admin Change 1 and Calculation SBDC-013-01 Revision 2, Hazard Categorization Calculations Using ICRP 68,72; and 3) PHS SNL11A00281, Manzano Explosive Waste Storage, or FOP 95-27, Radiological Threshold Tracking, should be revised to be consistent regarding the maximum SOR allowed in Manzano Storage Bunker 37118 and the method used to assure the maximum SOR is not exceeded.

Result Type: Observation

Category: Process

Responsible Manager: Not Assigned

[View Change History](#)

Result 10

The following are observations in relation to Department 6646 implementation of DOE-STD-1027 and NNSA SD G1027 Admin Change 1 at Buildings 9940 and 9920: 1) If documentation is not available to show that special form material from other DOE sites has been included in the applicable sealed source program at the facility where the special form material originated, then that special form material should not be excluded from the SOR calculation in the PHS Radioactive Materials Tables in PHS SNL16A00520, Dept 6646 Radioactive Material Operations; PHS SNL09A00006, Energetic Threats and Training Department 6646 Operations; and any other applicable department PHSs; and 2) Building 9940 is implementing SOR radioactive material inventory tracking using initial categorization TQs from DOE-STD-1027 to be conservative. It is suggested that they begin using final categorization TQs from NNSA SD G 1027 Admin Change 1.

Result Type: Observation

Category: Process

Responsible Manager: Not Assigned

[View Change History](#)

Result 11

In PHS SNL16A00667-002 (PHS Version N), "Arming and Firing Systems Program Operations," the Radioactive Materials Table indicates firesets, switch tubes and firing system components, field test neutron generators, and legacy spark gaps; however, question 2p is answered no. Question 2p should be answered yes because of collocated radioactive and energetic material, and this PHS should be reviewed by NFSB. In this current PHS, NFSB review is not prompted because each applicable question is answered no.

Result Type: Observation

Category: Process

Responsible Manager: Not Assigned

[View Change History](#)

Result 12

The following are observations in relation to Z-Machine implementation of radiological inventory tracking: 1) PHS 9716335313-029 should be revised to state an inventory administrative control of 90 % instead of 95 % to be consistent with Procedure ADM RADMAN ADPRO, Management of Radioactive Equipment and Materials at Z; and this PHS should also identify Explosive Fire Sets in the Note for Question 2p (PHS Version N).

Result Type: Observation

Category: Process

Responsible Manager: Not Assigned

[View Change History](#)

Result 13

The Gamma Irradiation Facility was not using revised TQs from NNSA SD G 1027 Admin Change 1 at the time of the assessment interview. Procedure GIF-AP-129, Material at Risk Inventory, should be updated to reference NNSA SD G 1027 Admin Change 1 and Calculation SBDC-013-01, Revision 2, Hazard Categorization Calculations Using ICRP 68, 72.

Result Type: Observation

Category: Process

Responsible Manager: Not Assigned

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Result 14

For most of the facilities that use RITS, facility-specific radioactive material inventory control procedures should be updated to address NNSA SD G 1027 Admin Change 1 and Calculation SBDC-013-01, Revision 2, Hazard Categorization Calculations Using ICRP 68.72, after TQs are updated in RITS.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69516: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 15

For PHS Question 2a, the PHS Help Text states, "If you answer 'yes' to this question, please provide in the notes section, the maximum SOR and a description of the methods that will be used to assure the maximum SOR is not exceeded." There are multiple PHSs in which this information is not documented when Question 2a is answered yes, and possibly not implemented by the line organization to assure the maximum SOR is not exceeded.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69517: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 16

In the Center 600 Electronic Controlled Documents site, the link for the February 2018 update to AOP 14-04 was updated on the Administrative Operating Procedures (AOP) page, but not on the Safety Basis Procedures (SBP) page.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69514: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 17

It was suggested by a facility individual that corporate NFSB should manage maintenance and configuration control of RITS. Historically and currently, RITS has been maintained by a technical staff individual at the RMWMF. There has been some discussion about NFSB developing a corporate, web-based database application that would perform the same functions in place of RITS. In addition, two individuals were concerned that there might be configuration control issues with use of RITS at some facilities.

Result Type: Observation

Category: Process

Responsible Manager: Bange, Marilyn S. (00632)

Alternate: Marr, Jeffrey Wayne (01383)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 69515: 00632-FY17 ESH Planning Assessment of Implementation of DOE Supplemental Guidance NNSA SD 1027 Admin Change 1](#)

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Result 18

The Safety Basis Manual (MN471017) has been updated with revised hazard categorization methodology for NNSA SD G 1027 Admin Change 1. Note that if the Safety Basis Manual is replaced, then this acceptable practice should not be assumed to still be valid.

Result Type: Acceptable practice

[View Change History](#)

Result 19

The PHS System version has been updated with new logic and radioactive material TQs to support hazard categorization using NNSA SD G 1027 Admin Change 1. The PHS system determines initial categorization using DOE-STD-1027 TQs and determines final categorization using NNSA SD G 1027 Admin Change 1 TQs.

Result Type: Acceptable practice

[View Change History](#)

Result 20

Facility-specific hazard categorizations for existing, modified, and new radiological facilities and Hazard Category 2 and 3 facilities have been updated within the PHS process.

Result Type: Acceptable practice

[View Change History](#)

Result 21

An NFSB calculation (SBDC-013-01, Revision 2, Hazard Categorization Calculations Using ICRP 68,72; July 31, 2014) has been completed to determine TQs not covered in NNSA SD G 1027 Admin Change 1 for initial and final hazard categorization of nuclear facilities. This calculation also provides the methodology to calculate new TQs consistent with NNSA SD G 1027 Admin Change 1.

Result Type: Acceptable practice

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Result 22

Bounding radiological inventory has been provided in the SNL/CA Logistics Facility PHS, and inaccuracies in the SNL/CA Logistics Operations PHS and procedures have been corrected.

Result Type: Acceptable practice

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Version: 6.0.7 - Release Notes

Revision: 113



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MARILYN S. BANGE
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Evaluation (Scheduled) 1641

04126 – Safety Basis Assessment of DOE-STD-1027-92 Implementation

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General Information

Created By

John William Hobbs on September 24, 2012

Record State

Closed by Keith Arthur Voss on June 24, 2013

Description

The scope of assessment LESA 14461 is to demonstrate that the Safety Basis Department has adequately ensured that the hazard categorization of the Laboratories Radiological Facilities has been completed in accordance with DOE Standard (STD) 1027-92 and the Corporate Safety Basis Manual.

Days Open

273

Record Relationships

1 Source Record

Risk 1639: Safety Basis Programs (Nuclear, Industrial, and Accelerator Facility Safety Basis, Readiness, and Primary Hazard Screening)

THIS REC

No Peer Records

2 Child Records

Corrective Action With Causal 3085:
 Corrective Action 14461, Result#3

Corrective Action With Causal 3086:
 Corrective Action 14461-OBS1, Result #4

Description of the Evaluation [^ top](#)

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Description and Scope

The scope of assessment LESA 14461 is to demonstrate that the Safety Basis Department has adequately ensured that the hazard categorization of the Laboratories Radiological Facilities has been completed in accordance with DOE Standard (STD) 1027-92 and the Corporate Safety Basis Manual. The following three areas will be reviewed by this assessment: 1. How facility procedures ensure compliance to DOE-STD-1027-92 radiological inventory thresholds (including how select facilities track radiological inventories.) 2. If radiological material are present and excluded from the inventory, what documentation/procedures are implemented by the facilities to ensure DOE-STD-1027-92 compliance. 3. How are daughter products and trace isotopes accounted for in the facility inventory.

Evaluation Type

Assessment: Policy Area Assess Implementation

Area of Responsibility

Policy Area - Environment Safety & Health

Estimated Start Date

September 24, 2012

Estimated Completion Date

December 21, 2012

Reasons for the Evaluation:

Comply with requirement/standard

The scope of assessment LESA 14461 is to demonstrate that the Safety Basis Department has adequately ensured that the hazard categorization of the Laboratories Radiological Facilities has been completed in accordance with DOE Standard (STD) 1027-92 and the Corporate Safety Basis Manual.

6 Organizations Being Assessed:

- 02700, Responsve NG Product Deploymnt
- 085153, Logistics
- 06831, Nuc Monitoring & Transparency
- 102611, Shipping/Receiving/Mail Team
- 01679, Z Operations
- 01822, Materials Characterization

6 Locations:

- Sandia National Laboratories - California
- Albuquerque, New Mexico
- IPB Radiation Systems - International Programs Building
- Sandia National Laboratories - New Mexico, Tech Area 1, Bldg 701
- Sandia National Laboratories - New Mexico, Tech Area 1, Bldg 870
- Sandia National Laboratories - New Mexico, Tech Area 2, Bldg 957
- Sandia National Laboratories - New Mexico, Tech Area 4, Bldg 983

1 Document:

[Document 1: LESA 14461 1027 Assessment](#) Type: Plan

Plan Acknowledged

Review plan is acceptable.
Acknowledged on:
June 10, 2013

Results Acknowledged

Acknowledged on:
January 17, 2013

Record Roles [^ top](#)

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Sponsoring Manager

Coffing, Stephen A. (00635)

Team Members

Garrison, Annah Gresham (00632)

Lead Assessor

Greutman, Michael Ryan (01385)

Trawinski, Brian John (04132)

Voss, Keith Arthur (00632)

Point of Contact

Neely, Scott D. (102652)

Rogers, Jessica J. (04135)

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Actual Start Date

September 4, 2012

Actual Completion Date

January 7, 2013

Data Collection Technique

Document Reviews

Interviews

10 Results [^ top](#)

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Result 1

Z-Machine practices and procedures ensure that bounding values are used in the sum-of-ratios determination.

Result Type: Noteworthy practice

Location 1: Sandia National Laboratories - New Mexico, Tech Area 4, Bldg 983 ()

[View Change History](#)**Result 2****Although not explicitly required by procedures, the inventory is periodically physically checked against RITS to ensure accurate tracking.**

Result Type: Noteworthy practice

Location 1: Sandia National Laboratories - New Mexico, Tech Area 2, Bldg 957 ()

[View Change History](#)**Result 3****The CA Logistics Facility PHS does not provide an accurate radiological inventory for the purposes of Hazard Categorization, the facility does not track inventory to ensure they do not exceed their facility Hazard Category, and in some cases procedures lack formality.**

Result Type: Finding

Responsible Manager: Miranda, Grace C. (08523)

Violation Type(s): Sandia Policy (MN471017, Appendix SB-01 requires that "Members of the workforce shall... enter all radioactive materials that could potentially be in inventory.")

Location 1: Sandia National Laboratories - California, California, Bldg 9631 ()

Action: Create Corrective Action Record (with causal analysis)[Corrective Action With Causal 3085: Corrective Action 14461, Result#3](#)[View Change History](#)**Result 4****CA Logistics Operations procedure/PHS inaccuracies were noted during the review.**

Result Type: Observation

Responsible Manager: Miranda, Grace C. (08523)

Location 1: Sandia National Laboratories - California, California, Bldg 9631 ()

Action: Create Corrective Action Record (with causal analysis)[Corrective Action With Causal 3086: Corrective Action 14461-OBS1, Result #4](#)[View Change History](#)**Result 5****Inconsistencies were observed in how radiological inventory is treated in PHSs. Some PHSs track material owned by the organization, where as other PHSs track material that their workers may be exposed to, whether they own the material or not.**

Result Type: Observation

Responsible Manager: Downs, Jeffrey Steven (025662)

Location 1: Sandia National Laboratories - New Mexico, Tech Area 1, Bldg 870 ()

Response: No further action

Both approaches to completing a PHS are acceptable. The PHS helps managers identify the hazards to which their workers are potentially exposed, the needed controls, and applicable requirements. Completing PHSs to understand to what rad mat workers are exposed helps managers with exposure control.

[View Change History](#)**Result 6****The Building 870 HARP does not encompass all PHSs which have radioactive material in building 870.**

Result Type: Finding

Responsible Manager: Downs, Jeffrey Steven (025662)

Violation Type(s): Sandia Policy (MN471017, Appendix SB-02 includes the requirement to "maintain the sum-of-ratios calculation for radioactive material.")

Location 1: Sandia National Laboratories - New Mexico, Tech Area 1, Bldg 870 ()

Response: Action taken

This action has not been completed as of April 2, 2013. Will compare the PHSs listed by the 870 HARP to the 870 PHS collection to determine which 870 PHSs are not listed in the HARP. Then will review the unlisted PHS to determine if they address rad mat. If so, then they'll be added to the 870 HARP.

Action Owner: Jeffrey Steven Downs
Actual Completion Date: April 02, 2013
Compensatory Measure: No

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Result 7**DOE and Sandia guidance on what may be excluded from PHS facility radiological inventory from a DOE-STD-1027-92 perspective is not fully consistent.**

Result Type: Observation
Responsible Manager: Coffing, Stephen A. (00635)

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Result 8**IPB Radiation Systems is handling source custodianship in a manner that promotes continuity of operations, knowledge transfer, and backup,**

Result Type: Noteworthy practice
Location 1: Sandia National Laboratories - New Mexico (IPB Radiation Systems - International Programs Building)

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Result 9**Weaknesses in communication between organizations could lead to the "orphaning" of radiological material, where the material is dropped from one PHS without being reflected in any other PHS inventory.**

Result Type: Observation
Responsible Manager: Coffing, Stephen A. (00635)

Response: Action taken

Updating PHS help text and training to clarify that all radioactive materials must be accounted for in each specific PHS. Help text will be updated in next PHS release.

Action Owner: Michael Ryan Greutman
Actual Completion Date: May 31, 2013
Compensatory Measure: No

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Result 10**There is no methodology currently in place that ensures that facilities account for transitional sources which may come into their facility.**

Result Type: Observation
Responsible Manager: Coffing, Stephen A. (00635)

Response: Action taken

Safety Basis manual has been drafted to reflect proper accounting of sealed sources. Changes will be issued in ver F of Safety Basis manual.

Action Owner: Michael Ryan Greutman
Actual Completion Date: March 29, 2013
Compensatory Measure: No

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Version: 6.0.7 - Release Notes

Revision: 113



Hazardous Material Management Walkthrough

Results and Recommendations

Purpose

This report provides recommendations regarding a potential Extent of Condition issue at Sandia National Laboratories addressing the storage and handling of hazardous material.

Background

In late January of 2018, Sandia Executive Leadership requested management to walkthrough Sandia-NM/CA spaces that support activity level work (excluding office spaces). The walkthroughs were conducted to find potential legacy hazardous material, including radioactive and energetic materials, chemicals, and hazardous and mixed waste. Focus of the walkthroughs were on areas that are not used frequently or visited on a regular basis, e.g., transportainers, warehouses used to store experimental artifacts, etc. Guidance was provided to focus special attention for spaces previously owned by retirees and/or were locations used to archive items that may have been left behind after individuals leave an organization.

Shortly after completing the walkthroughs, a small vessel containing legacy energetic materials was found improperly stored in a refrigerator. Finding the small amount of explosive, after the walkthroughs were completed, is a confirmation that the accuracy of a one-time visual inspection is typically less than optimal. The accuracy of one-time walkthroughs/inspections is greatly dependent on the knowledge and experience of the inspector and physical and environmental factors (i.e., spatial distribution of items being inspected, duration of the inspection, motivation of the inspector, complexity and layout of the area being inspected, etc.).

Data obtained during the walkthroughs was analyzed, to identify systemic issues and develop a set of long term actions that will result in sustained improvements in the storage and handling of hazardous material. Below is a summary of the data and recommendations for future improvements.

This report incorporates the results from the Seestrom, Moya, report *"Institutional Response to Finding of Unlabeled Explosive Samples, April 2018."*

Results

Several common themes were reported.

- Multiple instances of abandoned legacy hazardous materials/waste belonging to projects that had been completed, or to previous tenants of the space, or to other organizations (e.g., old activated samples, used/surplus batteries, equipment no longer used). These materials were found in storage areas not routinely inspected, or in laboratories hidden behind other objects. This could be a result of infrequent and/or inadequate space walkthroughs, general poor housekeeping, Member of the Workforce (MOW) separations, or poor facility turnover processes, or some combination thereof.
- Improper labeling and storage of chemicals and waste, including actuators not marked as "inert" after firing, individual items not properly labeled, chemicals not registered in the Chemical Inventory System (CIS), flammable material not stored in flammable cabinets, etc. Hazardous materials were also found in inappropriate locations such as office spaces (ethyl alcohol, hydrogen peroxide), libraries (liquid scintillation vials) and common areas (research display items). This could be a result of MOWs not being aware of what is considered hazardous material, and/or what storage locations are appropriate for hazardous materials.

Next Steps

The hazardous material discoveries suggest the need for continuous attention and improvement to ensure long-term, adequate control of hazardous material at Sandia.

In addition, the discovery of improperly stored hazardous material shortly after a completing walkthrough demonstrates that a single, or infrequent walkthroughs cannot be expected to ensure compliance in handling and storing hazardous materials in a laboratory as large and complex as Sandia.

As a result, the actions listed below are to provide **continuous attention** to better ensure their effectiveness over time.

A recommended approach would be for managers to continue to be attentive to potential hazards in their workplaces and ensure a positive response when items are found.

Action 1: SNL's Human Resources Organization will be asked to evaluate our employee separation process. They will evaluate and propose changes to strengthen the process used when MOWs separating from Sandia or moving to other positions within the Laboratories with regards to hazardous materials inventories. Specifically, we ask that they focus on in person management attention to the hand over of space and materials(Center 03500 - ECD: Q1FY19)

Action 2: Partner with LOS to establish and communicate institutional expectations for management walkthroughs of all spaces, with the intent to focus on: 1) recently vacated spaces; 2) items received from other internal and external organizations; 3) storage areas; and 4) laboratory spaces used by multiple individuals. This could be accomplished through institutional policy, the use of checklists for consistency and non-compliance walkthroughs fostering a positive relationship with the workforce. If management is new to their position and/or department they are encouraged to involve the appropriate SMEs during inspections/walkthroughs. (Center 00600 ECD: Q2FY19)

Action 3: Prepare Leaderwire broadcasts to communicate the schedule of required inventories and request divisions to include this requirement in their operational metrics and reviews. (Center 00600 ECD: Q1FY19)

Action 4: Data resulting from compliance walkthroughs need to be mined and communicated to identify potential systemic issues.(Center 00600 ECD: Q1FY19)

Action 5: A process will be developed for Environmental Compliance Coordinators to incorporate results/observations from the walkthroughs and other inspections (e.g., Mexico Environmental Department (NMED) inspections) into their checklist they used for their periodic walkthrough process. (Center 00600 ECD: Q1FY19)

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Evaluation (Already Performed)

2438

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Clone Record

WMPPD Independent Self-Assessment: MNF Logkeeping

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[View Change History Report](#)

General Information

Created By

Sinisa M. Djordjevic on November 12, 2012

Record State

Closed by Sinisa M. Djordjevic on January 31, 2013

Record Relationships

No Source Records

Description

Independent self-assessment report evaluating MNF logkeeping activities and WMPPD implementing procedures with respect to compliance with Department of Energy (DOE) O 422.1, Conduct of Operations, Attachment 2, Program Requirements, Section 2, Specific Requirements: Paragraph 2k: Logkeeping.

THIS REC

No Peer Records

No Child Records

Days Open

80

Description of the Evaluation [^ top](#)

[View Change History](#)

Source

WMPPD, Department 4144, Independent Self-Assessment Tracking Number: 2012-10-02

Description and Scope

The primary criteria used for this independent self-assessment included the following: - DOE O 422.1, Conduct of Operations, Attachment 2, Program Requirements, Section 2, Specific Requirements, Paragraph 2k: Logkeeping. - DOE-STD-1035-93 (CH-1), Guide to Good Practices for Logkeeping. - Waste Management and Pollution Prevention Department, Nuclear Operations, Formality of Operations, FOP 96-17, current revision. - Waste Management and Pollution Prevention Department Radioactive Waste/ Material Facilities Records Requirements, AOP 94-19, current revision. The primary criteria documentation was reviewed the week prior to the independent self assessment, which was actually conducted on October, 24, 2012. The primary methods of assessment evaluation were a review of relevant documentation and observation of the escort, a Nuclear Fissile Material Handler (NFMH), who is an MCAS and MBA Custodian, creating an entry in the MNF facilities log for each bunker to document the logkeeping assessment and radiological survey activity. First, the implementing documents that are listed for each Logkeeping requirement in the SNL WMPPD Nuclear Operations (MNF and HC3T) Detailed Conduct of Operations Matrix (dated June 2011) were reviewed to verify that each requirement is adequately addressed. Second, four nuclear MNF Bunkers (37055, 37057, 37063, and 37078) were toured on October 24, 2012 to review the current MNF facilities logs and the Access Sign-In Sheets (RF 2042-AS) that are maintained for each bunker. The Bunker 37063 MNF facilities log and the Access Sign-In Sheets (RF 2042-AS) were not in the bunker, but rather in the Nuclear Fissile Material Handler Supervisor's (NFMHS) office. These documents were reviewed following the tour of the bunkers. In addition, the presence of MCWS 0223 Access Lists and MBA Access Lists for MBAs, if required, was verified in each bunker that was toured. Third, the Department Lead Auditors observed the escort, the NFMH, create an entry into each of the MNF facilities logs to document both the logkeeping assessment and the RCT survey.

Evaluation Type

Assessment: Policy Area Assess Implementation

Area of Responsibility

Policy Area - Corporate Governance

Start Date

October 24, 2012

Completion Date

October 24, 2012

Reasons for the Evaluation:

Comply with requirement/standard

Evaluate compliance of MNF nuclear bunkers logkeeping activities with respect to O 422.1, Conduct of Operations, Attachment 2, Program Requirements, Section 2, Specific Requirements, Paragraph 2k: Logkeeping.

1 Organization Being Assessed:

04144, Waste Mgt & Pollution Prevent

1 Location:

Sandia National Laboratories - New Mexico, Manzano Area, Bldg 37055

Also bunkers 37057, 37063, and 37078

1 Document:[Document 1: WMPPD Independent Self-Assessment: MNF Logkeeping Report](#) Type: General**Evaluation rating**

Satisfactory

Opinion Comments

All findings and observations addressed.

Record Roles [^ top](#)[View Change History](#)**Lead Assessor**

Djordjevic, Sinisa M. (10261)

Team Members

Gonzales, Linda M. (04736)

8 Results [^ top](#)[View Change History](#)**Result 1****Material handlers did not sign-in on March 3, 2011 on the Access Sign-In sheet (RF 2042-AS). This is based on the fact that their visit was entered into the Bunker 37055 MNF facilities log.**

Result Type: Finding

Responsible Manager: Zelle, Phillip W. (00632)

Violation Type(s): Custom or Other (Section 3.1 of FOP 96-17 requires all individuals entering or leaving a bunker to sign the Access Sign-In sheet (RF 2042-AS).)

Location 1: Sandia National Laboratories - New Mexico, Manzano Area, Bldg 37055 ()

Response: Action taken

It was discussed with the Nuclear Fissile Material Handlers to be diligent in getting people to sign in on the RF 2042-AS.

Action Owner: Sinisa M. Djordjevic

Actual Completion Date: October 24, 2012

Compensatory Measure: No

[View Change History](#)**Result 2****An entry into Bunker 37057 for purposes of an RCT survey was not recorded in the Bunker 37057 MNF facilities log. The Access Sign-In sheet (RF 2042-AS) documents that two NFMHs (Gary Bender, Michael Vallejos), and an RCT (Bryan Halamicsek) signed in on April 19, 2012 for a survey of the bunker.**

Result Type: Finding

Responsible Manager: Zelle, Phillip W. (00632)

Violation Type(s): Custom or Other (Section 11.1 of FOP 96-17 prescribes MNF Logkeeping requirements to document activities performed at the MNF, but the RCT survey conducted on April 19, 2012 was not recorded in the Bunker 37057 MNF facilities log.

This was corrected during the surveillance by recording the RCT survey in the log.)

Location 1: Sandia National Laboratories - New Mexico, Manzano Area, Bldg 37057 ()

Response: Action taken

During the assessment, this was corrected by recording the RCT survey in the facilities log.
Action Owner: Sinisa M. Djordjevic
Actual Completion Date: October 24, 2012
Compensatory Measure: No

[View Change History](#)

Result 3

The Escorted (E) or Unescorted (U) checkboxes on the Access Sign-In sheets (RF 2042 AS) were not consistently marked (i.e. checked-off) during the sign-in process. These were corrected on various Access Sign-In sheets during the assessment with the Unescorted box checked for those individuals who did not require escort and the Escort box checked off for those individuals requiring escort.

Result Type: Observation
Responsible Manager: Zelle, Phillip W. (00632)

Response: Action taken

The Escorted and Unescorted checkboxes were corrected on various Access Sign-In sheets during the assessment.
Action Owner: Sinisa M. Djordjevic
Actual Completion Date: October 24, 2012
Compensatory Measure: No

[View Change History](#)

Result 4

Extra (i.e., spare) blank Access Sign-In sheets (RF 2042-AS) were not available in Bunker 37057 such that the escort, Lead Auditors, and Radiation Protection staff signed-in at the bottom of the form and not on designated entry lines. Another Access Sign-In sheet had several sign-ins on the blank, back page of the sheet. This was corrected during the assessment by bringing additional empty Access Sign-In sheets.

Result Type: Observation
Responsible Manager: Zelle, Phillip W. (00632)

Response: Action taken

This observation was corrected during the assessment by bringing additional empty Access Sign-In sheets (RF 2042-AS).
Action Owner: Sinisa M. Djordjevic
Actual Completion Date: October 24, 2012
Compensatory Measure: No

[View Change History](#)

Result 5

In several occurrences, the date of a documented log activity entry was missing and was added during the assessment by using dates from the associated bunker Access Sign-In sheets (RF 2042-AS).

Result Type: Observation
Responsible Manager: Zelle, Phillip W. (00632)

Response: Action taken

Missing dates in the log book were added during the assessment by using dates from the associated bunker Access Sign-In sheets (RF 2042-AS).
Action Owner: Sinisa M. Djordjevic
Actual Completion Date: October 24, 2012
Compensatory Measure: No

[View Change History](#)

Result 6

MCWS 0223 Access Lists posted on the walls of all nuclear bunkers, dated 10/24/2011, were considerably out of date with respect to the names of RCTs authorized for bunker access and should be updated to list the current RCT staffing assignments. Observation is not valid because the list of RCTs is still valid even though they may not be dedicated to 4144 operations but possess the appropriate qualifications.

Result Type: Observation
Responsible Manager: Zelle, Phillip W. (00632)

Response: Action taken

A revised access list was signed and dated on 11-12-2012, and posted in each MNF bunker.
Action Owner: Phillip W. Zelle
Actual Completion Date: November 12, 2012
Compensatory Measure: No

[View Change History](#)

Result 7

The Access List for MBA's that was posted on the wall of Bunker 37055 was missing a signature and the effective date. A signed and dated list was subsequently posted on the wall following a subsequent tour of Bunker 37055.

Result Type: Observation

Responsible Manager: Zelle, Phillip W. (00632)

Response: Action taken

A revised access list was signed and dated on 11-12-2012, and posted on the wall of each applicable MNF bunker.

Action Owner: Phillip W. Zelle

Actual Completion Date: November 12, 2012

Compensatory Measure: No

[View Change History](#)

Result 8

The Nuclear Operations Supervisor (NOS) did not date the entry for the Bunker 37063 MNF facilities log review that was conducted in July 2012. The NOS subsequently added the appropriate review date to the log entry.

Result Type: Observation

Responsible Manager: Zelle, Phillip W. (00632)

Response: Action taken

The NOS subsequently added the appropriate review date to the log entry during the assessment.

Action Owner: Sinisa M. Djordjevic

Actual Completion Date: October 24, 2012

Compensatory Measure: No

[View Change History](#)

Additional Documents [^ top](#)

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113



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Evaluation (Already Performed) 2992

Annual In-Facility Self-Assessment Of the Radioactive and Mixed Waste Management Facility

Bookmark

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Clone Record

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General Information

Created By

Marlena Taylor on January 11, 2013

Record State

Closed by Marlena Taylor on January 11, 2013

Record Relationships

No Source Records

Description

NCSE/SNCSC/RCSC Annual In-Facility Self-Assessment

THIS
REC

No Peer Records

Days Open

0

No Child Records

Description of the Evaluation [^ top](#)

[View Change History](#)

Source

Self-assessment

Description and Scope

The following activities were conducted to complete the Annual In-Facility Self-Assessment of the Radioactive and Mixed Waste Management Facility (RMWMF) Buildings 6920 & 6921. December 12, 2012: A question-and-answer session meeting was set up with Jeffrey F Jarry, Phil Zelle, Leroy G. Duran, and John Marion Longley using a template of questions derived from DOESTD-1158-20 1 O. After the question-and-answer session, John Longley conducted a tour of the facilities. Due to Beryllium contamination, the building 6921 was left out. However, a management assessment was conducted earlier by Jeffrey F Jarry. - Administrative controls are established to ensure that threshold limits are not exceeded. - Workers and supervisors involved shall have NCS120 and NCS220 training as applicable. - Records are maintained showing the fissile material inventory. - Self-assessments are performed to ensure activities remain below the threshold limits. - Previous nuclear criticality assessment of the RMWMF was reviewed. - The administrative control process to ensure that threshold limits are not exceeded is clearly stated in FOP 95-27, Rev 05 (Radiological Threshold Tracking at the Non-Nuclear Facilities). - Posting: The CSI controlled vault had an approved posting. The Criticality Safety Index Tracking Form (RF 2042-CIT) posted on the entrance to the storage vault was inspected and compared with the vault contents. All entries on the form were accurate and matched the vault contents. There is a standalone HA (SNL09A00424-003). - Operating procedures are being controlled using appropriate document control procedures and current documents are available on the Department 4144 website. - Training: All personnel requiring NCS120/NCS220 are current in their training. - NCS-IMP-001, Rev. 1 (January 25, 2011): This document had been updated to reflect incorporation of FOP 09-11. - 1158 Template Questionnaire: This document is attached and is labeled Attachment 1.

Evaluation Type

Assessment: Policy Area Assess Implementation

Area of Responsibility

Division - 1000

Start Date

December 14, 2012

Completion Date

December 14, 2012

Reasons for the Evaluation:

Comply with requirement/standard

The purpose of the NCS self-assessment was twofold. 1. The requirement of an annual facility review is fulfilled. These are assessments for the facility line manager and are self-assessments. These are not external audits. 2. Awareness and familiarity of a facility by the NCSEs is accomplished.

1 Organization Being Assessed:

04144, Waste Mgt & Pollution Prevent

2 Locations:

Sandia National Laboratories - New Mexico, Tech Area 3, Bldg 6920

Sandia National Laboratories - New Mexico, Tech Area 3, Bldg 6921

1 Document:

[Document 1: Annual In-Facility Self-Assessment of the Radioactive and Mixed Waste Management Facility \(RMWMF\) Buildings 6920 & 6921](#) Type: General

Evaluation rating

Satisfactory

Record Roles [^ top](#)

[View Change History](#)

Lead Assessor

Singh, Shivi (01383)

0 Results [^ top](#)

[View Change History](#)

Results will not be added due to this rationale:

There are no observations, findings, or noteworthy practices as a result of this assessment.

Additional Documents [^ top](#)

 - View Document History

[Version: 6.0.7 - Release Notes](#)

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Evaluation (Already Performed) 5832

S017-4236-13, Emergency Management's Technical Planning Basis Advance Assessment for Movement of Hazard Category 3 Radioactive Material.

Bookmark

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General Information

Created By

Robert Reifsnnyder on October 11, 2013

Record State

Closed by Robert Reifsnnyder on January 29, 2016

Record Relationships

No Source Records

Description

Emergency Management's Technical Planning Basis implementation of NM-TPB-SOP-1604, Advance Assessment for Movement of Hazard Category 3 Radioactive Material, Revision 0, (Implementation Date April 10, 2013)

THIS
REC

No Peer Records

No Child Records

Days Open

840

Description of the Evaluation [^ top](#)

[View Change History](#)

Source

Emergency Management Self-Assessment S017-4236-13

Description and Scope

Emergency Management's Technical Planning Basis implementation of NM-TPB-SOP-1604, Advance Assessment for Movement of Hazard Category 3 Radioactive Material, Revision 0, (Implementation Date April 10, 2013)

Evaluation Type

Management Review

Area of Responsibility

Policy Area - Integrated Safeguards & Security

Start Date

August 15, 2013

Completion Date

September 4, 2013

Data Collection Technique

Document Reviews

Interviews

Reasons for the Evaluation:

Comply with requirement/standard

NM-TPB-SOP-1604, Advance Assessment for Movement of Hazard Category 3 Radioactive Material, Revision 0, (Implementation Date April 10, 2013)

1 Organization Being Assessed:

04236, Emergency Management

2 Documents:

[Document 1: S017-4236-13 Assessment Report](#) Type: Report

[Document 2: S017-4236-13 Checklist](#) Type: Checklist

Evaluation rating

Needs Improvement

Opinion Comments

Observation closed

Record Roles [^ top](#)

[View Change History](#)

Lead Assessor

Reifsnnyder, Robert (04254)

1 Result [^ top](#)

[View Change History](#)

Result 1

The self-assessment activity reviewed nine line items (with numerous sub items) requirements identified by NM-TPB-SOP-1604, Advance Assessment for Movement of Hazard Category 3 Radioactive Material, Revision 0. The Technical Planning Basis team is required by SOP 1604 to perform advance assessments of the consequences of incidents involving movement of Hazard Category 3 radioactive material. The assessor's review determine that all of the requirements are being performed satisfactorily or satisfactorily with comments. Additional details concerning the comments are documented on the attached SOP 1604 Checklist. Overall Technical Planning Basis is meeting the requirements of SOP 1604 and the process is effective. The assessor has the following concerns with the process and the SOP. 1) Technical Planning Basis is processing the Advanced Assessment for Movement of Hazard Category 3 Radioactive Material based on documents which have not been reviewed or approved. There are no signatures or dates on any of the documents provided in the email by ORG. 04144. 2) The Request for Transfer document provided by ORG. 04144 indicates a survey number and date 1-20130724-16, June 15, 2013, and states to attach survey; but the Radiological Survey Report, Survey 1-20130724-16 included with the email is dated July 24, 2013. Did Technical Planning Basis identify or take actions to correct the error? Technical Planning Basis was not aware of the discrepancy. 3) The completed Form 8105 for container number C00210271 has no signatures or initials, only typed names. And there is a section for "QA by" with three names entered; however there is no language in the procedure to describe or define "QA" for the Technical Planning Basis Team. 4) This SOP is inconsistent with the presentation of information and is lacking in sufficient detail for the actions to be completed as written. While speaking with the point of contact during this self-assessment activity it was clear that other/additional knowledge based on experience is necessary to complete the task. (Examples in the checklist)

Result Type: Observation

Responsible Manager: McPeek, Eugene E. (04236)

Alternate: Reifsnnyder, Robert (04254)

Response: No further action

The results indicate overall improvement activities not findings.

[View Change History](#)

Additional Documents [^ top](#)

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113



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Evaluation (Scheduled) 8700

Readiness Review for expanded operations, WMPPD

Bookmark

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General Information

Created By

Thomas Beckman on February 4, 2014

Record State

Closed by Thomas Beckman on December 16, 2014

Record Relationships

No Source Records

THIS REC

No Peer Records

1 Child Record

Corrective Action Without Causal 10034:
 Corrective Action for Post start finding #1

Description

This Readiness Review confirms that the tasks are completed to transition the Manzano Nuclear Facilities (MNF) bunkers to operation and management in association with WMPPD's existing Radioactive and Mixed Waste Management Facility (RMWMF)

Days Open

315

Description of the Evaluation [^ top](#)

[View Change History](#)

Description and Scope

WMPPD is planning to downgrade/deactivate their nuclear facilities as requested by the National Nuclear Security Administration (NNSA)/Sandia Field Office (SFO). This transition plan is part of SNL's nuclear material de-inventory process. A number of procedures have been modified to reflect the expanded mission, including: • Downgrading the four Manzano Nuclear Facilities (MNF) from HC- 3 to less than HC-3 radiological facilities • Terminating the Hazard Category 3 Transportation Program (HC3T) • Implementing the new NA-1 SD G 1027 Threshold Quantities (TQs) As a result of this mission change, a Low Hazard Readiness Review (LHRR) will be conducted by the Safety Basis Department (Org. 04126) to review modified procedures developed by the Waste Management and Pollution Prevention Department (WMPPD, 04144) to operate safely and compliantly, while meeting its expanded mission.

Evaluation Type

Readiness Review

Area of Responsibility

Policy Area - Mission Execution

Estimated Start Date

February 18, 2014

Estimated Completion Date

February 20, 2014

Reasons for the Evaluation:

Comply with requirement/standard

This Readiness Review will be conducted IAW the SNL Safety Basis Manual (SBM) for non-nuclear facility readiness.

1 Organization Being Assessed:

04144, Waste Mgt & Pollution Prevent

2 Documents:[Document 1: Assessment Plan](#) Type: Plan[Document 2: Final Report](#) Type: Report**Plan Acknowledged**

I approve the plan as written

Acknowledged on:

November 12, 2014

Results Acknowledged

I accept the plan as written

Acknowledged on:

September 8, 2014

Evaluation rating

Satisfactory

Record Roles [^ top](#)[View Change History](#)**Sponsoring Manager**

Jarry, Jeffrey F. (06811)

Lead Assessor

Beckman, Thomas (01385)

Point of Contact

Zelle, Phillip W. (00632)

Team Members

Pruitt, Courtney Jean (02569)

Courtney will look at; - PHSs, and - Procedure Deviations

Voss, Keith Arthur (00632)

Keith will look at; - RadTrack changes, and - 1027 Implementation

Walters, Tobin Karl (04132)

Toby will look at; - Training

Miller, John A. (01383)

John will look at; - Nuclear Criticality Safety

Archibeque, Anita Louise (06142)

Final Dates [^ top](#)[View Change History](#)**Actual Start Date**

February 18, 2014

Actual Completion Date

February 21, 2014

Data Collection Technique

Interviews

Sampling Utilized

Document Reviews

4 Results [^ top](#)[View Change History](#)**Result 1**

POST-START FINDING – The WMPPD Non-Nuclear Operations do not adequately institute the current Nuclear Criticality Safety Program (NCS) guidance (ESH100.2.SB.2). Essentially, FOP 95-27 does not fully implement the NCS program threshold limits (Table 2 from ESH100.2.SB.2) and FOP 95-27 has a gap that under a very small subset of conditions could allow for the NCS threshold limits to be exceeded. However, it is stressed that under the hypothetical but credible worst case upset conditions, the resulting scenario would remain subcritical based on the nature of the process therefore justifying this as a Post Start Finding.

Result Type: Finding

Responsible Manager: Duran, Leroy G. (04736)

Alternate: Singh, Shivi (01383)

Violation Type(s): Sandia Policy (ESH100.2.SB.2 establishes requirements for implementing the Nuclear Criticality Safety (NCS) Program. Current WMPPD procedures do not completely implement those requirements.)

Location 1: Sandia National Laboratories - New Mexico, Tech Area 3 ()

Action Create Corrective Action Record (without causal analysis)[Corrective Action Without Causal 10034: Corrective Action for Post start finding #1](#)[View Change History](#)**Result 2**

OBSERVATION - The Safety Basis Manual (SBM, Sect. 2.2) does not require that a PHS be approved before either developing needed work control documents or before the Readiness Review. The SBM states the following: 'Completion and approval of a PHS document is required prior to the start or restart of any work at both Sandia-controlled (i.e., onsite) and non-Sandia-controlled (i.e., offsite) premises.' The SBM does not give clear guidance on when the PHS must be approved.

Result Type: Observation

Responsible Manager: Coffing, Stephen A. (00635)

Alternate: Wong, Mark E. (00632)

Response: No further action

The SBM does not require that a PHS be approved before developing needed work control documents because there is no dependency. For new PHS's, it is common that work control documents are developed after the PHS is approved. Logically, the PHS must be approved before a readiness review if for nothing else but to ensure you are doing the proper level of readiness review (e.g. you cannot use RR-02-T to satisfy 425.1 requirements). The SBM is clear that the PHS must be approved prior to work. The first question of RR-02-T asks if the PHS is complete and approved which is appropriate for a readiness review since the organization is claiming they are ready to work (not getting ready). If the PHS is not approved, then clearly the correct answer to this question is "No". If further clarification is needed, I would gladly discuss this with you. Of course this rationale completely contradicts Result #3 of this assessment.

[View Change History](#)**Result 3**

NOTEWORTHY PRACTICE - Waste Management is commended for a Noteworthy Practice for assuring configuration control of their safety control set and implementing documents. WMPPD delayed the implementation of their affected PHS changes until the associated implementing documents (procedures) were changed and implemented (i.e., personnel were trained). With the completion of the Readiness Review, and the resolution of any findings, WMPPD will simultaneously make effective all the elements of the WMPPD scope change associated with downgrading the MNF and HC3T facilities. This configuration control sophistication and awareness is not typically expected of Line Organizations, and WMPPD is to be commended for demonstrating this capability and insight.

Result Type: Noteworthy practice

Location 1: Sandia National Laboratories - New Mexico, Tech Area 3 ()

[View Change History](#)**Result 4**

NOTEWORTHY PRACTICE – A program improvement was added to FOP 95-27 for proposed virtual move evaluations that will change the conclusion paragraph font color to red, in the event that one of the limits is exceeded by the proposed move. This is a good human factors improvement.

Result Type: Noteworthy practice

[View Change History](#)[Additional Documents](#) [^ top](#)[🕒](#) - View Document History[Version: 6.0.7 - Release Notes](#)

Revision: 113



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Evaluation (Scheduled) 10115

Hazardous Materials Lifecycle Management Gap Analysis

Bookmark

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General Information

Created By

L. Lynnwood Dukes on March 24, 2014

Record State

Closed by L. Lynnwood Dukes on March 24, 2014

Record Relationships

1 Source Record

Risk 384: Materials Management (Corporate-wide)

Description

An analysis was performed on the lifecycle management processes used for chemicals, explosives and radiological material to identify gaps.

THIS REC

No Peer Records

Days Open

0

No Child Records

Description of the Evaluation [^ top](#)

[View Change History](#)

Evaluation Type

Independent Appraisal

Area of Responsibility

Indirect - Program Management

Reasons for the Evaluation:

Assess risk control
Identify gaps in processes for managing material.

Evaluation rating

Needs Improvement

Record Roles [^ top](#)

[View Change History](#)

Sponsoring Manager

Hazen, Michael W. (00110)

Final Dates [^ top](#)

[View Change History](#)

0 Results [^ top](#)

[View Change History](#)

Results will not be added due to this rationale:

Gap analysis was performed with resulting gaps being tracked and corrected as part of the LCMM Project.

Additional Documents [^ top](#)

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113



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Evaluation (Scheduled) 14870

04128 RP Program SA (RPSA-2015-04): Q3 FY15: Sealed Radioactive Source Control and Related Topics

Bookmark

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General Information

Created By

Keith K. Mount on May 29, 2014

Record State

Closed by Robert Miltenberger on August 11, 2015

Record Relationships

No Source Records

Description

The assessment is part of the RP Self-Assessment process

THIS REC

2 Peer Records

Risk 194: Radiological Protection Program Management

Risk 195: Implementation of Radiological Protection Requirements

Days Open

439

No Child Records

Description of the Evaluation [^ top](#)

[View Change History](#)

Description and Scope

The scope of this assessment is to review Radiation Protection (RP) program activities related to 10CFR835 Subpart M Sealed Radioactive Source Control and other related topics. The assessment will also include: • An effectiveness review of previous actions from the 2012 RP SA on this topic, actions identified as not fully effective from the 2012 RP SA effectiveness review, and applicable actions from other assessments or events in the 2012-2015 time frame • A requirements flow down review for 10CFR835 Subpart M and the occupational RP sealed source requirements from O231.1B • A program quality review based on 10CFR830.122 and DOE Order 414.1D criteria • Review of readily available line implementation data, e.g., leak test metrics, RPSC F&I data, etc. • Review of lessons learned, both DOE and non-DOE • Review of O231.1B Accountable Sealed Radioactive Source/Radioisotope Thermoelectric Generator (ASRS/RTG) RP-related requirements implementation This assessment will help determine if the ASRS and SRS control program's goals (that the programs are both compliant with applicable requirements and effectively implemented) are being met. These programs are part of the larger RP program that is in place to help mitigate AIS (Assurance Information System) Corporate Risks 194, Radiological Protection Program Management, and 195, Implementation of Radiological Protection Requirements.

Evaluation Type

Assessment: Policy Area Assess Adequacy

Related Records

[Risk 194: Radiological Protection Program Management](#)

[Risk 195: Implementation of Radiological Protection Requirements](#)

Area of Responsibility

Policy Area - Environment Safety & Health

Estimated Start Date

April 1, 2015

Estimated Completion Date

September 30, 2015

Reasons for the Evaluation:

Comply with requirement/standard

The purpose of this assessment is to evaluate the performance of Department 4128 in regards to functional element practices and certain systems used to support those practices. The assessment is part of the RP Self-Assessment Process required by 10 CFR 835.102.

1 Organization Being Assessed:

04128, Radiation Protection

1 Location:

Sandia National Laboratories - New Mexico

Plan Acknowledged

Acknowledged on:
April 23, 2015

Results Acknowledged

Acknowledged on:
August 11, 2015

Evaluation rating

Satisfactory

Opinion Comments

Assessment identified several items that need to be fixed in programmatic documents.

[Record Roles](#) [^ top](#)

[View Change History](#)

Sponsoring Manager

Miltenberger, Robert (00628)

Team Members

Robinson, Alexandra Renee (006281)

Lead Assessor

Forbes, Elizabeth H. (00628)

Bollinger, Lance J (041281)

Schoendaller, Karen (00628)

Point of Contact

Brennan, Martin J. (00628)

Brock, Anthony G. (00628)

Duncan, James R. (00628)

[Final Dates](#) [^ top](#)

[View Change History](#)

Actual Start Date

March 18, 2015

Actual Completion Date

July 7, 2015

Data Collection Technique

Document Reviews

Data Mining

Interviews

[7 Results](#) [^ top](#)

[View Change History](#)

Result 1

The new and previous versions of RPPM Chapter 9 say “exceeds” Category 1 or 2 thresholds, whereas the requirement is “meets or exceeds”. This error was repeated in the implementing procedure D&S-SRS-006.

Result Type: Finding
Responsible Manager: Miltenberger, Robert (00628)
Violation Type(s): Sandia Policy (DOE Order 231.1B)

Response: No further action

This is an administrative issue only, as DARTS calculates Cat 1/2 status based on "meets", therefore Cat 1 or 2 ASRSs have been properly identified. There are only three Cat 1/2 ASRS owners at SNL at this time. In addition, DOE O231.1B is being revised and a new flow down matrix will be required, so it is more efficient to wait for the new Order prior to making more changes to RPPM Chapter 9 and implementing procedures.

[View Change History](#)

Result 2

D&S has not fully identified all required records, nor how those records will be maintained.

Result Type: Finding
Responsible Manager: Miltenberger, Robert (00628)
Violation Type(s): Sandia Policy (10CFR830.122 (d) (2); DOE O414.1D, Criterion 4)

Response: No further action

Newly developed QC checks are being done, but which QC check results need to be maintained as records have not been identified. This is an administrative issue of limited impact. The DARTS application maintains the 10CFR835 required records.

[View Change History](#)

Result 3

Some RP owned SRSs may need replacement due to age and wear

Result Type: Observation
Responsible Manager: Miltenberger, Robert (00628)

Response: No further action

A sub-team to review the issue and recommend a path forward will be created.

[View Change History](#)

Result 4

There are some minor records language issues in the D&S procedures. See Table 4

Result Type: Observation
Responsible Manager: Miltenberger, Robert (00628)

Response: No further action

Some procedure enhancements were identified that will result in better records management. Fixes will be made during the next revision of the referenced procedures as per the D&S project plan schedule.

[View Change History](#)

Result 5

Corrective actions from RPSA 2012-2 regarding clarifying the definition of a High Strength Source (HSS) were not fully implemented.

Result Type: Observation
Responsible Manager: Miltenberger, Robert (00628)

Response: No further action

There is no regulatory driver for the definition of High Strength Source. Consequently, an ICR for RPTB-014 will be issued to have the RPTB wording match the wording in RPPM Chapter 9.

[View Change History](#)

Result 6

Line RAD 218 training requirement implementation is being routinely monitored by the D&S Tech to ensure custodians are in compliance with that requirement. While checking to see if a new custodian has the training before registering an item is a part of routine work, the D&S Tech initiated a full sweep of all training completions on an ongoing basis to ensure that required refresher training was done. Out of compliance training had been an issue in other assessments.

Result Type: Noteworthy practice

[View Change History](#)

Result 7

The high compliance rates with leak test and inventory requirements are due in large part to the diligent follow up on items due by the D&S Tech, who sends reminders to the line support teams as well as the custodians, including personal calls, to ensure that due dates are met.

Result Type: Noteworthy practice

[View Change History](#)

Additional Documents [^ top](#)

RPSA-2015-04 Final Report Type: Audit Report

URL: https://eims.sandia.gov/Workplace/getContent?vslid=%7B2E2184DE-CCE6-44D6-B6B1-9A6769010AFA%7D&objectStoreName=EIMS.____Content&objectType=document

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113



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MARILYN S. BANGE
[Manage Settings](#)

Evaluation (Scheduled) 16133

04128 RP Program LSA: FY2014

Bookmark

Make Private

Print

Clone Record

You are currently viewing read-only details of this record.
You cannot edit this record because it has been Closed.

[View Change History Report](#)

General Information

Created By

Keith K. Mount on June 23, 2014

Record State

Closed by Robert Miltenberger on August 11, 2015

Record Relationships

No Source Records

Description

During FY2014, in partial fulfillment of the requirements of 10 CFR 835.102, an assessment of five functional areas will be conducted by members of the workforce at Sandia National Laboratories (SNL).

THIS REC

2 Peer Records

Risk 195: Implementation of Radiological Protection Requirements

Evaluation (Already Performed)
16138: 06532 ES&H
Management Surveillance –
Compliance with Radiological
Protection Procedures Manual

Days Open

414

No Child Records

Description of the Evaluation [^ top](#)

[View Change History](#)

Description and Scope

During the Fiscal Year 2014 (October-September), in partial fulfillment of the requirements of 10CFR 835.102, an assessment of five functional areas was conducted. The functional areas were Posting, Labeling and Entry/Exit Control (two functional areas), Sealed Radioactive Source Accountability and Control, Radioactive Material Control, and Organization and Administration. The assessment was conducted by members of the workforce at Sandia National Laboratories (SNL).

Evaluation Type

Assessment: Line Assess Line

Related Records

[Risk 195: Implementation of Radiological Protection Requirements](#)

Area of Responsibility

Policy Area - Environment Safety & Health

Estimated Start Date

June 23, 2014

Estimated Completion Date

May 8, 2015

Reasons for the Evaluation:

Comply with requirement/standard

In partial fulfillment of the requirements of 10 CFR 835.102, an assessment of five functional areas "Posting and Labeling, Entry and Exit Controls, Sealed Radioactive Source Accountability and Control, Release of Materials and Equipment, & Organization and Administration" will be conducted at SNL

2 Locations:

Sandia National Laboratories - New Mexico

Sandia National Laboratories - California

Plan Acknowledged

Acknowledged on:
August 11, 2015

Results Acknowledged

Acknowledged on:
August 11, 2015

Evaluation rating

Satisfactory

Record Roles [^ top](#)

[View Change History](#)

Sponsoring Manager

Milttenberger, Robert (00628)

Lead Assessor

Koudelka, Robert (05840)

Point of Contact

Brennan, Martin J. (00628)

Team Members

Barcal, Karen (006282)

Miller, Ross A. (00628)

Richter, Daena Kei (02573)

Beall, Patrick S (006282)

Kirk-Schweitzer, Ann R. (05900)

Kirschner, Debra Sue (01342)

Mount, Keith K. (00628)

Final Dates [^ top](#)

[View Change History](#)

Actual Start Date

October 1, 2014

Actual Completion Date

January 9, 2015

Data Collection Technique

Survey

Data Call(s)

Questionnaire

Document Reviews

5 Results [^ top](#)

[View Change History](#)

Result 1

One Department (4237) reported they have Radioactive Materials with only the label from manufacturer on a source. The equipment owned by Dept. 4237 does contain manufacturer labeling indicating the presence of an internal radioactive source. However, the label is not visible on the instrument exterior. A blue label has been applied that is visible on the exterior of the instrument.

Result Type: Finding

Responsible Manager: Milttenberger, Robert (00628)

Violation Type(s): Sandia Policy (Chapter 6 of the RPPM requires clarification on the use of SNL "blue" cautionary labels on equipment with integrated radioactive sources.)

Location 1: Sandia National Laboratories - New Mexico ()

Response: No further action

Item was fixed during the assessment by applying the blue label.

[View Change History](#)

Result 2

One Department (2541) reported entry control requirements are not established in the applicable TWD. During the assessment, Department 2541 indicated that the TWD is in the process of being updated and this change will be made. The new TWD is now approved.

Result Type: Finding

Responsible Manager: Miltenberger, Robert (00628)

Violation Type(s): Sandia Policy (Chapter 5 of the RPPM states, "Ensuring that entry control requirements are described in approved technical work documents, per ESHI00.2.GEN.3".)

Location 1: Sandia National Laboratories - New Mexico ()

Response: No further action

Item was fixed during the assessment by providing a new TWD.

[View Change History](#)

Result 3

One Department (2541) reported they have a barcode on one source that needs to be replaced, all others are properly labeled. This finding was identified during the assessment and fixed.

Result Type: Finding

Responsible Manager: Miltenberger, Robert (00628)

Violation Type(s): Sandia Policy (RPPM Chapter 9 states in part, "Source custodians shall attach the appropriate barcode identification label to the ARS.")

Location 1: Sandia National Laboratories - New Mexico ()

Response: No further action

The barcode was placed on the item during the assessment.

[View Change History](#)

Result 4

One Department (1831) reported they have radioactive materials not identified in one or more PHS's. This finding was identified during the assessment and PHS author tasked to update the PHS. The radioactive material is DU from a prior project. This issue was identified during the assessment and a disposal request was submitted. The material has been removed and disposed of.

Result Type: Finding

Responsible Manager: Miltenberger, Robert (00628)

Violation Type(s): Sandia Policy (RPPM 6.4.2.1 states, "Prior to acquiring radioactive material, update the applicable PHS, in accordance with MN4710 17, Safety Basis Manual".)

Location 1: Sandia National Laboratories - New Mexico ()

Response: No further action

Material was disposed of and PHS modified during the assessment.

[View Change History](#)

Result 5

One Department (2735) reported they do not have an up to date radioactive material inventory. This finding was identified during the assessment and an inventory will be developed as necessary. A radioactive material inventory for Dept. 2735 is now in place.

Result Type: Finding

Responsible Manager: Miltenberger, Robert (00628)

Violation Type(s): Sandia Policy (RPPM 9.4.6 states, "All ASRSs and RTGs are required to be inventoried.")

Location 1: Sandia National Laboratories - New Mexico ()

Response: No further action

The issue was fixed during the assessment by developing a material inventory.

[View Change History](#)

[Additional Documents](#) [^ top](#)

Final Report CY14 LSA Type: Audit Report

URL: https://eims.sandia.gov/Workplace/getContent?vslid=%7B3F47520A-9751-4C18-80A8-0FC7750CF9B3%7D&objectStoreName=EIMS.___Content&objectType=document

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113



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Evaluation (Scheduled) 16283

Evaluate Logistics Operations Corporate Storage for Radiological Materials

Bookmark

Make Private

Print

Clone Record

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 You cannot edit this record because it has been Closed.

[View Change History Report](#)

General Information

Created By

Donald Franklin Lincoln on July 3, 2014

Record State

Closed by Lyman F Lindstrand on October 01, 2014

Record Relationships

No Source Records

THIS REC

No Peer Records

1 Child Record

Corrective Action Without Causal 18482: Good Business practice. Apply labels

Description

This assessment will evaluate the non-radiological corporate storage locations for radiological materials. This assessment will utilize the Radiological Assistance Program (RAP) Team for training and oversight and will utilize their detection equipment for the radiological evaluation.

Days Open

90

Description of the Evaluation [^ top](#)

[View Change History](#)

Description and Scope

This assessment will evaluate the non-radiological corporate storage locations for radiological materials. This assessment will utilize the Radiological Assistance Program (RAP) Team for training and oversight and will utilize their detection equipment for the radiological evaluation. The Radiation Protection Operations Teams will operate the RAP equipment to evaluate the non-radiological Corporate Storage locations for radiological materials. They will also map the storage locations to show the areas evaluated.

Evaluation Type

Assessment: Line Assess Line

Area of Responsibility

Indirect - Integrated Mission Support Programs

Estimated Start Date

July 11, 2014

Estimated Completion Date

September 12, 2014

Reasons for the Evaluation:

Comply with requirement/standard
 Verify no inappropriate radiological material is stored in non-radiological locations in Corporate Storage.

1 Organization Being Assessed:

10260, Logistics Operations

1 Location:

Sandia National Laboratories - New Mexico

The assessment will evaluate all non-radiological Corporate Storage locations, see attached Assessment Plan for specific locations.

Plan Acknowledged

Plan has been discussed and scheduled.

Acknowledged on:

August 7, 2014

Results Acknowledged

Email sent 9/24 to Brent Sims, owning manager of material, of intent to label these items. Items labeled as recommended.

Acknowledged on:

September 24, 2014

Evaluation rating

Satisfactory

Opinion Comments

Good business practice.

Record Roles [^ top](#)

[View Change History](#)

Sponsoring Manager

Dukes, L. Lynnwood (04700)

Team Members

Simmons, Theodore N. (00628)

Lead Assessor

Lincoln, Donald Franklin (047371)

Horvath, Mary (041282)

Point of Contact

Lindstrand, Lyman F (00622)

Simmons, Gary L. (102612)

Theobald, Dallas R (10223)

Final Dates [^ top](#)

[View Change History](#)

Actual Start Date

July 11, 2014

Actual Completion Date

September 17, 2014

Data Collection Technique

Survey

1 Result [^ top](#)

[View Change History](#)

Result 1

The five rocket inter-stage casings in Manzano bunkers 37115, 37119, and 37120, while not requiring radiological posting or labeling, as a good business practice should be labeled as potentially requiring disposal as radioactive waste.

Result Type: Observation

Responsible Manager: Costales, Joseph C. (10261)

Alternate: Lindstrand, Lyman F (00622)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 18482: Good Business practice. Apply labels](#)

[View Change History](#)

Additional Documents [^ top](#)

Assessment Plan: Evaluate Logistics Operations Corporate Storage for Radiological Materials Type: Plan

URL: https://eims.sandia.gov/Workplace/getContent?vslid=%7B83B20A30-5B24-424A-B02E-B9AFE45B99B1%7D&objectStoreName=EIMS.__.Content&objectType=document

Evaluate Logistics Operations Corporate Storage for Radiological Materials Assessment Report Type: Report

URL: https://eims.sandia.gov/Workplace/getContent?vslid=%7B2F450606-7B85-43E7-97A4-75CE9D1AC7A8%7D&objectStoreName=EIMS.___Content&objectType=document

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113



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Evaluation (Scheduled) 16870

Single Inventory System

Bookmark

Make Private

Print

Clone Record

You are currently viewing read-only details of this record.
You cannot edit this record because it has been Closed.

[View Change History Report](#)

General Information

Created By

Shane R. Page on August 4, 2014

Record State

Closed by Shane R. Page on August 08, 2014

Record Relationships

1 Source Record

Corrective Action With Causal 14890: 06000, Evaluation #14888 Inventory Sources

Description

Review radiological source inventory practices, implementing a single inventory system.

THIS REC

No Peer Records

Days Open

4

No Child Records

Description of the Evaluation [^ top](#)

[View Change History](#)

Description and Scope

To create a single inventory system for Bldg. 823, Room B59.

Evaluation Type

Assessment: Corrective Action Validation

Area of Responsibility

Division - 6000

Estimated Start Date

August 4, 2014

Estimated Completion Date

August 4, 2014

Reasons for the Evaluation:

Improve performance/continuous improvement

To determine that a single inventory system has been created for Bldg. 823, Room B59. A review of the TWD and DARTS systems will be conducted.

Results Acknowledged

Verified by Shane Page 8/8/14

Acknowledged on:

August 8, 2014

Record Roles [^ top](#)

[View Change History](#)

Sponsoring Manager

Team Members

Page, Shane R. (08517)

Kruichak, Jessica Nicole (08842)

Lead Assessor

McMahon, Kevin A. (08842)

Matteo, Edward N (08842)

Final Dates [^ top](#)

Actual Start Date

May 30, 2014

Actual Completion Date

July 2, 2014

[View Change History](#)

Data Collection Technique

Document Reviews

1 Result [^ top](#)

[View Change History](#)

Result 1

Single inventory system placed into TWD and DARTS.

Result Type: Acceptable practice

[View Change History](#)

Additional Documents [^ top](#)

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113



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[Manage Settings](#)

Evaluation (Already Performed) 22307

Evaluate Inventory of Radioactive Material at SNL/NM

Bookmark

Make Private

Print

Clone Record

You are currently viewing read-only details of this record.
You cannot edit this record because it has been Closed.

[View Change History Report](#)

General Information

Created By

Donald Franklin Lincoln on March 17, 2015

Record State

Closed by Donald Franklin Lincoln on October 30, 2015

Record Relationships

No Source Records

Description

The LCMM Team noted there is no site-wide inventory for radioactive material beyond the bounding limits required by the PHS. This lack of a site-wide inventory may allow unneeded radioactive materials accumulate.

THIS REC

1 Peer Record

Evaluation (Scheduled) 42081: Evaluate the Inventory of Transuranic (TRU) Waste at SNL/NM

Days Open

227

1 Child Record

Corrective Action Without Causal 28017: Update

Description of the Evaluation [^ top](#)

[View Change History](#)

Description and Scope

See attached Assessment Report.

Evaluation Type

Assessment: Line Assess Line

Area of Responsibility

Policy Area - Supply Chain Management

Start Date

September 1, 2014

Completion Date

February 13, 2015

Data Collection Technique

Facility Walkthrough

Interviews

Reasons for the Evaluation:

Assess risk control

Perform a simplified inventory of radioactive material associated with the SNL/NM primary radioactive facilities to ensure no significant quantity of unneeded radioactive material has accumulated.

1 Location:

Sandia National Laboratories - New Mexico

2 Documents:

[Document 1: Evaluate Inventory of Radioactive Material Assessment Report](#) Type: Report

[Document 2: List of Individuals with Access to Assessment Report](#) Type: General

Evaluation rating

Satisfactory

Opinion Comments

Assessment identified no significant quantity of radioactive material, unrelated to ongoing activities, was stored at the SNL-NM site. In addition those organizations with some extra materials are working to reduce these amounts.

Record Roles [^ top](#)

[View Change History](#)

Lead Assessor

Lincoln, Donald Franklin (047371)

Team Members

Martin, Nicholas Harvey (10266)

Forbes, Elizabeth H. (00628)

1 Result [^ top](#)

[View Change History](#)

Result 1

Some of the organizations owning radioactive material did not know that waste disposal costs charge to an indirect account beginning in FY 2015. Some of these organizations (1387 & 1673) indicated they would review radioactive material they were holding to determine if this material could be released as waste. The LCMM Project should follow-up with these organizations, prior to the end of FY 2015, and update this report based on any disposed material.

Result Type: Observation

Responsible Manager: Lindstrand, Lyman F (00622)

Alternate: Lincoln, Donald Franklin (047371)

Action Create Corrective Action Record (without causal analysis)

[Corrective Action Without Causal 28017: Update](#)

[View Change History](#)

Additional Documents [^ top](#)

 - View Document History

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Revision: 113



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MARILYN S. BANGE
[Manage Settings](#)

Evaluation (Already Performed) 46983

Radiological packages delivered to B973 on 08/04/16; area not properly posted with the appropriate radiological signage

Bookmark

Make Private

Print

Clone Record

You are currently viewing read-only details of this record.
You cannot edit this record because it has been Closed.

[View Change History Report](#)

General Information

Created By

Shailla Sharmin on October 4, 2016

Record State

Closed by Shailla Sharmin on December 06, 2017

Record Relationships

No Source Records

Description

An OOPs call #42713 on August 4, 2016 regarding radiological packages delivered to a building and area not properly posted with the appropriate radiological signage.

THIS
REC

No Peer Records

Days Open

428

1 Child Record

Corrective Action With Causal 46984: RCA for Radiological packages delivered to B973 on 08/04/16; area not properly posted with the appropriate radiological signage

Description of the Evaluation [^ top](#)

[View Change History](#)

Evaluation Type

Customer Input/Feedback

Area of Responsibility

Division - 8000

Start Date

August 4, 2016

Completion Date

August 4, 2016

Reasons for the Evaluation:

Improve performance/continuous improvement

A complete root cause analysis is to be conducted. The RCA Team to conclude their analysis and to offer a corrective action plan.

Assess risk control

A complete root cause analysis is to be conducted.

Record Roles [^ top](#)

[View Change History](#)

Sponsoring Manager

Tidwell, Laura (08517)

Lead Assessor

Bernal, Bernabe F. (08146)

Team Members

McLean, Dorrance E. (08146)

Venuk, Cecelia Marie (08146)

Sharmin, Shaila (08146)

Abelgas, Brian Rengelo (08146)

1 Result [^ top](#)[View Change History](#)**Result 1**

On August 4th, two boxes each containing a Cf252 (1.08mCi) sealed radiological source were picked up from LLNL's Shipping and Receiving, and delivered directly to a badge controlled area (B973 Rad Lab) that was normally configured and used to receive radioactive material but was left unattended at the time of delivery for 35 minutes.

Result Type: Finding

Category: Process

Responsible Manager: Tidwell, Laura (08517)

Alternate: Sharmin, Shaila (08146)

Violation Type(s): Sandia Policy (Although the area was posted as a Controlled/Radioactive Material Area, it was not used exclusively for receiving radiological material. Other mission work occurs in the vicinity. The package was left unattended, generated a Radiation Area; as a result the existing posting was no longer adequate.)

Action: Create Corrective Action Record (with causal analysis)

[Corrective Action With Causal 46984: RCA for Radiological packages delivered to B973 on 08/04/16; area not properly posted with the appropriate radiological signage](#)

[View Change History](#)**Additional Documents** [^ top](#)**RAD RCA Report** Type: Report

URL: https://eims.sandia.gov/Workplace/getContent?vslid=%7B002E9657-0200-CC11-8FAF-F53DE88F1942%7D&objectStoreName=EIMS.__.Content&objectType=document

[🕒](#) - View Document History

Version: 6.0.7 - Release Notes

Revision: 113



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MARILYN S. BANGE
[Manage Settings](#)

Evaluation (Already Performed) 67881

06800 Legacy Energetic and Hazardous Materials Search - 2018

Bookmark

Make Private

Print

Clone Record

You are currently viewing read-only details of this record.
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[View Change History Report](#)

General Information

Created By

Rebecca Jaramillo-Contreras on
March 2, 2018

Record State

Closed by Rebecca Jaramillo-
Contreras on March 02, 2018

Record Relationships

No Source Records

THIS
REC

No Peer Records

No Child Records

Description

Managers shall walk their space and look for potential issues such as improperly stored hazardous articles and materials. Spaces should include: transportainers, warehouses used to store experimental artifacts, etc. look in drawers, cabinets, lockers, etc.

Days Open

0

Description of the Evaluation [^ top](#)

[View Change History](#)

Description and Scope

Over the last several months the lab has had multiple discoveries of improperly stored hazardous articles and materials. These have included chemicals, hazardous wastes, radioactive items, and energetic materials. Some of the discoveries had been improperly stored for years (legacy energetic and hazardous materials). Managers shall walk their space and look for potential issues: • Focus on areas that support activity level work. • Office spaces should be exempt from the walk-throughs, assuming that you have no indications that the current occupants are known to be "collectors" of artifacts from previous job assignments. • Focus should be placed on areas that are not used frequently or visited on a regular basis, e.g., transportainers, warehouses used to store experimental artifacts, etc. • Consider spaces that were locations used to archive items that may have been left behind after individuals leave your organization. • While walking your spaces, look in drawers, cabinets, lockers, etc.

Evaluation Type

Surveillance/Walkthrough

Area of Responsibility

Division - 6000

Start Date

January 24, 2018

Completion Date

February 9, 2018

Data Collection Technique

- Facility Walkthrough
- Work Observation
- Interviews

Reasons for the Evaluation:

Request by customer, stakeholder or manager
 At the January 18th Tier-5 Board meeting Steve Younger requested that all Managers walk their space and look for hazardous items that are not properly stored and/or managed. He requested that this be completed within a two-week period.

10 Organizations Being Assessed:

- 06831, Global Monitor&Verificat R&D
- 06811, Intl Nuclear/Radiological Sec
- 06826, Human Capacity Development
- 06824, Risk Management
- 06815, Domestic Rad/Nuc Sec& Analysis
- 06835, Int'l Nuclear Sec. Engineering
- 06813, Secure Commerce&Border Systems
- 06832, Intl Safeguards & Engagements
- 06825, Analysis & Health Security
- 06833, Global Security Res & Analysis

Evaluation rating

Satisfactory

Record Roles [^ top](#)

[View Change History](#)

Sponsoring Manager

Wilson, Rodney K. (06800)

Lead Assessor

Jaramillo-Contreras, Rebecca (06142)

Team Members

- Wilson, Rodney K. (06800)
- Dockery, Holly A. (06810)
- Ekman, Mark E. (06811)
- Mousseau, Kimberlyn Catherine (06813)
- Ladd, Mark D. (06815)
- Brodsky, Benjamin H. (06824)
- Sanzero, George V. (06825)
- Stewart, Constantine A. (06826)
- Blair, Dianna S. (06830)
- Stoddard, Mary Clare (06831)
- Hernandez, Tina (06832)
- Mohagheghi, Amir H. (06833)
- Martinez, Dominic R. (06835)

1 Result [^ top](#)

[View Change History](#)

Result 1

All of the 6800 spaces, bunkers and transportainers have been inspected and accounted for. With the exception of some housekeeping issues, equipment identified to go to Reapplication, and a few chemicals that were not entered into CIS, no energetic (explosives, propellants, etc.) materials were discovered.

Result Type: Acceptable practice

[View Change History](#)

Additional Documents [^ top](#)

 - View Document History

[Version: 6.0.7 - Release Notes](#)

Revision: 113

