

NOTIFICATIONS

1.0 Objective

The objective of this surveillance is to verify that the laboratory has developed appropriate procedures; personnel are making appropriate notifications and documenting those notifications; and resources are available and current to support notification. The activities included in this surveillance help the Facility Representative or Environmental, Safety, and Health Support Specialist determine if the laboratory is making required notifications in response to an event pursuant to established guidelines.

2.0 References

- 2.1 DOE O 232.1A, *Occurrence Reporting and Processing of Operations Information*
- 2.2 DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*
- 2.3 DOE-STD-1045-93, *Guide to Good Practices for Notifications and Investigations of Abnormal Events*

3.0 Surveillance Activities

The following activities are performed to evaluate the effectiveness of the laboratory's notification program:

- Activity 1 - Review of reportability determinations and notifications.
- Activity 2 - Review procedures for performing notifications.
- Activity 3 - Examine current lists for notifications.

NOTIFICATIONS

Surveillance No.: _____

Facility: _____

Date Completed: _____

Activity 1 - Review of Operating Events

The Facility Representative or Environmental, Safety, and Health Support Specialist selects three recent operating events and reviews the laboratory's performance in determining reportability and in providing required notifications. At least one of the selected events should be an event that was determined to be reportable to DOE in accordance with DOE O 232.1A.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Was a documented review performed to determine if the event was reportable?	_____	_____	_____
2. Was a correct determination made regarding reportability of the event?	_____	_____	_____
3. For those events determined to be reportable, were notifications made within the specified time interval to the appropriate personnel/agencies?	_____	_____	_____
4. Were all notifications appropriately documented, including time of notification, person notified, and content of notification?	_____	_____	_____

Activity 2 - Review Laboratory Procedures for Notification

5. Do notification procedures accomplish the following:			
• Clearly identify specific responsibilities for notification?	_____	_____	_____
• Identify events and conditions requiring notification?	_____	_____	_____
• Specify primary and alternate personnel to be notified for the range of possible notifications?	_____	_____	_____

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
- Define time requirements for notifications? - Define recordkeeping requirements?	☐ ☐	☐ ☐	☐ ☐
Activity 3 - Examine Lists for Notifications			
6. Are personnel in the control area provided with a list of personnel who may have to be contacted with phone numbers, pager numbers, or cellular phone numbers, as appropriate?	☐	☐	☐
7. For a sample of the notifications listed, are the personnel to be notified and the notification telephone numbers correct?	☐	☐	☐
OTHER:			

_____	☐	☐	☐

_____	☐	☐	☐

_____	☐	☐	☐

Surveillance Guideline NOTIFICATIONS

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

**Surveillance Guideline
NOTIFICATIONS**

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

OBSERVATIONS:

Observation No.: _____

Description: _____

**Surveillance Guideline
NOTIFICATIONS**

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

**Surveillance Guideline
NOTIFICATIONS**

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist