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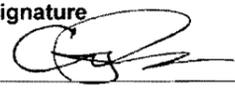
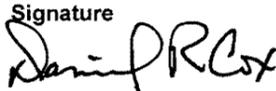
Next Review Date: 10/12/14

Environmental Programs Directorate

Standard Operating Procedure

for **READINESS REVIEW FOR EP PROJECTS**

APPROVAL SIGNATURES:

Subject Matter Expert Craig Douglass	Organization CAP	Signature 	Date 10/5/11
Responsible Line Manager Dan Cox	Organization ADEP	Signature 	Date 10/7/11

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REVISION HISTORY

Revision No. <i>[Enter current revision number, beginning with Rev. 0]</i>	Effective Date <i>[DCC inserts effective date for revision]</i>	Description of Changes <i>[List specific changes made since the previous revision]</i>	Type of Change <i>[Technical (T) or Editorial (E)]</i>
0	10/12/11	New Document	T/E

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1.0 PURPOSE AND SCOPE

The purpose of this procedure is to identify all activities associated with project readiness planning for field work activities as listed below, and to ensure project compliance with applicable Los Alamos National Laboratory (LANL), local, state and Federal permitting and notification requirements, standards, and regulations.

This procedure describes the steps necessary to conduct a readiness review assessment of Environmental Programs project activities.

This procedure applies to the following ADEP field work activities:

- Drilling
- Field Investigation and Characterization
- Decommissioning and Demolition
- Environmental Remediation/ Removal Activities
- New Technology Deployment
- Storm/Surface Water Sampling
- Groundwater Sampling

The scope of this procedure includes the review of all applicable readiness documents and activities to verify readiness to commence work in the field.

NOTE: In addition to this procedure, field work performed in a nuclear facility must comply with the requirements of P115, Verification of Readiness to Start Up or Restart LANL Nuclear Facilities, Activities, and Operations.

2.0 BACKGROUND AND PRECAUTIONS

2.1 Background

The intent of this readiness review procedure is to ensure project preparedness to execute environmental field work in compliance with all applicable permitting and notification requirements, while minimizing safety risks and environmental impacts. A readiness review is required for ADEP field activities meeting any of the following conditions:

- New scope or work that has been modified from prior approved scope
- Work that is being re-started after a pause for safety or health reasons
- Work that is being re-started after having stopped due to a DOE stop work action.
- Construction of remedial and/or removal actions

All applicable areas must be verified as adequate/satisfactory by the project manager prior to field activities beginning. Documents reviewed for this verification must be complete (i.e. final drafts including; approval signatures, correct references and attachments, etc.). Pre-start issues identified during the readiness review process shall be resolved prior to Program Director authorization of any field activities. Post-start issues shall be resolved by the date decided at the Readiness Review and defined on the Readiness Review Checklist, and before the associated activity commences.

2.2 Precautions

This procedure is not intended for the validation of project technical, cost and schedule baselines, or project construction basis.

3.0 EQUIPMENT AND TOOLS

None

4.0 REFERENCES

EP-DIR-AP-10003, Records Management Procedure for ADEP Employees

P115, Verification of Readiness to Start Up or Restart LANL Nuclear Facilities, Activities, and Operations

5.0 DEFINITIONS AND ABBREVIATIONS

Field Investigation: An investigative process to determine the nature and extent of contamination, and any possible contaminant migration pathways in a defined area.

Integrated Project Team: The PM is responsible for establishing and leading Integrated Project Teams (IPTs) that include required representatives from various technical disciplines as appropriate by project scope. The primary function of the IPT is to assist the PM with the planning, staffing, organization, management, and tracking of work activities that produce the required deliverables for the project.

Nuclear Environmental Site (NES): An inactive waste disposal area that has been characterized as nuclear sites based on initial categorization of inventory identifying it as hazard category 2 or 3 according to DOE-STD-1027 thresholds.

New Technology Deployment: Emergent technology not yet demonstrated and or deployed at LANL.

NOTE: A new technology that is part of a field activity project, or field investigation/characterization project may be included in the Readiness Review for that project; a separate Readiness Review is not required.

Prestart Requirement: An activity identified in the Readiness Review that must be completed before the commencement of associated work.

Post-start Requirement: An activity requiring completion; a post-start activity may be completed after the commencement of associated work. If needed, Post-start activities can be addressed by a Corrective Action Plan (CAP).

Readiness Review: A presentation and review of all relevant project documents, records and Readiness Checklist to the IPT for the purpose of assessing and determining readiness to initiate field activities.

5.1 ABBREVIATIONS

ADEP	Associate Directorate for Environmental Programs
DOE	Department of Energy
IPT	Integrated Project Team
NES	Nuclear environmental Site
PD	Program Director
PM	Project Manager
POD	Plan of the Day
SME	Subject Matter Expert

6.0 STEP-BY-STEP PROCESS DESCRIPTION

6.1 Complete Readiness Review Checklist

Responsible Party: Project Manager, or Designee	1. Complete Attachment 1: EP-DIR-SOP-10009, Project Readiness Review Checklist and sign. NOTE: For all incomplete or not approved items, indicate if the item is a Pre or Post start requirement and enter expected completion dates for post-start items.
	2. Schedule a formal Readiness Review meeting to review the completed Readiness Review Checklist. NOTE: The PM shall be responsible for determining which members of the IPT are required to attend readiness review meetings.
	3. List any open or incomplete items on Attachment 2 Readiness Review Incomplete/Open Items List and assign responsibilities for pre-start or post-start items to the appropriate IPT member, track to closure.
	4. Ensure all pre-start items are closed.
	5. Ensure post-start actions are completed by the assigned date or prior to commencement of associated activity.
	6. To start field work, obtain Project Directors approval signature on Attachment 3, the Integrated Project Team Readiness Concurrence Form.

7. Ensure post-starts are closed prior to commencing the associated field activity

6.2 Project Records & Documents

Project Manager, or Designee

1. Maintain and submit records and/or documents generated by this readiness process to the Records Processing Facility as per EP-DIR-AP-10003, Records Management Procedure for ADEP Employees.

List documents generated by this SOP:

- Project Readiness Review Checklist
- Readiness Review Incomplete/Open Items List
- Integrated Project Team Readiness Concurrence Form

7.0 ATTACHMENTS

- Attachment 1 Project Readiness Review Checklist
- Attachment 2 Readiness Review Incomplete/Open Items List
- Attachment 3 Integrated Project Team Readiness Concurrence Form

[Click here for "Required Read" credit.](#)

EP-DIR-SOP-10009-1 ATTACHMENT 1 PROJECT READINESS REVIEW CHECKLIST				
Project Title/No.		Cost Code:		Date:
Activity description:				
Requirements	Complete	Pre-Start	Post-Start	Doc Number/Notes/Expected Completion Date
Funding/Consent Order				
Funding, budget, and accounts available for all scope including waste disposition?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
NMED Consent Order Required Scope	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Regulatory				
PR-ID Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Storm Water Pollution Prevention Plan Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
NESHAPs Permit/Rad notifications Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
NPDES Permit Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
15 Day Sampling Notification to NMED submitted	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
15 Day Drilling Notification to NMED submitted	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Sampling and Analysis Plan Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
NMED Approved Work Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Work performed in an NES	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
USQD Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Spill Prevention Control and Countermeasures (SPCC) Plan Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Health and Safety				
Site-Specific Health and Safety Plan (SSHASP) Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty H&S Plans Complete (Asbestos, lead, beryllium, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Subcontractor ES&H Plan Approved and Implemented	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Subcontractor ES&H Rep/Pro/Specialist Personnel Identified Name:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Compressed gases and related pressure containment equipment approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	

IWD Part 1 Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Requirements	Complete	Pre-Start	Post-Start	Doc Number/Notes/ Expected Completion Date
IWD Part 2 Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Energy Control required and in place (Overhead/underground power lines)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Lifts Required	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Walkdown by PM and ESH&Q Manager/Rep conducted	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
PPE Needed and Available	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Glovebox and or other confinements needed and available	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated work	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Waste Management				
Waste Characterization Strategy (WCSF) Form Approved by LANL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
LANL Waste Management Coordinator Assigned	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Subcontractor Waste Management Coordinator assigned	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Waste disposal facility identified	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Special waste staging and handling required	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Waste containers approved by LANL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Security				
Clearance Required (If "YES" note clearance level at right.)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> O
OPSEC Plan Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Access Requirements Identified	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Training				
Training Matrix approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Training Records Verified	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
LANL Site/TA specific training complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate number of trained personnel to perform work	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Hazwopper training required/complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Rad Worker I or II required/complete	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Work Permits				
Radiation Work Permit Issued	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	

Excavation Permit Issued	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Spark/Flame Permit Issued	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Space Permit Issued	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Requirements	Complete	Pre-Start	Post-Start	Doc Number/Notes/ Expected Completion Date
Technical Safety Basis				
Engineering drawings approved and issued	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
ECN or DCF Issued	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Un-reviewed Safety Question Determination (USQD) documentation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Subcontractor				
Subcontract awarded	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Notice to Proceed issued	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
LANL STR identified Name:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Subcontractor Field Team Lead identified	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-Tier Contractors Required (List in notes)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
LANL Field Support				
LANL Person-In-Charge identified Name:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
LANL RCT Support provided	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
LANL Operations & Maintenance Support provided	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
LANL Engineering or Technical Support provided	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Quality Assurance				
Project Specific Quality Assurance Plan approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Computer Software and Hardware approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Operations				
Provisions for Communications are in place with workers and operations center (e.g. two-way radios , pagers, telephones)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Work is authorized on the Plan of the Day/Week	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-job Briefing Scheduled	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	

Sample Management Office				
Sample request submitted to SMO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Project Specific				
Field Implementation Plan Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Site Specific Procedures Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Operator Aids in Place	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Requirements	Complete	Pre-Start	Post-Start	Doc Number/Notes/ Expected Completion Date
Transportation				
Containers Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Meets TSD Requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Road Closure Required	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Management Execution				
Execution Schedule Developed	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Metrics Identified	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Document Control/Records Management				
Applicable subcontractor documents and records requirements reviewed.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Completed by: Print Name/Signature			Date	

EP-DIR-SOP-10009-3 ATTACHMENT 3 INTEGRATED PROJECT TEAM READINESS CONCURRENCE FORM			
Project Title:		Date	
The following IPT members have participated in a Readiness Review for the above entitled project and concur with project readiness to start work in the field.			
Project Manager	Signature	Z Number	Date
Health & Safety	Signature	Z Number	Date
ENV-RCRA	Signature	Z Number	Date
Quality Assurance	Signature	Z Number	Date
Regulatory Assurance	Signature	Z Number	Date
Waste Management	Signature	Z Number	Date
Engineering & Technology	Signature	Z Number	Date
Radiation Protection	Signature	Z Number	Date
Subcontract Technical Representative	Signature	Z Number	Date
Operations	Signature	Z Number	Date
SME	Signature	Z Number	Date
SME	Signature	Z Number	Date
Approval: Program Director	Signature	Z Number	Date