



**OFFICE OF CIVILIAN  
RADIOACTIVE WASTE MANAGEMENT  
QUALITY ASSURANCE ADMINISTRATIVE PROCEDURE**

**TITLE: PREPARATION OF IMPLEMENTING LINE PROCEDURES**

Procedure No.: QAAP 5.2	Revision: 0	Date: 9/11/89	Page: 1 of 15
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Director, OCRWM <i>[Signature]</i>	Date: 8/2/89	Director, OGA <i>[Signature]</i>	Date: 7/12/89
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**1.0 PURPOSE**

The purpose of this procedure is to establish responsibilities and standard instructions for uniform preparation, review, and approval of Implementing Line Procedures (ILPs) for the Office of Civilian Radioactive Waste Management (OCRWM).

**2.0 SCOPE**

This procedure shall be implemented for the development of all OCRWM ILPs if and as specified in the OCRWM QA Controls Matrix developed in accordance with QAAP 2.3 for the associated work. The ILPs provide instruction, at a level of detail beyond that provided in Quality Assurance Administrative Procedures (QAAPs), to personnel responsible for performing work at OCRWM.

**3.0 REFERENCES AND DEFINITIONS**

**3.1 REFERENCE**

- 3.1.1 "Quality Assurance Requirements for the Civilian Radioactive Waste Management Program", (QAR) DOE/RW-0214. (HQO.890109.0002)
- 3.1.2 "Quality Assurance Program Description for the Civilian Radioactive Waste Management Program", (QAPD) DOE/RW-0215. (HQO.890109.0003)

**3.2 DEFINITIONS**

- 3.2.1 The definitions of standard terms may be found in the Glossary contained in reference 3.1.1.
- 3.2.2 Implementing Line Procedure (ILP) - Procedure that provides instruction (technical and management), at a level of detail beyond that provided in QAAPs, to personnel responsible for performing work at OCRWM. An example of an ILP would be an Associate Director level procedure for document control within the Associate Director's primary area of responsibility. ILPs are developed as needed.

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3.2.3 Major Revision - Changes to a procedure that affect a process within the procedure, the basic content, or a major change in concept.

3.2.4 Mandatory Comment - Comment requiring resolution that identifies and describes a significant conflict with, or deviation from, existing OCRWM policy; quality assurance requirement; programmatic or management requirement; technical position; or responsibilities for implementation of established requirements.

3.2.5 Minor Revision - Changes such as typographical errors; wording changes for clarity; and editorial changes, where the basic meaning and content of the procedure does not change.

#### 4.0 RESPONSIBILITIES

##### 4.1 COGNIZANT ASSOCIATE DIRECTORS, OCRWM

The cognizant Associate Directors, OCRWM, or designees, are responsible for:

4.1.1 Providing for the development, preparation, review, comment and comment resolution of ILPs within their exclusive or primary area of responsibility;

4.1.2 Providing signatory approval of ILPs developed or revised, as described in 4.1.1 above;

4.1.3 Assuring that personnel under their supervision have received the appropriate training required to implement the ILPs;

4.1.4 Assuring implementation of actions prescribed in ILPs within their functional areas of responsibilities;

4.1.5 Assuring that the OCRWM QA organization is requested to review and comment on all ILPs developed; and

4.1.6 Forwarding their approved ILP's to the Director, OQA, for issue and distribution in accordance with QAAP 6.1.

##### 4.2 OCRWM PERSONNEL

OCRWM personnel are responsible for:

4.2.1 Identifying the need, or possible need, for an ILP or revision to a current ILP to the appropriate Associate Director; and

4.2.2 Developing, reviewing and commenting on ILPs, as assigned, as prescribed in this procedure.



**4.3 DIRECTOR, OFFICE OF QUALITY ASSURANCE (OQA)**

The Director, OQA, or designee, is responsible for:

- 4.3.1 Preparing and maintaining this QAAP;
- 4.3.2 Identifying quality assurance requirements for subsequent inclusion into appropriate ILPs;
- 4.3.3 Reviewing ILPs prior to cognizant Associate Director's approval, to assure adequate qualitative and quantitative instructions and compliance with the applicable Quality Assurance Controls Specification as described in QAAP 2.3, "Establishing Quality Assurance Controls";
- 4.3.4 Providing signatory concurrence of ILPs developed for issuance; and
- 4.3.5 Executing responsibilities identified in Section 4.1 for ILPs required to support work within the Office of Quality Assurance's primary area of responsibility.

**5.0 GENERAL**

- 5.1 OCRWM ILPs shall be prepared and revised as prescribed in this procedure.
- 5.2 Prior to ILP development, the cognizant Associate Director, who established the need for an ILP, should interface with other Associate Directors to preclude the possibility of duplication of effort regarding ILP development.
- 5.3 Cognizant Associate Directors shall develop and maintain the necessary ILPs to support work related to their primary area of responsibility.
- 5.4 ILPs shall be reviewed and commented on by each Associate Director affected or with defined responsibility. All ILPs developed shall be reviewed by the Office of Quality Assurance.
- 5.5 ILPs shall use Attachment I "Procedure Title Page" and Attachment II "Procedure Continuation Page". The required information is as follows:
  - 5.5.1 ILP Subject - The title or subject of the procedure;
  - 5.5.2 ILP Number - The appropriate alpha-numeric identification, as assigned by the cognizant Associate Director, OCRWM.
  - 5.5.3 ILP Revision - The appropriate sequential-revision number, with 0 (zero) being the first issue;



5.5.4 Date Block - Shall exhibit the effective date of the procedure, as assigned by the cognizant Associate Director;

5.5.5 Page Block - shall exhibit "Page 1 of \_\_\_\_";

5.5.6 Associate Director, OCRWM - Shall exhibit the authorized approval signature of the cognizant Associate Director and the date signed; and

5.5.7 Director, OQA - Shall exhibit the authorized concurrence signature and the date signed.

5.6 Review comments and resolution concurrences for ILPs shall be documented on Attachment III "Document Review Record" (DRR) and Attachment IV "Document Review Record (Continuation Sheet)".

5.7 ILPs shall be prepared in the format described in Attachment V and Attachment VI.

5.8 ILPs shall be uniquely identified (numbered), as described by this procedure.

5.9 Issue and distribution of ILPs shall be in accordance with QAAP 6.1.

5.10 Responsibilities that Sections 5.0 and 6.0 assign to the cognizant Associate Director shall apply to the Director, OQA, for ILPs required to support work within the Office of Quality Assurance's primary area of responsibility. For ILPs developed by the Office of Quality Assurance, the Director, OQA, shall enter 'Not Applicable' in the Associate Director signature block of the Procedure Title Page (Attachment I).

## 6.0 PROCEDURE

### 6.1 ILP PREPARATION

6.1.1 When a valid need for an ILP has been identified, the cognizant Associate Director shall assign an ILP preparer.

6.1.2 The preparer shall develop the ILP Purpose and Scope sections and then may develop a flow chart to depict the various steps or sequence of actions associated with the procedure. Flow charts may be incorporated into the procedure, when appropriate.

6.1.3 The preparer should be aware of the following word-usage during ILP development:



- a) shall denotes mandatory requirements directed towards actions and activities in the procedure;
- b) should denotes expectation relative to desired results; and
- c) may denotes permission.

6.1.4 All attachments shall be contained within the border-confines of Attachment II and appropriately identified.

6.1.5 The preparer shall complete the initial draft of the ILP.

## 6.2 ILP REVIEW

6.2.1 Upon completion of the initial draft ILP, the preparer shall submit the draft as well as review instructions/criteria to the cognizant Associate Director, OCRWM. As a minimum, review instructions/criteria shall request that ILPs be reviewed for compliance with this QAAP and the applicable Quality Assurance Controls Specification.

6.2.2 The cognizant Associate Director shall then establish a realistic comment due date, approve the review instructions/criteria, and solicit comments from personnel within his immediate organization, from other Associate Directors' organizations and from the Director, OQA. The review and acceptance criteria shall be contained in or referenced on Attachment III.

6.2.3 The reviewers shall perform the review, following the specified review and acceptance criteria annotated or referenced on the DRR.

6.2.4 Review comments shall be documented on the DRR. Each organization requested to perform a review should provide a consolidated set of comments (reflecting that organization's consensus of opinion) for subsequent resolution, on a single set of DRRs

6.2.5 When the review process produces comments, the reviewers shall identify mandatory comments, by annotating the mandatory comments with an asterisk on the DRR.

6.2.6 Upon completion of the review, the reviewers shall forward the DRR to the cognizant Associate Director, OCRWM, for further action.



**6.3 ACTION SUBSEQUENT TO REVIEW**

- 6.3.1 The cognizant Associate Director shall then review the DRR to determine the extent of the comments.
- 6.3.2 If comments exist, the cognizant Associate Director shall forward the DRRs to the procedure-preparer for comment response.
- 6.3.3 If no comments exist, or subsequent to comment resolution, the cognizant Associate Director shall forward the ILP to the Director, OQA for concurrence signature on the title page. After the concurrence signature is affixed to the ILP, the Director, OQA shall return the procedure to the cognizant Associate Director for approval.
- 6.3.4 The cognizant Associate Director shall submit approved ILPs to the Director, OQA for issue and distribution in accordance with QAAP 6.1.

**6.4 COMMENT RESPONSE/RESOLUTION**

- 6.4.1 The comment responses and resolutions for comments annotated as mandatory, shall be documented on the same DRRs on which the comments appear.
- 6.4.2 Non-mandatory comments, minor revisions, and typographical errors shall be considered and corrections made as appropriate, however, formal comment resolution is not required.
- 6.4.3 Comment resolution may be accomplished at a meeting between the preparer and commentor where comments are resolved and documented.
- 6.4.4 Once an acceptable resolution is reached, the commentor and document preparer shall indicate acceptable resolution by initialing and dating the space provided on the DRR, adjacent to the comment response.
- 6.4.5 Upon completion of the resolution of comments on the DRRs, the document-preparer shall revise the document, as necessary, and forward the completed document, along with the completed DRRs, to the cognizant Associate Director for his action, in accordance with Section 6.3.



6.4.6 If major revision results during the comment-resolution phase, the revised draft should be reviewed again.

6.4.7 Comments that cannot be resolved by the reviewing organization and the originating organization shall be brought to the attention of the appropriate management and, if not resolved, are elevated progressively if necessary, to the Director, OCRWM.

### 6.5 REVISIONS

6.5.1 Revisions to approved ILPs shall be accomplished as prescribed in Sections 6.2, 6.3, and 6.4 above.

6.5.2 Major revisions to approved ILPs shall be accomplished as needed. Minor revisions are accomplished when the subject ILP is next revised.

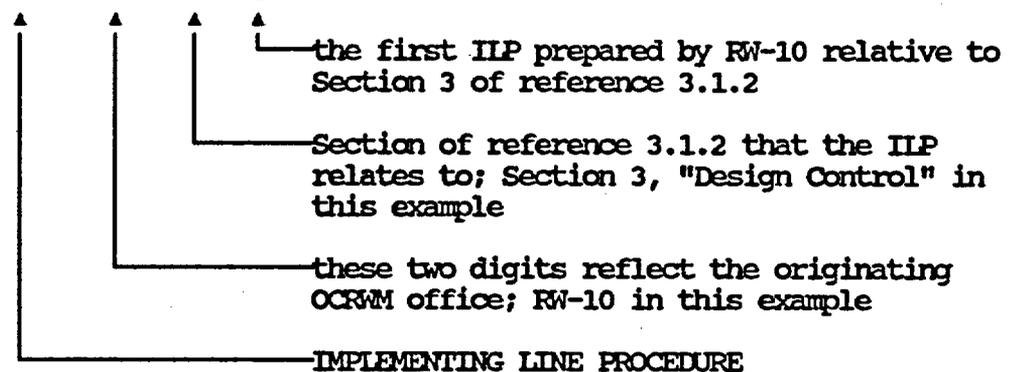
6.5.3 When an approved ILP is revised, it shall be issued as the next sequential revision number. The sections of the document that have been revised shall be identified by a change bar (a vertical line in the margin adjacent to the line or section that was revised). Attachment VI provides an example of a change bar for a section that has been revised.

### 6.6 ILP NUMBERING SYSTEM

6.6.1 Unique number designation shall be assigned by the cognizant Associate Director.

6.6.2 The unique number designation assigned to any ILP shall be alpha-numeric and shall be of the following format:

ILP 10 . 3 . 1





**7.0 RECORDS**

7.1 Documentation prepared as a result of this procedure shall be collected and maintained in accordance with requirements specified in QAAP 17.1, "QA Records Management". At a minimum, Attachments III and IV shall be considered QA Records.

**8.0 ATTACHMENTS**

- 8.1 Attachment I - OCRWM "Procedure Title Page"
- 8.2 Attachment II - OCRWM "Procedure Continuation Page"
- 8.3 Attachment III - OCRWM "Document Review Record"
- 8.4 Attachment IV - OCRWM "Document Review Record Continuation Sheet"
- 8.5 Attachment V - OCRWM "ILP Standard Arrangement Format"
- 8.6 Attachment VI - OCRWM "Standard Block-Paragraph Format"
- 8.7 Attachment VII - QAAP Flowchart



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ADMINISTRATIVE  
PROCEDURE**

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**ATTACHMENT I - PROCEDURE TITLE PAGE**



**OFFICE OF CIVILIAN  
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IMPLEMENTING LINE PROCEDURE**

**TITLE:**

**Procedure No.:**

**Revision:**

**Date:**

**Page:**

**of**

**Director, OCRWM**

**Date:**

**Director, OQA**

**Date:**

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**ATTACHMENT II - PROCEDURE CONTINUATION PAGE**



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**ATTACHMENT III**

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SHEET 1 OF \_\_\_\_\_  
WBS NO. \_\_\_\_\_

**DOCUMENT REVIEW RECORD**

DOCUMENT NAME  
REVISION  
DATE

REVIEW INSTRUCTIONS/ACCEPTANCE CRITERIA

REVIEW INSTRUCTIONS/CRITERIA PREPARED BY

Signature

Date

REVIEW INSTRUCTIONS/CRITERIA APPROVED BY

Signature

Date

FORWARD RESULTS TO

**COMMENTS THAT ARE ANNOTATED WITH AN (\*) ARE MANDATORY AND REQUIRE RESPONSE AND RESOLUTION.**

SECT/ PARA.	COMMENT	RESPONSE	ACCEPT/ REJECT

REVIEWED BY

Signature

Date

RESPONSE BY

Signature

Date

REV. 1/89

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ADMINISTRATIVE  
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ATTACHMENT IV

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SHEET \_\_\_\_ OF \_\_\_\_  
WBS NO. \_\_\_\_\_

DOCUMENT REVIEW RECORD (Continuation sheet)

DOCUMENT NAME  
REVISION  
DATE

COMMENTS THAT ARE ANNOTATED WITH AN (\*) ARE MANDATORY AND REQUIRE RESPONSE AND RESOLUTION.

SECT./ PARA.	COMMENT	RESPONSE	ACCEPT/ REJECT

REVIEWED BY

\_\_\_\_\_  
Signature Date

RESPONSE BY

\_\_\_\_\_  
Signature Date

REV. 1/89



ATTACHMENT V  
ILP STANDARD ARRANGEMENT FORMAT

**1.0 PURPOSE**

This section should describe the objectives of the procedure

**2.0 SCOPE**

Identify the specific application of the procedure and the OCRWM activities to which it will apply. Include any restrictions to procedure application.

**3.0 REFERENCES AND DEFINITIONS**

**3.1 REFERENCES**

List those documents used in preparation that will interface with the procedure being written.

**3.2 DEFINITIONS**

Reference the QA Glossary for general terms. Define here, the terms that are unique to the procedure being written.

**4.0 RESPONSIBILITIES**

Identify the individuals or organizations who have major responsibility for implementation of the procedure. Restrict this to OCRWM personnel who have direct involvement in the subject activity.

**5.0 GENERAL**

Delineate requirements or provide leading information that will bring the reader to the step-by-step details of the procedure section.

**6.0 PROCEDURE**

Provide detailed methodology to implement requirements of the QA Program and include reference in the text to any attachments.

**7.0 RECORDS**

7.1 Should always state the following: "Documentation generated as a result of this procedure shall be collected and maintained in accordance with requirements specified in QAAP 17.1, " QA Records Management". At a minimum, Attachments (list the attachments by number, i.e., I, II) shall be considered QA Records.

**8.0 ATTACHMENTS**

A listing of all exhibits, illustrations, forms, and appendices referred to in the procedure text.



ATTACHMENT VI  
STANDARD BLOCK-PARAGRAPH FORMAT

1.0 FIRST-LEVEL INDENTURES :

(The first-level indentures shall be titled in uppercase letters and underscored.)

1.1 SECOND-LEVEL INDENTURES

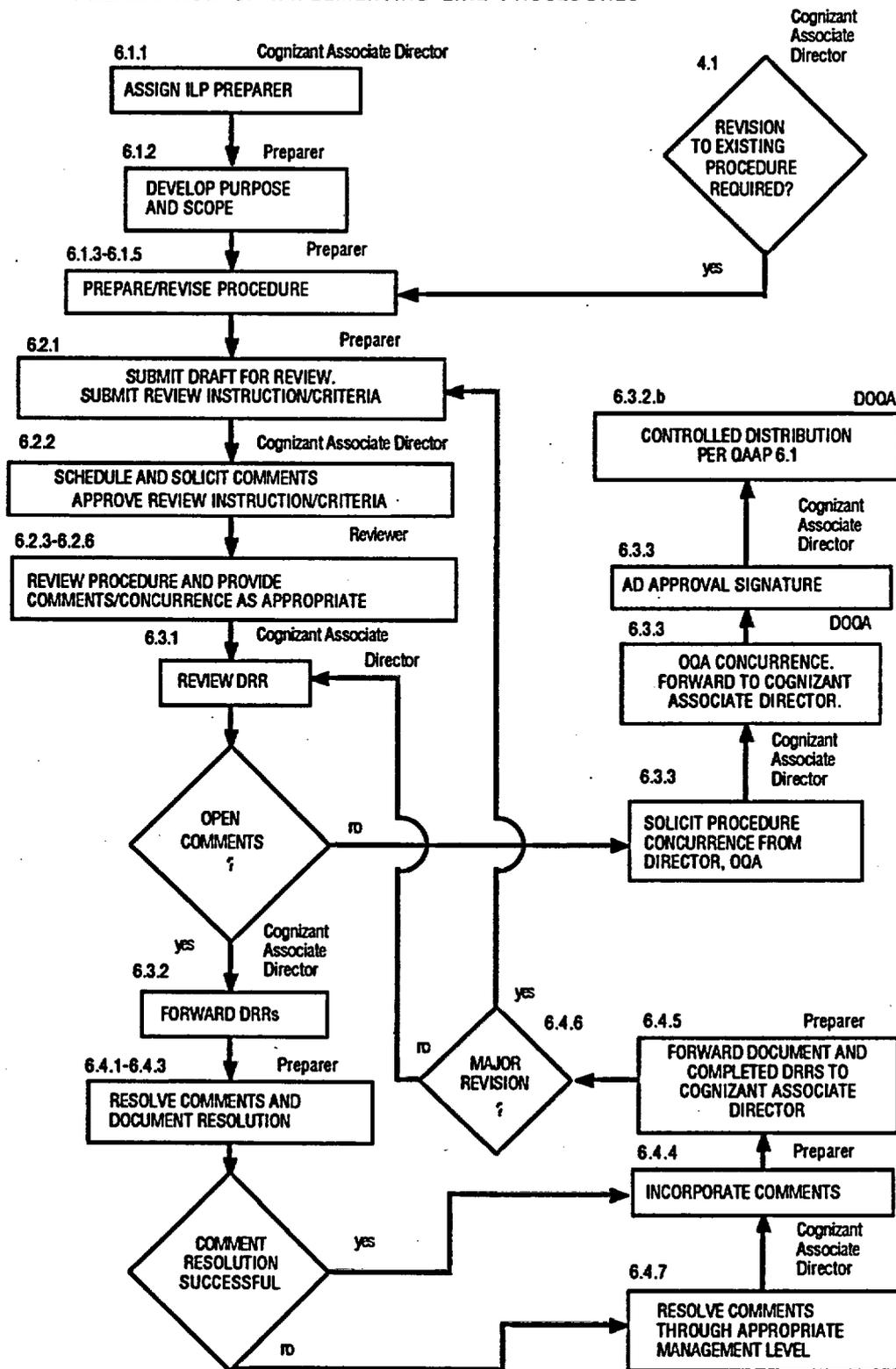
(The second-level indentures shall be titled, as appropriate, in uppercase letters and underscored.)

1.1.1 (Third level indentures shall be written in sentence and/or paragraph format in lowercase letters and shall not bear titles.)

- a) Identification or delineation beneath any indented paragraphs shall be typed in lowercase letters and identified by a letter a), b), etc.
- b) Paragraph titles, when used shall always be on a separate line.
- c) With the exception of the following, there shall always be a double-space between indentures: fourth-level indentures, e.g. a), b) shall be single-spaced between indentures, when the text does not exceed one line.
- d) Additions, changes, or deletions shall be identified by a change bar as illustrated in the right margin next to this section.



**ATTACHMENT VII  
PREPARATION OF IMPLEMENTING LINE PROCEDURES**



**QUALITY ASSURANCE ADMINISTRATIVE PROCEDURES**

**5.2**

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